Form 8879-T

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 15	45-0047
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2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CATALYST FOR PEACE 35-2202654 Name and title of officer or person subject to tax ELISABETH HOFFMAN PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22) ______ 3b X 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 183 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only DOWDY AND COMPANY, PA I authorize _ to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter ali zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will ever my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59655874683

10-31-23

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date _

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For	calend	lar year 2022 or tax year beginning , a	and ending				
Na	me of fo	oundation			A Emp	loyer identification nun	nber
~	3 m 3 :	THE TOP DELCE			٦.	0000654	
_		LYST FOR PEACE nd street (or P.O. box number if mail is not delivered to street add	des es)	ha a ma / a i k a		-2202654 phone number (see instru	ations)
		WIN PONDS DRIVE	aress)	loom/suite		7 - 775 - 2604	ctions)
		vn, state or province, country, and ZIP or foreign postal code					
\mathbf{F}	ALM	OUTH ME 04105			C If exe	emption application is per	iding, check here
G	Check a	all that apply: Initial return Initial return	rn of a former public o	harity	D 1. Fo	oreign organizations, che	ck here
		Final return Amended	return		2. Fo	oreign organizations mee	ting the
		Address change Name cha	inge		85	5% test, check here and a	attach computation .
НС	Check t	type of organization: X Section 501(c)(3) exempt private	foundation		E If priv	vate foundation status wa	s terminated under
_		n 4947(a)(1) nonexempt charitable trust Other taxable				on 507(b)(1)(A), check he	
		ket value of all assets at J Accounting method:		crual	F If the	foundation is in a 60-mo	nth termination
er	nd of ye				unde	r section 507(b)(1)(B), ch	eck here
	ne 16)	\$ 3,534,026 (Part I, column (d), must	be on cash basis.)	· 302 · · 2 · 2 · · · · · · · · · · · · · ·			
		Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	octmont.	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	inco		income	purposes
	T 4		90,800				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch. B	30,800				
	3	Interest on savings and temporary cash investments	60		60	60	
	4	Dividends and interest from securities	59,094		59,094		
	5a			-	33,034	33,031	
-	b	Gross rents Net rental income or (loss)					
Revenue	6a		-33,146				
	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 353,598	33/110				
è	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule) STMT 1	10,724		10,724	10,724	
	12	Total. Add lines 1 through 11	127,532		69,878	69,878	
(0)	13	Compensation of officers, directors, trustees, etc.	137,186		13,719	13,719	123,467
xpenses	14	Other employee salaries and wages	123,494				123,494
e	15	Pension plans, employee benefits					
S.	16a	Legal fees (attach schedule) SEE STMT 2	1,723				1,723
ω Ü	b	Accounting fees (attach schedule) STMT 3	18,134		18,134	18,134	
Ę	С	Other professional fees (attach schedule) STMT 4	534,445		23,396	23,396	
tra	17	Interest	16,150				16,150
Jis	18	Taxes (attach schedule) (see instructions) STMT 5	60,767		1,050	1,050	27,917
Ē	19	Depreciation (attach schedule) and depletion STMT 6	14,392				
βd	20	Occupancy					
b	21	Travel, conferences, and meetings	71,917	-			71,917
ä	22	Printing and publications Other expenses (att. sch.) STMT 7	01 010		424		00.600
Operating and Administrative	23	Other expenses (att. sch.)	91,918	 	434		90,689
ati	24	Total operating and administrative expenses.	1 070 106		E6 722	E6 200	066 406
Jer	25	Add lines 13 through 23	1,070,126 25,681		56,733	56,299	966,406 25,681
Ō	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	1,095,807		56,733	56,299	992,087
	27	Subtract line 26 from line 12:	1,095,607		50,133	30,233	332,007
	a	Excess of revenue over expenses and disbursements	-968,275				
	b	Net investment income (if negative, enter -0-)	300,473	9	13,145		
	C	Adjusted net income (if negative, enter -0-)				13,579	

(Rev. January 2022)

Exempt Organization Return File a separate application for each return.

Application for Automatic Extension of Time To File an

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Department of the Treasury ▶ Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

