Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A.I	For th	e 2013 calendar year, or tax year beginning and	ending						
B	Check if applicab	C Name of organization		D Employer	identifi	cation number			
X	Addre								
	Name chang	Doing Business As			<u> 30-0</u>	102398			
	Initial returr Termi ated	Number and street (or P.O. box if mail is not delivered to street address) 1372 BROADWAY	numbe 212-	r 897-3985					
	Amen	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$ 1,531,068.					
	Appli tion	a- NEW YORK, NY 10018		H(a) Is this a	group re	eturn			
	pendi	F Name and address of principal officer:DANIEL LUBETZKY SAME AS C ABOVE		for subc	ordinates				
1	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527			list. (see instructions)			
		te: WWW.ONEVOICEMOVEMENT.ORG	01 <u></u> 021	H(c) Group e					
	_	organization: X Corporation Trust Association Other	1 Year			A State of legal domicile: NY			
	art I	Summary	L TOU	or formation: =	000	a ciato or legal dorniolo, 24 2			
	1	Briefly describe the organization's mission or most significant activities: THE	PEACEW	ORKS NE	TWOR	K			
Activities & Governance	Ι'.	FOUNDATION FOCUSES ON CONFLICT RESOLUTION	N CTV	TC AND	LEAD	ERSHIP			
nar	2	Check this box if the organization discontinued its operations or disposed.							
ver	3				100	5			
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)				5			
త	5	Total number of individuals employed in calendar year 2013 (Part V, line 1a)				14			
ij						0			
χį	7.0	Total number of volunteers (estimate if necessary)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		75.75	0.			
Ă		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34				0.			
_	-	Net differenced business taxable income from 590-1, line 34	200000000000000000000000000000000000000	Prior Year		Current Year			
	8	Contributions and grants (Port VIII line 1h)	-	2,192,		1,507,124.			
ĭe	1	Contributions and grants (Part VIII, line 1h)		2,172,	0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		71	691.	13,374.			
æ	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			000.	13,374.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,264,		1,520,498.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		556,		768,275.			
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		550,	0.00	700,273.			
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		545,	-	592,199.			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		343,	700.	0.			
Den		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 224,5	01			<u> </u>			
X				275,	792	760,538.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,377,		2,121,012.			
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		887,		-600,514.			
or	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Curre		End of Year			
ancia	20	Total accets (Dayt V. line 16)	_ Be	2,144,		2,047,825.			
t Assets nd Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			562	136,033.			
Pund	21			2,129,		1,911,792.			
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	**********	2,123,	221.	1,511,152.			
	17517-1417	Ities of perjury, I declare that I have examined this return, including accompanying schedule	ac and etatam	ente and to the	hact of m	v knowledge and holiof it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w				y knowledge and belief, it is			
uuo,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of w	пісп рі єраї єї	rias ariy Kriowic	uyo.				
e:		Signature of officer		Date					
Sigr		DANIEL LUBETZKY, PRESIDENT							
Her	е	Type or print name and title							
_			Ti	Date	Check	II PTIN			
Paid		Print/Type preparer's name Preparer's signature BERNSTEIN ROSEN & COMPANY	[,		if	D01025060			
Prep			PC	Trive-1	self-employ	26-1550036			
Use		Firm's address 630 THIRD AVENUE, SUITE 1502	10	Firm's	S EIN 🕨	20-1330030			
USU	Only	NEW YORK, NY 10017		06	21	2-612-9700			
N.A	AL - 19	RS discuss this return with the preparer shown above? (see instructions)		I Phon	t 110.∠⊥	X Ves No			
IMP 1	1110 11	COLUMN TARGET AND THE PROPERTY OF THE PROPERTY				AN THE INO			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	THE PEACEWORKS NETWORK FOUNDATION FOCUSES ON CONFLICT RESOLUTION,
	CIVIC AND LEADERSHIP DEVELOPMENT IN ISRAEL AND THE PALESTINIAN
	TERRITORIES. THE ORGANIZATION AIMS TO AMPLIFY THE VOICE OF THE SILENT
	MAJORITY OF MODERATES WHO WISH FOR PEACE AND PROSPERITY. THESE
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 1,652,903 • including grants of \$ 768,275 •) (Revenue \$ 0 •)
	PROVIDE EDUCATIONAL INSTRUCTION ON CONFLICT RESOLUTION IN COMMUNITIES
	WORLDWIDE TO PROMOTE PEACE AND CONDEMN VIOLENCE, WITH EMPHASIS ON
	CROSS-CULTURAL UNDERSTANDING THROUGH INTERACTIVE COMMUNICATION.
	ERODD CONTORAN ONDERSTANDING THROUGH INTERACTIVE COMMUNICATION.
4b	1Codo: \1500-000
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
40	Total program service expenses > 1,652,903.
10	
22002	Form 990 (2013)

Form 990 (2013) THE PEACEWOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	_	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
<u>.</u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	.11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	

