

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

Form header section containing organization name (NONVIOLENT PEACEFORCE), address (2610 UNIVERSITY AVENUE W, SUITE 550, ST. PAUL, MN 55114), EIN (35-2197019), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and asset/liability totals.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Tiffany Easthom, Executive Director, dated 05/31/2018.

Preparer information for Eric Nelson, dated 05/30/2018, with firm name BDO USA, LLP and address in Minneapolis, MN.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 54,565. including grants of \$ ) (Revenue \$ )  
ATTACHMENT 2

4b (Code: ) (Expenses \$ 150,212. including grants of \$ ) (Revenue \$ )  
ATTACHMENT 3

4c (Code: ) (Expenses \$ 857,399. including grants of \$ 637,356. ) (Revenue \$ )  
OUTREACH: NONVIOLENT PEACEFORCE (NP) GAVE PRESENTATIONS TO EDUCATIONAL, CIVIC AND RELIGIOUS ORGANIZATIONS TO EDUCATE THE PUBLIC ON CIVILIAN UNARMED PROTECTION. NP PROVIDED BACKGROUND INFORMATION TO AND CONSULTED WITH UN AGENCIES AND MISSIONS ON UNARMED CIVILIAN PROTECTION AND VIOLENCE PREVENTION. NP WORKED WITH OTHER SIMILAR ORGANIZATIONS TO IDENTIFY GOOD PRACTICES IN THE FIELD. AND, NP COMPLETED THE DEVELOPMENT OF AN E-LEARNING COURSE ON UNARMED CIVILIAN PROTECTION.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,062,176.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, lobbying activities, dues, donor funds, conservation easements, collections, escrow, restricted endowments, assets, liabilities, financial statements, and foreign activities.

**Part IV Checklist of Required Schedules** *(continued)*

|            |   | Yes | No |
|------------|---|-----|----|
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .   |     | X  |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   |     | X  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .  |     | X  |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .                            |     | X  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                                       |     | X  |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .                                 |     | X  |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . |     | X  |
| <b>28</b>  | 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):   |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | X   |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  |     | X  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  |     | X  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .  | X   |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | X   |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   | X   |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   |     | X  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and regulations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KATHLEEN GUINTA 2610 UNIVERSITY AVENUE WEST, SUITE 550 ST. PAUL, MN 55114 612-871-0005

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MUKESH KAPILA<br>CHAIR              | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) ROLF CARRIERE<br>DIRECTOR           | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) ALESSANDRO ROSSI<br>DIRECTOR        | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) MEENAKSHI GOPINATH<br>DIRECTOR      | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) ANNA MATVEEVA<br>DIRECTOR           | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) TIFFANY TOOL<br>SECRETARY           | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) RACHEL JULIAN<br>DIRECTOR           | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) LOUISA CHAN-BOEGLI<br>DIRECTOR      | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) FATUMA IBRAHIM<br>VICE CHAIR        | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) FRANCOIS MARCHAND<br>DIRECTOR      | 3.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) VIRGINIE BLUMET<br>BOARD TREASURER | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (12)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                    |  |  |                       |         |              |                              |        |  |   |   |



Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 637,356.              | 637,356.                        |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 0.                    |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 348,693.              | 202,325.                        | 88,168.                                | 58,200.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 18,484.               | 7,084.                          | 8,708.                                 | 2,692.                      |
| 10 Payroll taxes . . . . .  | 38,946.               | 22,677.                         | 9,786.                                 | 6,483.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 0.                    |                                 |  |                             |
| c Accounting . . . . .  | 26,432.               | 7,782.                          | 10,868.                                | 7,782.                      |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 0.                    |                                 |  |                             |
| 12 Advertising and promotion . . . . .  | 3,553.                | 2,653.                          | 900.                                   |                             |
| 13 Office expenses . . . . .  | 0.                    |                                 |  |                             |
| 14 Information technology . . . . .   | 48,461.               | 3,362.                          | 2,931.                                 | 42,168.                     |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 57,967.               | 31,088.                         | 14,489.                                | 12,390.                     |
| 17 Travel . . . . .   | 55,492.               | 44,378.                         | 958.                                   | 10,156.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 0.                    |                                 |  |                             |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 5,800.                |                                 | 5,800.                                 |                             |
| 23 Insurance . . . . .  | 6,133.                | 3,543.                          | 2,590.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a SPECIAL EVENTS  | 6,068.                | 6,068.                          |  |                             |
| b MEMBERSHIP & REGISTRATION   | 10,474.               | 6,235.                          |  | 4,239.                      |
| c BANK, CREDIT CARD & EXCHANGE  | 9,024.                | 420.                            | 3,424.                                 | 5,180.                      |
| d EQUIPMENT EXPENSE   | 6,844.                | 2,296.                          | 2,343.                                 | 2,205.                      |
| e All other expenses  | 139,144.              | 84,909.                         | 12,375.                                | 41,860.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>1,418,871.</b>     | <b>1,062,176.</b>               | <b>163,340.</b>                        | <b>193,355.</b>             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 198,732.                 | <b>1</b>  | 353,175.           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 0.                       | <b>2</b>  | 0.                 |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 503,415.                 | <b>3</b>  | 544,185.           |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0.                       | <b>4</b>  | 0.                 |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0.                       | <b>5</b>  | 0.                 |
|   | <b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L . . . . . | 0.                       | <b>6</b>  | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>  | 0.                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>  | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 7,800.                   | <b>9</b>  | 10,041.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 51,844.       |           |                    |
|   | <b>b</b> Less: accumulated depreciation. . . . .   | <b>10b</b> 48,287.       | 9,357.    | <b>10c</b> 3,557.  |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 0.                       | <b>11</b> | 0.                 |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b> | 0.                 |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 0.                       | <b>13</b> | 0.                 |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b> | 0.                 |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 62,799.                  | <b>15</b> | 61,636.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 782,103.   | <b>16</b>                | 972,594.  |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 80,777.                  | <b>17</b> | 11,761.            |
|   | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b> | 0.                 |
|   | <b>19</b> Deferred revenue . . . . .   | 0.                       | <b>19</b> | 0.                 |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0.                       | <b>20</b> | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0.                       | <b>21</b> | 0.                 |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0.                       | <b>22</b> | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b> | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0.                       | <b>24</b> | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 0.                       | <b>25</b> | 0.                 |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25. . . . .  | 80,777.                  | <b>26</b> | 11,761.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 37,205.                  | <b>27</b> | 235,596.           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 664,121.                 | <b>28</b> | 725,237.           |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 0.                       | <b>29</b> | 0.                 |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b> |                    |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 701,326.                 | <b>33</b> | 960,833.           |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 782,103.   | <b>34</b>                | 972,594.  |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b>  | 1,678,378. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b>  | 1,418,871. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 259,507.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b>  | 701,326.   |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .   | <b>5</b>  | 0.         |
| <b>6</b>  | Donated services and use of facilities . . . . .   | <b>6</b>  | 0.         |
| <b>7</b>  | Investment expenses . . . . .  | <b>7</b>  | 0.         |
| <b>8</b>  | Prior period adjustments . . . . .   | <b>8</b>  | 0.         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 960,833.   |

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization: **NONVIOLENT PEACEFORCE** Employer identification number: **35-2197019**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 1,378,765. | 1,360,403. | 2,090,010. | 1,036,859. | 1,689,576. | 7,555,613. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |            |            |            |            |            | 0.         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |            |            |            |            |            | 0.         |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 1,378,765. | 1,360,403. | 2,090,010. | 1,036,859. | 1,689,576. | 7,555,613. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |            |            |            |            |            | 1,443,634. |
| <b>6 Public support.</b> Subtract line 5 from line 4  |            |            |            |            |            | 6,111,979. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>7</b> Amounts from line 4. . . . .   | 1,378,765. | 1,360,403. | 2,090,010. | 1,036,859. | 1,689,576. | 7,555,613. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 42.        | 13.        | 28.        | 24.        | 28.        | 135.       |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |            |            |            |            |            | 0.         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |            |            |            |            |            | 0.         |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |            |            |            |            |            | 7,555,748. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |            |            |            |            | <b>12</b>  | 18,055.    |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |            |            |            |            |            |            |