<u>Automati</u>	c 6-Month Extension of Time. Only submit	t original (no copies needed).			
	ons required to file an income tax return other than For			ships, REMICs, ar	nd trusts	
	orm 7004 to request an extension of time to file income			, ,		
Type or						
print						,
,	CATALYST FOR PEACE			35-22026	54	
	Number, street, and room or suite no. If a P.O. box	x see instru	ctions			
File by the	40 TWIN PONDS DRIVE	x, 500 mona	000113.			
due date for	City, town or post office, state, and ZIP code. For a	o foreign add	drace can instructions			
iling your	City, town or post office, state, and ZIF code. For a	a ioreigii auc	aress, see msuucuons.			
eturn. See	FALMOUTH ME	04105	=			
nstructions.	FAIMOUTH	OTIO	,			
Enter the Re	eturn Code for the return that this application is for (file	a separate a	application for each return)	160 - 1610 - 1610 - 161 - 161 - 161 - 161		04
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 4720	O (individual)	03	Form 4720 (other than indiv	/idual)		09
Form 990-		04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	-T (corporation)	07	T GILL GOT G			
	ELISABETH HOFFMAN					
	40 TWIN PONDS DRIVE					
The hook	s are in the care of FALMOUTH				ME	04105
1110 00010	3 die in the date of p			************		
Telepho	ne No. > 207-775-2616	Eav No				
		in the Unite	of States, about this hav			N (1)
• If this is	ganization does not have an office or place of business	One on Every	ed States, check this box	in train train and		77.00.00
	for a Group Return, enter the organization's four digit (
	e group, check this box		meck this box	and attach		
a list with the	e names and TINs of all members the extension is for.					
		1 - /02				
	est an automatic 6-month extension of time until $11/$			on return for		
the or	ganization named above. The extension is for the organ	nization's ref	turn for:			
▶ X	calendar year 2022 or					
	tax year beginning , and ending ,					
2 If the t	ax year entered in line 1 is for less than 12 months, ch	eck reason:	Initial return Fin	al return		
	Change in accounting period					
3a If this	application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the te	ntative tax, less any			
nonref	fundable credits. See instructions.			3a	\$	13,123
b If this	application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any re	efundable credits and			
	ated tax payments made. Include any prior year overpa			3b	\$	13,123
	ce due. Subtract line 3b from line 3a. Include your pay					
	EFTPS (Electronic Federal Tax Payment System). See		•	3c	\$	0
	you are going to make an electronic funds withdrawal (
	,	00. 00011)			0070 12	paymont

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	Palit II		Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash – non-interest-bearing	69,345	77,203	77,203
	2	Savings and temporary cash investments	44,333	174,647	174,647
-1	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		,	
AS	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 8	2,513,492	2,126,721	2,103,381
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Investments – other (attach schedule) Land, buildings, and equipment: basis Less: accumulated depreciation (attach sch.) STMT 9 163,264			
		Less: accumulated depreciation (attach sch.) STMT 9 163,264	1,111,072	1,096,681	1,175,000
	15	Other assets (describe SEE STATEMENT 10)	2,066		3,795
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	3,740,308	3,479,047	3,534,026
٦	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe SEE STATEMENT 11)	167,788	874,802	
	23	Total liabilities (add lines 17 through 22)	167,788		
٦		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
S	24	Net assets without donor restrictions	3,572,520	2,604,245	
ala	25	Net assets with donor restrictions			
Ö		Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balan		and complete lines 26 through 30.			
Ę	26	Capital stock, trust principal, or current funds			
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds			
\ss	29	Total net assets or fund balances (see instructions)	3,572,520	2,604,245	
et /	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	3,740,308	3,479,047	
	Part I	II Analysis of Changes in Net Assets or Fund Balances			
-		net assets or fund balances at beginning of year – Part II, column (a), line 29 (mu	st agree with		
		of-year figure reported on prior year's return)		1	3,572,520
2		r amount from Part I, line 27a			-968,275
		r increases not included in line 2 (itemize)		3	
4	l Add	lines 1, 2, and 3			2,604,245
		eases not included in line 2 (itemize)			
6		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (2,604,245
					Form 990-PF (2022)

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Part IV Capital Gain	s and Losses for Tax on Investme	ent Income			
	be the kind(s) of property sold (for example, real es warehouse; or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAIN	DISTRIBUTIONS		P		
b FIRST TR EXCH	HANGE TRADED FD IV		P	08/07/20	09/26/22
c FIRST TR EXCH	HANGE TRADED FD VIII		P	07/01/20	09/26/22
d FIRST TR EXCH	ANGE TRADED FD VIII		P	08/07/20	09/26/22
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper			or (loss)) minus (g))
a 1	69				169
b 95,2	59		102,295		-7,036
c 184,4	07		202,635		-18,228
d 73,7	63		81,814		-8,051
е					
Complete only for assets sho	owing gain in column (h) and owned by the fo	undation on 12/31/6	9.	(I) Gains (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col.		col. (k), but not	less than -0-) or om col. (h))
а					169
b					-7,036
С					-18,228
d					-8,051
е					
2 Capital gain net income or (r	If (loss), enter -0- in	Part I, line 7		2	-33,146
. •	r (loss) as defined in sections 1222(5) and (6	<i>'</i>			
If gain, also enter in Part I, Ii	ne 8, column (c). See instructions. If (loss), e	nter -0- in			
			40/1	3	
Part V Excise Tax E	Based on Investment Income (Sec	tion 4940(a), 49	40(b), or 4948—	-see instruction	ıs)
	ons described in section 4940(d)(2), check he		er "N/A" on line 1.		
	tion letter: (attach copy			ns) 1	183
	ions enter 1.39% (0.0139) of line 27b. Exemp				
enter 4% (0.04) of Part I, li	ne 12, col. (b)				
2 Tax under section 511 (do	mestic section 4947(a)(1) trusts and taxable t	foundations only; oth	ers, enter -0-)	2	0
3 Add lines 1 and 2	•••••			3	183
4 Subtitle A (income) tax (do	mestic section 4947(a)(1) trusts and taxable	foundations only; oth	ners, enter -0-)	4	0
5 Tax based on investmen	t income. Subtract line 4 from line 3. If zero	or less, enter -0		5	183
6 Credits/Payments:		2	-		
a 2022 estimated tax payme	ents and 2021 overpayment credited to 2022	6a	13	<u>,123</u>	
b Exempt foreign organization	ons – tax withheld at source	6b			
c Tax paid with application for	or extension of time to file (Form 8868)	6c			
d Backup withholding errone		64			
7 Total credits and payments	Add lines So through Sd			7	13,123
8 Enter any penalty for under	erpayment of estimated tax. Check here 🔲 i	f Form 2220 is attac	hed	8	
	s 5 and 8 is more than line 7, enter amount of			9	
10 Overpayment. If line 7 is r	more than the total of lines 5 and 8, enter the	amount overpaid		10	12,940
11 Enter the amount of line 10	to be: Credited to 2023 estimated tax	25	Refunded	11	12,690