Form 990 (2013) THE PEACEWORKS NET Part IV Checklist of Required Schedules (continued)

(4)			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			<u> </u>
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		٠,
a		28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 22
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	130cc. / Will Sith 300 illela die required to dompiete donieure O			(0010)

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THE PEACEWORKS NETWORK FOUNDATION 30-0102398 Form 990 (2013) Page 5 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 Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: ► ISRAEL See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

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X

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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
Sec	tion A. Governing Body and Management			
	N A		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			3.7
_	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3,5
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vac	NI-
100	Did the organization have lead chapters, branches, or offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		22
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	D1111	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨		
	ORGANIZATION - 212 897-3985			
	1372 BROADWAY, 3RD FLOOR, NEW YORK, NY 10018			
			-	

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Form 990 (2013)

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.

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

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

hours for related organizations below line) (1) DANIEL LUBETZKY PRESIDENT & DIRECTOR (2) JONATHAN PRINCE CHAIRMAN OF THE BOARD (3) SAMER HAMADEH TREASURER & DIRECTOR (4) JOEL FIELDS DIRECTOR (A) JOEL FIELDS DIRECTOR (B) DANIEL LUBETZKY DO D	(A) Name and Title	(B) Average hours per week	(do box	Position (do not check more box, unless person officer and a direct			1 than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
No. No.		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	organization		organization
(2) JONATHAN PRINCE CHAIRMAN OF THE BOARD (3) SAMER HAMADEH TREASURER & DIRECTOR (4) JOEL FIELDS DIRECTOR (5) HARRIET GREEN 2.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		12.00	v		, .				0	0	0 •
CHAIRMAN OF THE BOARD X X X 0. 0. 0. (3) SAMER HAMADEH 2.00 X X 0. 0. 0. TREASURER & DIRECTOR X X 0. 0. 0. (4) JOEL FIELDS 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (5) HARRIET GREEN 2.00 0. 0. 0. 0.		2 00	<u> </u>		Α		\vdash		0.	0.	
(3) SAMER HAMADEH TREASURER & DIRECTOR (4) JOEL FIELDS DIRECTOR (5) HARRIET GREEN 2.00 X X X 0. 0. 0. 0. 0.		2.00	Х		X				0.	0.	0.
(4) JOEL FIELDS 2.00 DIRECTOR X (5) HARRIET GREEN 2.00	(3) SAMER HAMADEH	2.00		П							
DIRECTOR X 0. 0. 0 (5) HARRIET GREEN 2.00	TREASURER & DIRECTOR		X		Х				0.	0.	0.
(5) HARRIET GREEN 2.00	(4) JOEL FIELDS	2.00									
	DIRECTOR		X						0.	0.	0.
DIRECTOR X 0. 0. 0. 0	(5) HARRIET GREEN	2.00								_	_
	DIRECTOR		X		L				0.	0.	0.
	3		_		_		⊢	_			
	E										
	2						П				
	D										
	V.										
	·										
	(-										

Form **990** (2013)

ı aı	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d H	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			_	C)			(D)	(E)			(F)	
	Name and title	Average hours per				more	than		Reportable	Reportable			stimat	
		week					is bot or/trus		compensation from	compensation from related		ar	nount other	
		(list any	ctor						the	organizations		com	pens	
		hours for	trustee or director	92			ated		organization	(W-2/1099-MISC)		rom th	
		related organizations	nstee	truste		88	npensi		(W-2/1099-MISC)			_	aniza	
		below	dual tr	Institutional trustee	_	пріоує	st con	, in					d rela [.] anizat	
		line)	Individual t	Institu	Officer	Key employee	Highest compensated employee	Рогтег				J. 3.		
							Г				7			
_							H				4			
								П			\dashv			
_			Н		-			Н			\dashv			
			Ш								4			
											T			
-			\vdash				Н				+			
45	Out As As I								0		\perp			_
10	Sub-total Total from continuation about to Port VI	L Castian A	(0)(0)		000000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.		0.			0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	0.660-0	(*******	000000	¥ F + + 4	*****		0.		0.1			0.
	Total number of individuals (including but n										<u></u>			0.
	compensation from the organization						,		oon od more trial i proc	,occ or reportable				0
											_		Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si													х
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	" F	3		
	and related organizations greater than \$150	0,000? If "Yes,"	" cor	nple	te S	che	dule	J fo	or such individual	ine organization		4		х
5	Did any person listed on line 1a receive or a	iccrue compen	nsati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	- T			
Soct	rendered to the organization? If "Yes," comp ion B. Independent Contractors	plete Schedule) J fo	or su	ch p	oers	on .					5		Х
7.25		mnonostod ind						41		*				
	Complete this table for your five highest con the organization. Report compensation for t										∍nsa	ition t	rom	
	(A)							T	(B)			(C	;)	
	Name and business	address	NO	NE	<u> </u>				Description of se	ervices	Cc		satio	n
								+						
			_					4			_			
								+						
2	Total number of independent contractors (aludine but	.1 0:	_:4	1 A - 1									
	Total number of independent contractors (in \$100,000 of compensation from the organiz)C III	iitec	to t	thos 0		ed a	above) who received m	ore than				
20000											F	orm (990 (2	2013)