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

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .  | <b>14</b> | 80.89% |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 60.70% |
| <b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>   |           |        |
| <b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>     |           |        |
| <b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |        |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .       |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|    |   | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b  | A family member of a person described in (a) above?   | 11b |    |
| c  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       | 11c |    |

**Section 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2   |    |

**Section C. Type II Supporting Organizations**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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 D. All Type III Supporting Organizations**

|   |  | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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 E. Type III Functionally Integrated Supporting Organizations**

|   |  |    |  |
|---|--|----|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |    |  |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |    |  |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |    |  |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |    |  |
| 2 | Activities Test. Answer (a) and (b) below.   |    |  |
| a | 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 <b>Part VI</b> 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |  |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.   |    |  |
| a | 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 <b>Part VI</b> .   | 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 VI</b> the role played by the organization in this regard.   | 3b |  |

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

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

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).  | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table for 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| (ii) related organizations . . . . .   | <b>3a(ii)</b> |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  | 51,844.                              |                                 | 48,287.                      | 3,557.         |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 3,557.         |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) DUE FROM NP - AISBL  | 57,537.        |
| (2) SECURITY DEPOSITS  | 4,099.         |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.), . . . . . | 61,636.        |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part 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 2014 TO 2017 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NONVIOLENT PEACEFORCE

Employer identification number

35-2197019

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE  |                                     |  | PROGRAM SERVICES   | FIELD PROGRAMS   | 637,356.   |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               |                                     |  |  |  | 637,356.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |  |  | 637,356.   |

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | EUROPE/ICELAND/GREENLAND | TO SUPPORT T         | 637,356.                 | WIRE TRANS                      |                                  | N/A                                   | FMV   |
| (2)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |                          |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (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 PEACEFORCE - AISBL (BELGIUM) IS A SISTER, OR RELATED ORGANIZATION TO NONVIOLENT PEACEFORCE, 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 OFFICER. THE NONVIOLENT PEACEFORCE ED FROM NONVIOLENT PEACEFORCE - INC. (USA) MANAGES ALL GRANTED FUNDS FROM EXTERNAL FUNDING SOURCES FOR PROGRAM SERVICES. THE NONVIOLENT PEACEFORCE, INC. (USA) FINANCIAL STAFF MANAGES NONVIOLENT PEACEFORCE, INC. (USA) OPERATIONS. NONVIOLENT PEACEFORCE - AISBL (BELGIUM) HAS A CHIEF FINANCIAL OFFICER THAT MANAGES THE NONVIOLENT PEACEFORCE - AISBL (BELGIUM) FINANCIAL OPERATIONS. CONSOLIDATED ACCOUNTING FOR THE RELATED ORGANIZATIONS IS COLLECTED, MONITORED AND RECORDED IN THE NONVIOLENT PEACEFORCE - AISBL (BELGIUM) OFFICE.

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**

OMB No. 1545-0047

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.

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

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

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.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS,

OFFICERS, AND EMPLOYEES WHO MAY INFLUENCE THE ACTIONS OF NONVIOLENT

PEACEFORCE. ALL COVERED INDIVIDUALS MUST COMPLETE AND SIGN AN ANNUAL

CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT. POTENTIAL CONFLICTS

MUST BE FULLY DISCLOSED; WITH THE CONFLICTED INDIVIDUAL BEING EXCLUDED

FROM DISCUSSION AND VOTING ON THE TRANSACTION. DETERMINATIONS WILL BE

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

INTEREST ARISE THEY WOULD BE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION 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)

|   |  |
|---|--|
| Name of the organization<br>NONVIOLENT PEACEFORCE | Employer identification number<br>35-2197019 |
|---|--|

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, LINE 1 - ORGANIZATION'S MISSION

WE PROTECT CIVILIANS IN VIOLENT CONFLICTS THROUGH UNARMED STRATEGIES.