4 -			V	AL-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	No_X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	4.		x
	instructions for the definition	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	4		v
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. \$			37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	*********	X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	**********
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	Website address N/A The books are in care of ELISABETH HOFFMAN Telephone no. 207 - 7	75-	261	6
	TO IMIN FONDS DRIVE			
	Located at FALMOUTH ME ZIP+4 0410	5		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			🗌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
		orm 99	0-PF	(2022)

	ift Ⅵ-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		x
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		X
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022? N/A	1d	S.O.Likeediscite	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable	30		
n a	purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	4b		X

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_	rt VI-B Statements Regardin	g Activities for Which Form	TIZU May De I	teganea (con	mueu)			
5a	During the year did the foundation pay or i	ncur any amount to:	***				Yes	No
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (section	4945(e))?			5a(1)		X
	(2) Influence the outcome of any specific	public election (see section 4955); or	to carry on, directly	or	ter and received and resider			
	indirectly, any voter registration drive?				20-20-023-2000	5a(2)		X
	(3) Provide a grant to an individual for trav	vel, study, or other similar purposes?			30 - 21 - 62 D EV-52 D .	5a(3)		X
	(4) Provide a grant to an organization other	er than a charitable, etc., organization						
	(4)(A)? See instructions					5a(4)	X	
	(5) Provide for any purpose other than rel	igious, charitable, scientific, literary, o	or educational purpo	ses, or for	W W 18-25 NO. 100			
	the prevention of cruelty to children or	animals?			***************************************	5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any	y of the transactions fail to qualify und	der the exceptions d	lescribed	100 Mars (1000), 30 Mars			
	in Regulations section 53.4945 or in a curr	ent notice regarding disaster assista	nce? See instruction	ns		5b		X
C	Organizations relying on a current notice r	egarding disaster assistance, check	nere					
d	If the answer is "Yes" to question 5a(4), do	es the foundation claim exemption fr	om the tax because	e it				
	maintained expenditure responsibility for t	ne grant?			*********	5d	X	
	If "Yes," attach the statement required by	Regulations section 53.4945–5(d).			Sound frame (Sound) Sid (Sound)			
6a	Did the foundation, during the year, receiv	e any funds, directly or indirectly, to p	ay premiums on a p	personal				
	benefit contract?				310 S0 - 510 - 10 - 100 - 1	6a		X
b	Did the foundation, during the year, pay pr	emiums, directly or indirectly, on a pe	ersonal benefit contr	ract?	011-00-00-0	6b		X
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the fo					7a		X
b	If "Yes," did the foundation receive any pro-	oceeds or have any net income attrib	itable to the transac	tion?	N/A	7b		
8	Is the foundation subject to the section 49	60 tax on payment(s) of more than \$,000,000 in remune	eration or				
	excess parachute payment(s) during the y					8		X
Pa		cers, Directors, Trustees, Fo	oundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors							
1 1	ist all officers, directors, trustees, and fo	oundation managers and their com	nensation. See ins	structions				
-		3	ponedion coo m	Ja addiono.		T .		
=	(a) Name and add		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense ad er allowa	
EL	(a) Name and add		(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred			
		Iress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred	othe		
40	ISABETH HOFFMAN TWIN PONDS DRIVE	iress FALMOUTH	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
40	ISABETH HOFFMAN TWIN PONDS DRIVE	ress FALMOUTH ME 04105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
40 SE 40	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON	FALMOUTH ME 04105 FALMOUTH ME 04105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces 0
40 SE 40 AL	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE	FALMOUTH ME 04105 FALMOUTH ME 04105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces 0
40 SE 40 AL	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		0
40 SE 40 AL 63	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		0
40 SE 40 AL 63	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-) 137,186	employee benefit plans and deferred compensation 0 0 0	othe		0
40 SE 40 AL 63 CY	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-) 137,186	employee benefit plans and deferred compensation 0 0 0	othe		0
40 SE 40 AL 63 CY	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-) 137,186	employee benefit plans and deferred compensation 0 0 0	(e) Ex		0 0 0 ccount,
40 SE 40 AL 63 CY 1 2	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 on line 1 — see inst	(c) Compensation (If not paid, enter -0-) 137,186 0 0 tructions). If none	employee benefit plans and deferred compensation 0 0 0 e, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowa	0 0 0 ccount,
40 SE 40 AL 63 CY 1 2	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp "NONE."	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 on line 1 — see inst	(c) Compensation (If not paid, enter -0-) 137,186 0 0 tructions). If none	employee benefit plans and deferred compensation 0 0 0 e, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowa	0 0 0 ccount,
40 SE 40 AL 63 CY 1 2	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp "NONE."	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 on line 1 — see inst	(c) Compensation (If not paid, enter -0-) 137,186 0 0 tructions). If none	employee benefit plans and deferred compensation 0 0 0 e, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowa	0 0 0 ccount,
40 SE 40 AL 63 CY 1 2	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp "NONE."	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 on line 1 — see inst	(c) Compensation (If not paid, enter -0-) 137,186 0 0 tructions). If none	employee benefit plans and deferred compensation 0 0 0 e, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowa	0 0 0 ccount,
40 SE 40 AL 63 CY 1 2	ISABETH HOFFMAN TWIN PONDS DRIVE TH JOHNSON TWIN PONDS DRIVE FRED HOFFMAN, JR. 1 TURTLE BEACH DRIVE NTHIA SAMPSON BATTLE SQUARE, APT 306 Compensation of five highest-paid emp "NONE."	FALMOUTH ME 04105 FALMOUTH ME 04105 N. PALM BEACH FL 33408 ASHEVILLE NC 28801 sloyees (other than those included	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECY & TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 on line 1 — see inst	(c) Compensation (If not paid, enter -0-) 137,186 0 0 tructions). If none	employee benefit plans and deferred compensation 0 0 0 e, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowa	0 0 0 ccount,