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Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,507,124. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$_____ 507,124 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,944. 3,944. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 6 a Gross rents b Less: rental expenses_____ c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 20,000 assets other than inventory **b** Less: cost or other basis and sales expenses 10,570. c Gain or (loss) 9,430. 9,430. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ______ **b** c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d ▶ 1,520,498. 13,374. 0 . Total revenue. See instructions. Form 990 (2013)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	X
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	26 000	26 000		
	organizations in the United States. See Part IV, line 21	26,000.	26,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	742,275.	742,275.		
	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	742,273.	742,2751		
4	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	506,409.	309,603.	67,994.	128,812.
8	Pension plan accruals and contributions (include	,			
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,593.	27,100.	6,178.	11,315.
10	Payroll taxes	41,197.	24,834.	5,936.	10,427.
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,800.		1,800.	
С	Accounting	18,932.		18,932.	
d	Troi Washer construction				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				45 400
	column (A) amount, list line 11g expenses on Sch 0.)	299,283.	202,159.	50,995.	46,129.
12	Advertising and promotion	135,987.	135,987.	54 530	10 601
13	Office expenses	98,819.	31,480.	54,738.	12,601.
14	Information technology				
15	Royalties	05 500	14 076	4 549	5,976.
16	Occupancy	25,500.	14,976. 127,960.	4,548.	9,241.
17	Travel	156,285.	127,960.	19,004.	9,241.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10,910.	10,529.	381.	
22	Depreciation, depletion, and amortization	13,022.	10,325.	13,022.	
23	Insurance Other expenses, Itemize expenses not covered	13,022.		23,022	
24	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.)				
а					
b					
С					
d					
е	All other expenses			0.16 - 2.2	004 504
25	Total functional expenses. Add lines 1 through 24e	2,121,012.	1,652,903.	243,608.	224,501.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2013)

Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 843,897. 169,596. Cash - non-interest-bearing 1 1,016,774. 91,658. 2 2 Savings and temporary cash investments 638,218. 405,137. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 39,461. 14,128. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 1,123,617. basis. Complete Part VI of Schedule D 26,703. 1,107,824. 15,793. b Less: accumulated depreciation 10b 10c 171,053. 212.238. Investments - publicly traded securities 11 11 99,999. 431,329. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 8,312. 8,312. Other assets. See Part IV, line 11 15 15 2,144,783. 2,047,825. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 15,562. 136,033. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 15,562. 136,033. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,668,555. 1,436,792. 27 Unrestricted net assets 27 460,666. 475,000. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,911,792. 2,129,221. Total net assets or fund balances 33 33 2,144,783. 2,047,825. Total liabilities and net assets/fund balances

Form 990 (2013)

PROPERTY AND INC.	n 990 (2013) THE PEACEWORKS NETWORK FOUNDATION	30-010	2398	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				$\overline{}$
-	Check if Schedule O contains a response or note to any line in this Part XI			(1742)	\sqcup
_	Total and a control of the control o		1 500	. 40	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)		$\frac{1,520}{2,121}$		
2 3	Total expenses (must equal Part IX, column (A), line 25)	-	-600		
_	Revenue less expenses. Subtract line 2 from line 1	3	2,129		
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		3,08	
6	Net unrealized gains (losses) on investments Donated services and use of facilities	6	300	, 00	00.
7	I	7			_
8	Investment expenses	-			
-	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1,911	70	0.2
Pa	rt XII Financial Statements and Reporting	10	т, Эті	- , / :	74.
ı a				19	X
	Check if Schedule O contains a response or note to any line in this Part XII				No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	NO
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\dashv	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			. l	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2013)

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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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEVCEMODES VEHINODE ECHNICALIAN