WE BUILD PEACE SIDE BY SIDE WITH LOCAL COMMUNITIES. WE ADVOCATE FOR THE WIDER ADOPTION OF THESE APPROACHES TO SAFEGUARD HUMAN LIVES AND DIGNITY. WE ENVISION A WORLDWIDE CULTURE OF PEACE IN WHICH CONFLICTS WITHIN AND BETWEEN COMMUNITIES AND COUNTRIES ARE MANAGED THROUGH NONVIOLENT MEANS.

ATTACHMENT 2

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 (UCP) 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, UNITED NATIONS ADVOCACY AND NEW PROJECT EXPLORATION. THIS YEAR NP IMPLEMENTED A NEW PROGRAM IN IRAQ. 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

|   |  |
|---|--|
| Name of the organization<br>NONVIOLENT PEACEFORCE | Employer identification number<br>35-2197019 |
|---|--|

ATTACHMENT 2 (CONT'D)

PROVIDED BY THE UNITED STATES OPERATION, ARE CRITICALLY NECESSARY IN OBTAINING NON-U.S. FUNDING FOR THE FIELD OPERATIONS. NP TEAMS CONTINUED TO OPERATE IN THE PHILIPPINES, SOUTH SUDAN, MYANMAR, LEBANON AND IRAQ. THE UNITED STATES OFFICE PROVIDES SUPPORT FOR NEW PROJECT EXPLORATION AND START UP, AND PROVIDING STAFF WELFARE SUPPORT FOR FIELD TEAMS. THESE ACTIVITIES ARE ESSENTIAL FOR DUE DILIGENCE AND EFFECTIVE PROGRAMMING AND TO OBTAIN FIELD PROJECT FUNDS. THUS, U.S. FUNDING AND NON-U.S. FUNDING ARE INTER-RELATED.

ATTACHMENT 3FORM 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, NON-GOVERNMENTAL UN PARALLEL EVENTS AND CONFERENCES.

|   |  |
|---|--|
| Name of the organization<br>NONVIOLENT PEACEFORCE | Employer identification number<br>35-2197019 |
|---|--|

ATTACHMENT 4

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NONVIOLENT PEACEFORCE

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

35-2197019

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a)<br>Name, address, and EIN of related organization                         | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |   |                         |  |                            |   |                                  | Yes  | No |
| (1) | NONVIOLENT PEACEFORCE - AISBL (BELGIUM)<br>RUE BELLIARD 205 BRUSSELS, BE 1040 | PEACEKEEPING            | BE   |                            |   | NONVIOLENT P                     | X  |    |
| (2) |   |                         |  |                            |   |                                  |  |    |
| (3) |   |                         |  |                            |   |                                  |  |    |
| (4) |   |                         |  |                            |   |                                  |  |    |
| (5) |   |                         |  |                            |   |                                  |  |    |
| (6) |   |                         |  |                            |   |                                  |  |    |
| (7) |   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2017

**Part III 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for 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) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|            | (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved | Yes | No |
|------------|---|-------------------------------|------------------------|--|-----|----|
| <b>(1)</b> | NONVIOLENT PEACEFORCE - AISBL (BELGIUM) | B                             | 637,356.               | WIRE TRANSFER                                |     | X  |
| <b>(2)</b> | NONVIOLENT PEACEFORCE - AISBL (BELGIUM) | D                             | 57,537.                | CONTRACT AMOUNT                              |     | X  |
| <b>(3)</b> |   |                               |                        |  |     |    |
| <b>(4)</b> |   |                               |                        |  |     |    |
| <b>(5)</b> |   |                               |                        |  |     |    |
| <b>(6)</b> |   |                               |                        |  |     |    |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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