Part VII Information About Offic and Contractors (continu	ers, Directors, Trustees, Foundation Ma ued)	anagers, Highly Paid Emplo	oyees,
	actors for professional services. See instru	ctions. If none, enter "NONE.	"
(a) Name and address of each	th person paid more than \$50,000	(b) Type of service	(c) Compensation
INSTITUTE FOR STATE EFFECTIVE	VENESS WASHINGTON		
1050 30TH ST NW	DC 20007	PLAN IMPLEMENT	175,985
FAMBUL TOK INTERNATIONAL SI	FREETOWN		
5 FODAY DRIVE	SL	EDUCATION & DEV	125,860
CHARLES GIBBS	HOUSTON		
4502 BELLE GLADE DR.	TX 77018	SUPPORT & DEV	60,531
	5 · 100 · 11 · 100		
ga-a-a-ara-ara-a-a-a-a-a-a-a-a-a-a-a-a-a			
Total number of others receiving over \$50,000 for	professional services		0
Part VIII-A Summary of Direct Ch			
List the foundation's four largest direct charitable active organizations and other beneficiaries served, conference or the conference of the conference of the conference of the conference or the conference of	rities during the tax year. Include relevant statistical informatics convened, research papers produced, etc.	ation such as the number of	Expenses
1 SEE STATEMENT 12			
	5 - 45 - 5 - 15 - 15 - 15 - 15 - 15 - 15	S. 10. 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
(a) 1333 1 3 1 1 5 1 5 3 1 1 3 1 5 5 1 5 1	3. (0 3. (0. 5. 52 . 5 5 5 5		966,406
2			
		A	
3	w.ccc w. cc w	g-sale ggsale-gg-sale-sale-sale-sale-sale-sale-sale-sale	
g epge ex expe que experience e en executa executa executa ex-		2-020-02-02-02-000-00-00-00-0	
<u> </u>			
4 is taked as faced as fared as faced at the of six faced as 1 feet to faced a	entered earthauthae ta esta esta est tert tert antenda entered earte esta a transit aftendit	A 1-24 - A 1 1-2 1 1-2 1 1-2 1 1-2 1 1-2 1	
Part VIII-B Summary of Program-	Related Investments (see instructions)		
	made by the foundation during the tax year on lines 1 and	2.	Amount
1 N/A			
2			
All other program-related investments. See instruction	ns.		
3			
		25 HSTEL BEE 1777 THE SELECT AS \$2007 St 1777	

Total. Add lines 1 through 3

P	urt IX Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,375,041
b	Average of monthly cash balances	1b	189,416
С	Fair market value of all other assets (see instructions)	1c	1,132,484
d	Total (add lines 1a, b, and c)	1d	3,696,941
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,696,941
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	55,454
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	3,641,487
6	Minimum investment return. Enter 5% (0.05) of line 5	6	182,074
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	
	and certain foreign organizations, check here X and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	
2a	Minimum investment return from Part IX, line 6 Tax on investment income for 2022 from Part V, line 5 2a		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	
	Int XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	992,087
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	992,087