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 30-0102398

P	rt I	Reason		rity Status (All organiz) See inst	ructions.		-0102	330	
_				because it is: (For lines 1					. 30110110.				
1 ne	organ			es, or association of church									
2	H	•		70(b)(1)(A)(ii). (Attach Sci		iibea iii se	C.11011 1701	(6)(1)(7)(1)	•				
3						in section	170(b)(1)(Δ\fiii).					
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											e.
4		city, and stat		operated in conjunction	With a 1105	pital doool	1000 111 00	01.01. 11.0	(~)(-)(-,(.,. <u>_</u>			-,
5				benefit of a college or ur	niversity ov	wned or or	perated by	a governi	nental uni	describe	d in		
3			(b)(1)(A)(iv). (Compl		intoronty of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 9					
6				nent or governmental unit	t described	d in sectio	n 170(h)(1	γαγνι					
7	X			ceives a substantial part					r from the	general n	ublic desc	ribed i	n
'		-			oi ita aupp	OIL HOIH A	governine	intai anni c	110111110	gonorarp	dono dooc		
Ω	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		•		ceives: (1) more than 33 1			rom contri	hutions m	embershii	n fees an	d aross re	ceints	from
3				nctions - subject to certa									
				taxable income (less sect									
			509(a)(2). (Complet		1011011114	<i>x</i>) 110111 bu	01110000000	ioquiiou b	y and orga				•
10				perated exclusively to te	st for nubli	ic safety 5	See sectio	n 509(a)(4	I).				
11				perated exclusively for the						v out the i	ourposes o	of one	or
••				ations described in section									
				organization and comple				,		~ ,			
		a Type I		r - 1	ype III - Fui			c	Тур	e III - Non	-functional	ly integ	grated
е				at the organization is not									
				than one or more publicly									
f				itten determination from t									
			rganization, check t										
g		Since August	t 17, 2006, has the	organization accepted ar								and an income	
_				directly controls, either al							-	Yes	No
				supported organization?							11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	V000100-0			100 - 01 - 0310-01		execution - 10	11g(ii)		
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	e?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				11g(iii)		
h		Provide the fe	ollowing information	about the supported or	ganization	(s).							
(i	Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) ls organizațio	the	(vii) Amoun	t of mo	netary
•		inization	, ,	(described on lines 1-9		sted in your	organizat		l (i) organiz	ed in the	sup	port	
				above or IRC section (see instructions))	governing	document?		r support?	U.S				
_				(000 11101100110110)/	Yes	No	Yes	No	Yes	No			
										-			
_										-			
_													
_													
Ŧ										1 1			

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 THE PEACEWORKS NETWORK FOUNDATION 30-01023 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	920,672.	1373228.	1260260.	2192001.	1507124.	7253285.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	920,672.	1373228.	1260260.	2192001.	1507124.	7253285.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3250807.
	Public support. Subtract line 5 from line 4.						4002478.
_	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	920,672.	1373228.	1260260.	2192001.	1507124.	7253285.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4 006	4 252				
_	and income from similar sources	4,806.	1,350.	2,078.	71,691.	13,374.	93,299.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
טר	Other income. Do not include gain						
	or loss from the sale of capital	10 724	14 010	27 100	1 000		24 006
	assets (Explain in Part IV.)	10,724.	-14,018.	27,100.	1,000.		24,806.
	Total support. Add lines 7 through 10						7371390.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage	***************************************		***********************	
	Public support percentage for 2013 (li		Carried Control of the Control of th	olumn (fl)		14	54.30 %
15	Public support percentage from 2012	Schedule A Part	l line 1/	Olumn (I))	******************	15	00 65
16a	33 1/3% support test - 2013. If the o	rganization did not	t check the hov or	line 13, and line 1	14 is 32 1/20/ or m		
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o	roanization did not	check a box on li	ne 13 or 16a and	line 15 is 33 1/306	or more, check th	ie hov
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2013. If the orga	nization did not c	heck a box on line	13 16a or 16b a	and line 14 is 10%	or more
_	and if the organization meets the "faci						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a r	oublicly supported	organization	LIVINOW THE OIGHN	Lation
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	<u> </u>					dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	э. э. э. э. э. э. э. э.	<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3 (f) Total
1	Gifts, grants, contributions, and				T		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				†		
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to				1		
	or avponded on its behalf						
_	4444414444						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3 (f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)			M			
	First five years. If the Form 990 is for	the organization's	firet eacond thir	d fourth or fifth t	av voar as a soctio	n 501(c)(3) o	rganization
• •	check this box and stop here				-)	gariization,
Sec	tion C. Computation of Publ		rcentage				
-	Public support percentage for 2013 (I			column (fl)		15	%
	Public support percentage from 2012			, old / ii / (i)/		16	%
	tion D. Computation of Inves			**********	(**********	1.01	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2013. If the			on line 14 and line			
	more than 33 1/3%, check this box a						INTO 17 IS TIOL
	33 1/3% support tests - 2012. If the						/3% and
	line 18 is not more than 33 1/3%, che	-			•		
							110010101000000000
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 190, check t	riis pox and see ins	structions	

Part IV	(Form 990 or 990-EZ) 2013 THE PEACEWORKS NETWORK FOUNDATION 30-0102398 Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

Pa	Part I Organizations Maintaining Donor Advised Funds o	r Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Do	nor advised funds	(b) Funds and other accounts
1	1 Total number at end of year		
2			
3	C270PCM 0773707070		
4			
5		e assets held in donor advis	ed funds
	are the organization's property, subject to the organization's exclusive lega-	al control?	Yes No
6			
	for charitable purposes and not for the benefit of the donor or donor advis		*
	impermissible private benefit?	- , ,	_
Pa	Part II Conservation Easements. Complete if the organization and	wered "Yes" to Form 990, P	art IV, line 7.
1			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified conservat	ion contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	a Total number of conservation easements		2a
b	E 7-1-1		
C	c Number of conservation easements on a certified historic structure include	ed in (a)	2c
ď	d Number of conservation easements included in (c) acquired after 8/17/06,	and not on a historic structu	ire
	listed in the National Register	***************************************	2d
3	3 Number of conservation easements modified, transferred, released, exting	uished, or terminated by the	organization during the tax
	year -		
4	4 Number of states where property subject to conservation easement is local	ted >	
5	5 Does the organization have a written policy regarding the periodic monitori	ng, inspection, handling of	
6	6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements du	uring the year 🕨
7	,	-	
8	_(-) ====================================		
	and section 170(h)(4)(B)(ii)?		Yes No
9	, and or gain and or g		
	include, if applicable, the text of the footnote to the organization's financial	statements that describes t	he organization's accounting for
Date	conservation easements.		
Pai	Part III Organizations Maintaining Collections of Art, History		ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, I		
1a	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to		
	historical treasures, or other similar assets held for public exhibition, educa-		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these item		
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to rep		
	treasures, or other similar assets held for public exhibition, education, or re	search in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2			gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958)	_	
a	(1-11		
b	b Assets included in Form 990, Part X	************************************	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment.

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

(ii) related organizations

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		236,419.	220,626.	15,793.
e Other		887,198.	887,198.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10(c).)		15,793.

Schedule D (Form 990) 2013

3a(ii)

	RKS NETWORK F	OUNDATION	30-0102398 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) NON MARKETABLE SECURITY	431,329.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	404 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	431,329.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	/b) Dools value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	463		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"			e 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (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 X

Schedule D (Form 990) 2013

TAKEN IN A TAX RETURN.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

OMB No. 1545-0047

THE PEACEWORKS	NETWORK	FOUNDATI	ON		30-010239	8
Part I General Info	mation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes L No
	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
United States.			THE TOWN COMMON THE PARTY A DESCRIPTION OF			
			an be duplicated if additional space is		16 - 15 - 1 - 1 - 1 - 1 - 1	(0.T-1-1
(a) Region	offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent contractors	services, investments, grants to		specific type	for and
	, a., o , o g.o.,	contractors	recipients located in the region)		ce(s) in region	investments in region
		in region				inregion
MIDDLE EAST & NORTH						
AFRICA			GRANTS TO RECIPIENTS			707,617.
AFRICA			GRANTS TO RECIFIENTS			707,017.
EUROPE			GRANTS TO RECIPIENTS			34,658,
1011011			DAMES TO RECITEDATE			31,030.
MIDDLE EAST & NORTH			2	CONFLICT RE	SOLUTION &	
AFRICA			PROGRAM SERVICES	1	DEVELOPMENT	0.
11 11 011			DHIVICHS		22122211211	
-						
						1
3 a Sub-total	0	0				742,275.
b Total from continuation						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				742,275,

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 THE PEACEWORKS NETWORK FOUNDATION 30-0102398

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.

(i) Method of valuation (book, FMV, appraisal, other)						, w	0 Schedule F (Form 990) 2013
(i) Me valuation apprais							lule F (Forn
(h) Description of non-cash assistance							Sched
(g) Amount of non-cash assistance	.0	0	0.			xempt by	•
(f) Manner of cash disbursement	341,040, WIRE TRANSFERS	WIRE TRANSFERS	34,658 WIRE TRANSFERS			recognized as tax-e	
(e) Amount of cash grant	341,040,	366,577.	34,658.			foreign country,	
(d) Purpose of grant	EDUCATE PEACE & CONDEMN VIOLENCE	EDUCATE PEACE & CONDEMN VIOLENCE	EDUCATE PEACE & CONDEMN VIOLENCE			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	
(c) Region	MIDDLE EAST & NORTH AFRICA	MIDDLE EAST & NORTH AFRICA	EUROPE			ns listed above that are	r entities
(b) IRS code section and EIN (if applicable)						ecipient organizatior	other organizations o
1 (a) Name of organization						2 Enter total number of r the IRS, or for which th	3 Enter total number of other organizations or entities

26

332072 10-03-13

30-0102398

Page 3

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.

Schedule F (Form 990) 2013

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
s) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region (c)					

Schedule F (Form 990) 2013 THE PEACEWORKS NETWORK FOUNDATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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.
PART I, LINE 2:
EXPLANATION: GRANTEES SUBMIT MONTHLY BUDGET REPORTS, WHICH ARE REVIEWED
AND APPROVED BY THE ORGANIZATION. AT THE END OF EACH MONTH, GRANTEES
SUBMIT AN ACTUAL VERSUS BUDGET (FUNDED) REPORT. ANY DIFFERENCES ARE
APPLIED TO THE FOLLOWING MONTH'S FUNDING TO THE GRANTEES.