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	irt XII Undistributed Income (see instruct	tions)			
		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2022:				
а	Enter amount for 2021 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2022:				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through e				
4	Qualifying distributions for 2022 from Part XI,				
	line 4: \$992,087				
	Applied to 2021, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)	.47.			
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2022 distributable amount				
е	Remaining amount distributed out of corpus	992,087			
5	Excess distributions carryover applied to 2022				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)	***			
6	Enter the net total of each column as				
	indicated below:	000 007			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	992,087			
D	Prior years' undistributed income. Subtract				
_	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	toy has been proviously seeded				
ч	Subtract line 6c from line 6b. Taxable				
•					
	amount – see instructions Undistributed income for 2021. Subtract line				
•	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2022. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2023				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2017 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2023.	are v			
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

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DAA

	art XIII Private Operating Fou	undations (see ins	structions and Par	t VI-A, question 9)		<u> </u>
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ing		
	foundation, and the ruling is effective for	2022, enter the date o	f the ruling			N/A
b	Check box to indicate whether the foundation	ation is a private opera	ating foundation describ	ped in section X 49	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	3 %	(e) Total
	income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	investment return from Part IX for					
	each year listed	13,579	19,137			32,716
b	85% (0.85) of line 2a	11,542	16,266			27,808
C	Qualifying distributions from Part XI,					
	line 4, for each year listed	992,087	636,016	711,120	1,184,090	3,523,313
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	992,087	636,016	711,120	1,184,090	3,523,313
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					740 000
	Part IX, line 6, for each year listed	121,383	134,265	112,755	180,479	548,882
С	"Support" alternative test – enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income Supplementary Inform	action (Complete	this part only if t	he foundation he	d \$5 000 or more	in accets at
****	Supplementary Informany time during the ye	•	1	ine roundation na	ad \$5,000 or more	ili assets at
1	Information Regarding Foundation Ma		uons.j			
a	List any managers of the foundation who	-	e than 2% of the total (contributions received l	ov the foundation	
а	before the close of any tax year (but only				•	
	ELISABETH HOFFMAN -	7	sa more than 40,000).	(000 0000011 007 (4)(2)	•,	
	List any managers of the foundation		ore of the stock of a	corporation (or an e	equally large portion	of the
	ownership of a partnership or other entity			•	rqually large person	
	N/A	,	9.001			
2	Information Regarding Contribution, C	Grant. Gift. Loan. Sch	olarship, etc., Progra	ms:		
	[==]		to preselected charitab		oes not accept	
	unsolicited requests for funds. If the foun		•	-		
	complete items 2a, b, c, and d. See instr			•		
a	The name, address, and telephone number		f the person to whom a	pplications should be	addressed:	
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials the	y should include:		
	N/A		<u> </u>			
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fie	elds, kinds of institution	ns, or other	
	factors:					
	NT / A					

Part XIV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During				1
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year ALLIANCE FOR PEACEBUILDING 1800 MASSACHUSETTS AVE NW WASHINGTON DC 20036		PC GENERA	L SUPPORT	20,000
GREATER PORTLAND IMMIGRANT 24 PREBLE ST, 4TH FLOOR PORTLAND ME 04101	WELCOME	PC GENERA:	L SUPPORT	500
NEO PHILANTHROPY 1001 AVE OF THE AMERICAS NEW YORK NY 10018		PC GENERA	L SUPPORT	5,181
Total			3a	25,681
b Approved for future payment N/A				
Total			3h	

Part XV-A Analysis of Income-Producing A					
Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue:					(See Waldelons.)
a	_		-		
b	_		-		
c					
d					
e					
f					
g Fees and contracts from government agencies			+		
2 Membership dues and assessments3 Interest on savings and temporary cash investments			14	60	
Interest on savings and temporary cash investments Dividends and interest from securities	. v		14	59,094	
5 Net rental income or (loss) from real estate:				35/031	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	. *		18	-33,146	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b OTHER INCOME			14	9,205	
c OTHER PORTFOLIO INCOME			14	1,519	
d					
е					
	100000000000000000000000000000000000000)	36,732	0
12 Subtotal. Add columns (b), (d), and (e)			***********		
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			***********		36,732
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	• 44 • • • • • • • • • • • • • • • • •			13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the	Accomplishm	ent of Exempt P	urpose	13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Line No. Explain below how each activity for which inco	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Line No. Explain below how each activity for which inco	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV 5 Relationship of Activities to the Line No. Explain below how each activity for which inco of the foundation's exempt purposes (other that	Accomplishm	nent of Exempt P	urpose A contribu	s 13	36,732