SCHEDULE I (Form 990)

(Dee 1113

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013
Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Attach to Form 990.
Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

Schedule I (Form 990) (2013) ê [30-0102398 (h) Purpose of grant CONFLICT RESOLUTION or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 25,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE PEACEWORKS NETWORK FOUNDATION (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 20-3585888 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization AMERICAN FUNDS OF REUT INSTITUE 9100 WILSHIRE BLVD SUITE 400W or government BEVERLY HILLS, CA 90212 Parti Part II

332101

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part III

Page 2

30-0102398

THE PEACEWORKS NETWORK FOUNDATION

Schedule I (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE PEACEWORKS NETWORK FOUNDATION 30-0102	398
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
DEVELOPMENT IN ISRAEL AND THE PALESTINIAN TERRITORIES. THE	
ORGANIZATION AIMS TO AMPLIFY THE VOICE OF THE SILENT MAJORITY OF	
MODERATES WHO WISH FOR PEACE AND PROSPERITY. THESE EFFORTS ARE KN	IOWN
AS THE ONEVOICE MOVEMENT.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
EFFORTS ARE KNOWN AS THE ONEVOICE MOVEMENT.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE AUDIT COMMITTEE REVIEWS AND APPROVES THE TAX RETU	JRN.
PRIOR TO FILING, THE TAX RETURN IS EMAILED TO ALL BOARD MEMBERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	THE
GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	202,159.
MANAGEMENT AND GENERAL EXPENSES	50,995.
FUNDRAISING EXPENSES	46,129.
TOTAL EXPENSES	299,283.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	299,283.

FORM990

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

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE PEACEWORKS NETWORK FOUNDATION	Employer identification number 30-0102398
EXPLANATION: FORM990, PART XII, LINE 2C EXPLANATION:	
NO CHANGE FROM PRIOR YEAR.	
	

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

0
9
9

Asset No.	Description	Date Acquired Method	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	7WEBSITE	033103SL	3.00	17	352,000.			352,000.	352,000.		0.
0	9WEBSITE	013104SL	3.00	17	200,000.			200,000.	200,000.		0
12	12WEBSITE	010105SL	3.00	17	198,795.			198,795.	198,795.		0
13	13WEBSITE	070106SL	3.00	17	77,000.			77,000.	77,000.		0
16	7	093007SL	3.00	17	59,403.			59,403.	59,403.		0
	- 390 FAGE IO TOTAL				887,198.		0	887,198.	887,198.	0	0
7	2COMPUTER	103103SL	5.00	17	1,392.			1,392.	1,392.		0
11	11COMPUTER	010105SL	5.00	17	5,000.			5,000.	5,000.		0
14	14COMPUTER EQUIPMENT	091506SL	5.00	17	55,115.			55,115.	55,115.		0
17	17COMPUTER	010108SL	5.00	17	27,266.		10,187.	17,079.	17,079.		0
21	21COMPUTER EQUIPMENT	080111200DB5)B5.00	17	11,197.			11,197.	5,822.		2,150.
22	22COMPUTER EQUIPMENT	080111200DB5)B5.00	17	38,028.			38,028.	19,775.		7,301.
23	PER	070111200DBS)B5.00	17	5,612.			5,612.	2,918.		1,078.
	- 990 FAGE IO TOIAL				143,610.		10,187.	133,423.	107,101.	0	10,529.
4	4OFFICE EQUIPMENT	050503SL	5.00	17	1,500.			1,500.	1,500.		0
Ŋ	SOFFICE EQUIPMENT	061103SL	5.00	17	1,190.			1,190.	1,190.		0
9	60FFICE EQUIPMENT	08220381	5.00	17	1,811.			1,811.	1,811.		0
80	8OFFICE EQUIPMENT	033103SL	5.00	17	70,000.			70,000.	70,000.		0

328102 05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

t Year stion	0.	112.	269.	381.	0	0	0	10,910.						
Current Year Deduction														
Current Sec 179				0			0	0						
Accumulated Depreciation	1,000.	448.	1,080.	77,029.	2,399.	13,000.	15,399.	1086727.						
Basis For Depreciation	1,000.	560.	1,349.	77,410.	2,399.	13,000.	15,399.	1113430.						
Reduction In Basis				0			0	10,187.						
Bus % Excl														
Unadjusted Cost Or Basis	1,000.	560.	1,349.	77,410.	2,399.	13,000.	15,399.	1123617.						
No No	17	17	17		17	17								
Life	5.00	5.00	5.00		3.00	3.00								
Method	SL	$_{ m SI}$	SL		SL	SL								
Date Acquired	01010581	062409SL	070809SL		082907SL	010109SL								
Description	100FFICE EQUIPMENT	18TELEPHONE SYSTEM	19OFFICE PHONES	AND PAGE IO TOTAL	1.5SOFTWARE	20SOFTWARE	O ;	* GRAND TOTAL 990 PAGE 10 DEPR						
Asset No.),	ï	ij		ਜਂ	7								

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 8938 (December 2013) Department of the Treasury

Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

► Attach to your tax return.

OMB No. 1545-2195

Attachment Sequence No. 175

Number of continuation statements If you have attached continuation statements, check here Identifying number Name(s) shown on return 30-0102398 THE PEACEWORKS NETWORK FOUNDATION Part I Foreign Deposit and Custodial Accounts Summary Number of Deposit Accounts (reported on Form 8938) Maximum Value of All Deposit Accounts Number of Custodial Accounts (reported on Form 8938) Maximum Value of All Custodial Accounts Were any foreign deposit or custodial accounts closed during the tax year? Part II Other Foreign Assets Summary Number of Foreign Assets (reported on Form 8938) Maximum Value of All Assets X No Were any foreign assets acquired or sold during the tax year? Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) Where reported (c) Amount reported on (e) Schedule and line form or schedule (a) Asset Category (b) Tax item (d) Form and line 1 Foreign Deposit and 1a Interest \$ Custodial Accounts 1b Dividends \$ \$ 1c Royalties 1d Other income \$ 1e Gains (losses) \$ 1f Deductions \$ 1g Credits \$ \$ 2 Other Foreign Assets 2a Interest 2b Dividends \$ 2c Royalties \$ 2d Other income \$ 2e Gains (losses) \$ 2f Deductions \$ 2g Credits \$ Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 3. Number of Forms 5471 1. Number of Forms 3520 2. Number of Forms 3520-A 6. Number of Forms 8891 4. Number of Forms 8621 5. Number of Forms 8865 Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report, attach a continuation statement for each additional account (see instructions). 1 Type of account X Deposit 2 Account number or other designation Custodial 252478 Account opened during tax year Account closed during tax year Check all that apply а No tax item reported in Part III with respect to this asset Account jointly owned with spouse c 256. Maximum value of account during tax year ... Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? If you answered "Yes" to line 5, complete all that apply. (3) Source of exchange rate used if not from (1) Foreign currency in which account (2) Foreign currency exchange rate used to U.S. Treasury Financial Management Service is maintained convert to U.S. dollars Form 8938 (12-2013) For Paperwork Reduction Act Notice, see the separate instructions.

ā	\$0 - \$50,000 b \$50, e If more than \$200,000, list value	001 - \$100,000 c			150,001 - \$200,000 \$
` 5	Did you use a foreign currency exchange ra				Yes No
6	If you answered "Yes" to line 5, complete a			***************************************	**
	(1) Foreign currency in which asset is denominated	(2) Foreign currency exconvert to U.S. dollars	change rate used to	(3) Source of exchange ra U.S. Treasury Financial Ma	
7	If asset reported on line 1 is stock of a fore	ign entity or an interest ir	n a foreign entity, enter t	he following information for	the asset.
а	Name of foreign entity				
b	Type of foreign entity (1)	Partnership	(2) Corporation	(3) Trust	(4) Estate
С	Mailing address of foreign entity. Number,	street, and room or suite	no.		
d	City or town, state or province, and country	r (including postal code)			
	If asset reported on line 1 is not stock of a fo Note. If this asset has more than one issuer counterparty (see instructions). Name of issuer or counterparty	· .	• • • • • • • • • • • • • • • • • • • •	•	
	Check if information is for	Issuer Co	unterparty		
b	Type of issuer or counterparty (1) Individual (2)	Partnership	(3) Corporation	(4) Trust	(5) Estate
С	Check if issuer or counterparty is a	U.S. person	Foreign person		
d	Mailing address of issuer or counterparty.	Number, street, and room	n or suite no.		
е	City or town, state or province, and country	(including postal code)			
					Form 8938 (12-2013)