orm 99	0-PF (202	2) CATALYST	FOR PI	EACE		3	5-2202654			Pa	ge 13
Part	XVI				d Transactio		elationships With N	loncharitab	le Ex		
1 Di		nization directly or ind	irectly engag	e in any of the fol	llowing with any o	ther organiza	ation described			Yes	No
	_)1(c) (other than section		•		-					
or	ganization	s?									
a Tr	ansfers fro	om the reporting found	lation to a no	ncharitable exem	pt organization o	f:					
(1)) Cash								1a(1)		X
(2)	Other as	ssets			CAS ALL COLOR AND THE SEC.	088 18 115 82 88 12		1 81 180 183 180 1	1a(2)		X
b Ot	her transa	actions:						The state of the state of			
(1)) Sales of	assets to a noncharit	able exempt	organization		AND 1 DEC 1997 TO 1997 TO 1			1b(1)		X
(2)) Purchas	es of assets from a no	oncharitable	exempt organizati	ion				1b(2)		X
(3)	Rental o	of facilities, equipment,	or other ass	ets	8.86.21.36.23.	(4) 1 22 (42) 23 (4			1b(3)		X
(4)) Reimbu	rsement arrangements	S						1b(4)		X
(5)) Loans o	r Ioan guarantees 👑						a va construir construir	1b(5)		X
(6)) Perform	ance of services or me	embership o	fundraising solici	itations			n w pares dub pared di	1b(6)		X
c St	naring of fa	acilities, equipment, m	ailing lists, o	ther assets, or pa	id employees				1c		X
							d always show the fair ma				
va	lue of the	goods, other assets, o	or services g	ven by the reporti	ng foundation. If	the foundatio	on received less than fair	market			
va	lue in any	transaction or sharing	arrangeme	nt, show in column	n (d) the value of	the goods, o	ther assets, or services r	received.		_	
(a) L	ine no.	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d)	Description of transfers, transact	ions, and sharing ar	rangeme	nts	
N/A											
		ation directly or indired section 501(c) (other	•			-exempt orga	nizations		Υe	s X	No
b If	"Yes," con	nplete the following sc	hedule.		1000-08	ocide 8/0 - 760 - 5	20 - 21 - 10 - 10 - 10 - 10 - 10 - 10 -	IN UNIVERSE SEED SEED.			
		a) Name of organization		(b) Type of o	organization		(c) Description of	f relationship			
N/	A										
		nalties of perjury, I declare the nd complete. Declaration of p					ments, and to the best of my kn as any knowledge.	owledge and belief,	it is true		
						p. oporor r		May the IRS disc			
Sign		\ <i>Y</i> / \//						with the preparer See instructions.		elow? Yes	No
lere	\neg)XH-4 KI-			10-3	I - 23		255			
		/ Y / / I					PRESIDENT			_	
	Signature	of officer or trustee			Date		Title				
	Print/Tv	pe preparer's name			Preparer's signatur	e		Date		01	П.,

Check if self-employed 10/30/23 P00272783 PTIN 59-3565705 Firm's EIN

Phone no.

813-229-0800 Form **990-PF** (2022)

Paid

Preparer

Use Only

MICHAEL DOWDY

Firm's name

Firm's address

DOWDY AND COMPANY,

201 E KENNEDY BLVD, STE 850 TAMPA, FL 33602

PA

Form 4562

Depreciation and Amortization

(Including Information on Listed Property) Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

CATALYST FOR PEACE

Identifying number

35-2202654 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,080,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 25 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 14,367 MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L C d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 14,392 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

		Adjusted Net Income \$ 9,205 1,519		Charitable Purpose	\$ 1,723		Charitable Purpose	O O		Charitable Purpose	\$ 511,049	\$ 511,049
	come	Net Investment Income \$ 9,205 1,519 \$ 10,724	Fees	Adjusted Net	w w	ng Fees	Adju	\$ 18,134	sional Fees	Adjusted Net	\$ 23,396	\$ 23,396
ements	- Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books 9,205 1,519 10,724	2 - Form 990-PF, Part I, Line 16a - Legal Fees	Net Investment	0	Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	18,134	Part I, Line 16c - Other Professional Fees	Net Investment	23,396	23,396
Federal Statements	Form 990-PF, Part	_ \ _{\Phi} \ _{\Phi}	- Form 990-PF, Parl	Total	1,723 & C	orm 990-PF, Part I, I		18,134 \$ 18,134 \$	n 990-PF, Part I, Line	Total	23,396 \$ 511,049	534,445
	Statement 1 -	ption	Statement 2			Statement 3 - Fo		w w	Statement 4 - Form		ጭ	₩.
35-2202654		Description OTHER INCOME OTHER PORTFOLIO INCOME TOTAL		Description	LEGAL FEES TOTAL			ACCOUNTING FEES TOTAL	S	Description	INVESTMENT MGMT FEES CONTRACT SERVICES	TOTAL