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	box		► X
Note. Only complete Part II if you have already been granted an					
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E			al (no co	opies ne	eeded).
			STATE OF STREET		er, see instructions
Type or Name of exempt organization or other filer, see instru	uctions.				ation number (EIN) or
print			. , . ,		, , ,
File by the THE PEACEWORKS NETWORK FOUN	DATIO	N		30-0	102398
due date for Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity nur	mber (SSN)
return, See C/O BERNSTEIN ROSEN & CO, 6				,	, ,
city, town or post office, state, and ZIP code. For a f	oreign add	Iress, see instructions.			
NEW YORK, NY 10017		,			
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)		*******	0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01	13 1 01			Code
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			iously file	ed Form 8	
ORGANIZATION					
 The books are in the care of ► 1372 BROADWAY, 	3RD	FLOOR - NEW YORK, I	VY 10	018	
Telephone No. ► 212 897-3985		Fax No.			
If the organization does not have an office or place of busines	s in the Ur	-			
If this is for a Group Return, enter the organization's four digit					
	_	ch a list with the names and EINs of			
		BER 15, 2014			
5 For calendar year 2013, or other tax year beginning		, and ending	1		8
6 If the tax year entered in line 5 is for less than 12 months, or	check reas		Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS REQUIRED TO	O GAT	HER PERTINENT INFO	RMATI	ON IN	ORDER TO
PREPARE A COMPLETE AND ACCURA					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions.	_		8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and estimated			
tax payments made. Include any prior year overpayment al					
previously with Form 8868.		,	8b	s	0.
Balance due. Subtract line 8b from line 8a. Include your pa	avment wit	h this form. if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr	-	, , , , ,	8c	\$	0.
		st be completed for Part II o		-	
Under penalties of perjury, I declare that I have examined this form, inclucit is true, correct, and complete, and that I am authorized to prepare this form.	ding accomp	-	-	f my know	ledge and belief,
	PRESI	OENT.	Date		
Organization - TILIO			טמוט		m 8868 (Rev. 1-2014)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	THE PEACEWORKS NETWORK FOUNDATION 1372 BROADWAY NO. 3RD FL NEW YORK, NY 10018
Prepared by	BERNSTEIN ROSEN & COMPANY CPAS PC 630 THIRD AVENUE, SUITE 1502 NEW YORK, NY 10017
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

2013

This form used for Article 7-A, EPTL and dual filers			120 Broadway				Open to Public
(replaces forms CHAR 497, CHAR 010 and CHAR 006)		htt	New York, NY 102 tp://www.charitiesn				Inspection
1. General Information		04 /04 /0/			0 /04 /0/		
a. For the fiscal year beginni		mayon described to the same)13 and ending (I	nm/dd/yyyy)	12/31/20		
b. Check if applicable for NYS: X Address change		of organization					employer ID no. (EIN) -0102398
Name change Initial filing	THE P	EACEWORKS NE	ETWORK FOU	NDATION		e. NYS 07-2	tate registration no. 5 – 9 4
Final filing Amended filing		and street (or P.O. box if r BROADWAY	mail not delivered to s	reet address)	Room/suite 3RD FL	f. Telep 212	hone number 897–3985
NY registration pending		town, state or country a ORK,NY 10 (g. Email	
2. Certification - Two Sign	atures Req	ıuired					
We certify under penalties of			ort including all atte	chments and	to the best of	our know	ledge and belief they are
true, correct and complete in			State of New York	pplicable to th	is report.		
a. President or Authorized Offic	cer -	Signature		LUBETZI ed Name	X Y	Title	SIDENT
			SAMER	HAMADEH		TRE	ASURER
b. Chief Financial Officer or Treas. Signature SAFEK HAPPEH TREASOREK Date Date							
\$25,000 contribution in the second contribution is second contribution. Second contribution in the second contribution is second contribution in the second contribution is second contribution. Second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the second contribution is second contribution. Second contribution is second contribution in the seco	t exemption contribution 0 and the or utions durin An organizated fund, Un 0 or 2) it rec report similar nption (EPT receipts did	n (Article 7-A registrants as from NY State (including anization did not enging this fiscal year. ation may claim this exemited Way or incorporate ived all or substantial ar to that required by ATL registrants and dual d not exceed \$25,000	ding residents, foun age a professional emption if no PFR ced community appelly all of its contributaticle 7-A. registrants) and assets (market	dations, corpor fund raiser (PFI r FRC was use real <u>and</u> contributions from one value) did not e	R) or fund raisi d and either: 1 utions from oth government ag	ing couns i) it receive ner source gency to so	red an allocation from a es did not exceed which it submitted an time during this fiscal year.
report exemptions under bot	th laws, simpl		al Information), part 2	(Certification) an	d part 3 (Annua	l Report Ex	I registrants claiming the annual temption Information) above. this form.
4. Article 7-A Schedules							
If you did not check the Artic a. Did the organization use a p * If "Yes", complete Sched b. Did the organization receive * If "Yes", complete Sched	rofessional fu ule 4a. government	und raiser, fund raising co	unsel or commercial o	o-venturer for fu	ind raising activi		ate? Yes* X No
5. Fee Submitted: See last	page for su i	mmary of fee requirer	nents.				
Indicate the filing fee(s) you a a. Article 7-A filing fee b. EPTL filing fee c. Total fee	************			\$			ne check or money order for the able to "NYS Department of Law"
6 Attachments - For organ	izations tha	t are not eleiming annu	al roport exemption	a under beth k	awe soo last r	ago for r	aguired attachments

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 📦 📦 📦



THE PEACEWORKS NETWORK FOUNDATION

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Or	ganization's Registration Type	Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

 Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers	
Filing Fee	
X Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms X IRS Form 990 X All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-T IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T
Additional Article 7-A Document Attachment Requirement Independent Accountant's Report	
X Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)	

1019 368481 4 11-25-13

CHAR500 - 2013