35-2202654			Federal S	Federal Statements			
		Statement 5		- Form 990-PF, Part I, Line 18 - Taxes	8 - Taxes		
Description	-		Total	Net Investment	Adjusted Net	justed Net	Charitable Purpose
FEDERAL TAXES PAYROLL TAXES REAL ESTATE TAXES -	ВС	.₩	31,800 19,942 9,025	\$ 1,050	w	1,050	18,892
TOTAL		v. ∥	60,767	\$ 1,050	. ა	1,050 \$	27,917
		Statement 6	- Form 990-PF,	Part I, Line 19 -	- Depreciation		
	Description	u					
Date C Acquired Ba	Cost Basis	Prior Year Depreciation	Method	Life_	Current Year Depreciation	Net Investment Income	Adjusted Net Income
۶۶/ ۱04	1,000 \$	1,000	200DB	7	ŧ Ω -	ŧ0-	€V-
FURNITURE & FIXIURE 10/19/04	1,000	1,000	200DB	7			
/21/04	379	379	200DB	7			
CARFEL/OFFICE FURNIE 10/28/04 OFFICE ETDNIEUTNGS	FORNISHINGS 944 TWGS	944	200DB	7			
	4,201	4,201	S/L	7			
8 O	3,081	3,081	200DB	7			
1/05/05	1,607	1,607	S/L	Ŋ			
	365	365	S/L	7			
	317	317	$_{ m S/L}$	7			
	349	349	S/L	7			
OFFICE FURNISHINGS 2/03/05 OFFICE WIDNISHINGS	410	410	S/L	7			
~ r	380	380	$\mathrm{S/L}$	7			
8/30/08	1,840	1,840	200DB	Ŋ			
							5-6

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Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	t Adjusted Net Income	₩																	
	Net Investment Income	ŧŊ-																	
	Current Year Depreciation	₩.																	
	Life	L)	Ŋ	7	7	Ŋ	Ŋ	7	7	7	7	7	Ŋ	7	7	7	7	ſΩ	м
	Method	00DB	00DB	:00DB	00DB	00DB	200DB	200DB	S/L	.00DB	.00DB	00DB	00DB	00DB	00DB	00DB	0 0 D B	00DB	
	Prior Year Depreciation	4 2	69 20	6,484 2	1,539 2	2,952 2	1,950 20	1,617 20	1,725	1,018 2	700 20	2,530 20	804 2	2,154 2	1,700 2	2,465 2	871 2	944 2	18,020
Description	Cost Basis	854 \$	69	6,484	1,539	2,952	1,950	1,617	1,725	1,018	700	2,530	804	2,154	1,700	2,465	871	EQUIPMENT 944	FUND ACCI SOFIWARE 18,020
	Date Acquired	TOSHIBA COMPUTER 9/11/08 \$	0/12/08	1/01/08	1/01/08	1/01/08	1/01/08	3/15/08	TOKALIOKE 10/08/09 OFFICE DESK	_	6/28/10 FI.OOR LAMPS	8/20/10 8/20/10 APDI.E TRAD	10/12/10	8/29/11 CONF ROOM CHATES	9/20/	\sim	10	- AFFL 10/29/	FTI - MIP FUND AC 12/01/09

Statements
Federal

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Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Description	tion					
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
FTI - SECURITY MODULE 8/24/10 \$)DULE 1,664	\$ 1,664		ന	₩.	w.	ూ
OFT	OFFICE MAC						
2/02/11 FTI - MICROSOFT OFFICE	4,616 PFFICE PC	4,560		m	9 6 1		
SET	1,176	1,158		m	9		
8/29/	9,346	9,346	S/L	15			
KUG 6/26/12	902	902	$_{ m S/L}$	7			
COMPUTERS (2) 6/27/12	5,644	5,644	$_{ m S/L}$	Ŋ			
1/27/12	2,029	2,029	S/L	Ŋ			
CAMERA 5/11/12	1,349	1,349	S/L	7			
CAMERA LENS 6/28/12	739	739	S/L	7			
	1,148	1,148	s/r	5			
I PAD MINI 12/27/12	832	832	S/L	Ŋ			
RUG 7/31/12	911	911	3/r	7			
BLINDS 2/27/12 PIINDS	1,380	1,380	S/L	7			
3/28/12 3/28/12	1,390	1,390	$\mathrm{S/L}$	7			
ELECIKICAL WIKING 12/06/12 THIONE	2,220	2,220	S/L	Ŋ			
1FHONE 4/30/13	658	658	S/L	7			
10/11/13	4,000	4,000	S/L	7			
SCANNER 11/22/13	511	511	S/L	7			

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net	Income		£.	_																				Ş.	
	Net Investment	Income		৽																				2	Ş	
	Current Year	Depreciation		÷\$		77		50		13,986				125		129									\$ 14.392	
	,	Life		Ω.		39		39		39		0		39		39		7		7		J.		5	0,1	
	;	Method																								
				200DB		$_{ m S/\Gamma}$		$_{ m S/I}$		$_{ m S/I}$				$_{ m S/I}$		$_{ m S/I}$		200DB		200DB		200DB		200DB		
	Prior Year	Depreciation		3,801		157		102		35,549			EXIS	233	SI	240		1,438		181		2,381		81	148,873	
Description		Basis		3,801 \$		3,000		1,945	SLDG	545,468	AND	587,016	SS	4,850	MENT-PETROS EXIS	2,000		1,438		181	INI	2,381	LNI	81	1,259,945 \$	
	Date	Acquired	LH COMPUTER	1/04/18 \$	DC PROP IMPROVEMENTS	12/03/19	DC PROP IMPROVEMENTS	12/17/19	252 10TH ST DC BLDG	6/04/19	252 10TH ST DC LAND	6/04/19	LEASEHOLD IMPROV	2/03/20	LEASEHOLD IMPROVMENT-PETROS	2/25/20	OFFICE FURNITURE	3/04/20	OFFICE FURNITURE	3/07/20	COMPUTER EQUIPMENT	2/06/20	COMPUTER EQUIPMENT	2/21/20	TOTAL \$	

Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	₩	1,051	39,022	6,451	4,080	2,530	
Adjusted Net	w.						
Net Investment	sv-			340			
Total	w-	1,051	39,022	6,791	4,090	2,530	
Description	EXPENSES	BANK SERVICE FEE	COMMUNICATION, MEDIA DESIGN	INSURANCE	JANITORIAL SERVICES	MAILING & POSTAGE	

2-9

Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Charitable	Purpose	€V}-	1,783	13,771	12,708	1,370	3,465	4,458	\$ 90,689
Adjusted	Net	€.							w.
Net	Investment	₩	94						\$ 434
	Total	\$ 785	1,877	13,771	12,708	1,370	3,465	4,458	\$ 91,918
	Description	N/D PARTNERSHIP EXPENSES OFFICE EXPENSE	PAYROLL PROCESSING FEES	SERVICE SUBSCRIPTIONS	SUPPLIES	TELEPHONE	UTILITIES	WEBSITE	TOTAL

Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 2,097,031 6,350	\$ 2,103,381
Basis of Valuation	COST	
End of Year	\$ 2,120,371 6,350	\$ 2,126,721
Beginning of Year	\$ 2,483,893 29,599	\$ 2,513,492
Description	FIDELITY #8309 UBS CARLYLE REALTY PARTNERS	TOTAL

Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description FURNITURE & EQUIPMENT BUILDING & IMPROVEMENTS LAND TOTAL	Beginning Net Book 524,056 587,016	S .	End Cost / Basis 672,929 587,016	End /	Depreciation \$ 163,264	FMV \$ 1,175,000
·	7/0/177/7	·	CEC 1 CC7 1 T)-	#07 'COT	C/T'T &

Federal Statements

Statement 10 - Form 990-PF, Part II, Line 15 - Other Assets

Description	<i>0</i>	Beginning of Year	_	End of Year		Fair Market Value
DIVIDENDS RECEIVABLE	\$_	2,066	\$_	3,795	\$_	3,795
TOTAL	\$_	2,066	\$_	3,795	\$_	3,795

Statement 11 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	E	Beginning of Year	 End of Year
AMERICAN EXPRESS CREDIT LINE MISCELLANEOUS PAYABLES	\$	4,449 163,255 84	\$ 9,123 865,595 84
TOTAL	\$	167,788	\$ 874,802

Statement 12 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description

CATALYST FOR PEACE (CFP) HAS CONTINUED TO PIONEER THE PRACTICE AND THEORY-BUILDING OF AN INSIDE-OUT APPROACH TO PEACE AND DEVELOPMENT, WHERE THE PEOPLE CLOSEST TO THE PROBLEMS ARE THE ONES WHO LEAD IN ADDRESSING THEM, WELL SUPPORTED BY THOSE ON THE OUTSIDE, AT EVERY LEVEL.

WE HAVE WORKED WITH OUR LONG-TERM SIERRA LEONEAN PARTNER ORGANIZATION, FAMBUL TOK, AND THE GOVERNMENT OF SIERRA LEONE TO ADAPT FAMBUL TOK'S COMMUNITY-LED PROCESS TO A NATIONAL POLICY FRAMEWORK, SO THAT IT CAN BE THE BASIS OF THAT COUNTRY'S NATIONAL DEVELOPMENT PLANNING AND LOCAL GOVERNANCE INFRASTRUCTURE.

WE HAVE LED A GLOBAL CONVERSATION ON INSIDE-OUT PEACE AND DEVELOPMENT THROUGH THE PUBLICATION OF CFP PRESIDENT LIBBY HOFFMAN'S BOOK THE ANSWERS ARE THERE: BUILDING PEACE FROM THE INSIDE OUT, WHICH HAS GONE ON TO WIN SEVERAL AWARDS.

WE ALSO LED WEBINARS, PUBLISHED SHORTER THOUGHT PIECES, GAVE MULTIPLE TALKS AND MEDIA INTERVIEWS, HOSTED NATIONAL AND INTERNATIONAL CONFERENCES AND WORKSHOPS, AND TRAINED AND MENTORED A GROWING NETWORK OF GLOBAL LEADERS.