	00	ה מ	Return	of Organization Ex	xempt	From Ir	ncon	ne Tax		OMB No. 1545-0047	
Form											
				527, or 4947(a)(1) of the Inter		-			dations)		
		the Treasury		ter social security numbers of		-				Open to Public	
		ue Service	ar year, or tax year begir	www.irs.gov/Form990 for inst	ructions ar					Inspection , 20	
_		applicable:		RBERT SCOVILLE JR PI	FACE	, 2021, ar	iu enui	iig	D Emplo	yer identification number	
		change	Doing business as FE		BACE				D Emplo	52-1755133	
Ē	ame ch	one number									
	iitial retu	•	820 1ST STREET	.O. box if mail is not delivered to street as	,		:	LL 180		(202) 546-0795	
	inal retu	urn/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal	code				G Gross	receipts	
Δ Α	mendeo	d return	Washington, DC	20002					\$	649,756	
Δ Α	pplicatio	on pending	F Name and address of pr	incipal officer: Stephen Miles	5			H(a) Is this a g	group return fo	or subordinates? 🗌 Yes 🗴 No	
			Same as C abov	re				H(b) Are all	subordinate	s included? Yes No	
I Ta	ax-exen	npt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)(1)	or 52	27		lf "No,"	attach a lis	t. See instructions	
-	/ebsite:		SCOVILLE.ORG	<u> </u>				H(c) Group	exemption r	number	
	_	-		ociation Other	L	Year of formation	n: 199)З M S	State of lega	al domicile: DC	
Par		Summar	,	ion or most significant activities							
	1		•	sion or most significant activities						ARTICIPATING	
lce				H ARMS CONTROL AND 1	INTERNAT	IONAL PE	ACE A	AND SECU	JRITY	ISSUES FOR RECENT	
nar		COLLEGE .	AND GRADUATE SCHO	OL ALUMNI.							
Governance	2	Check this b	ox if the organization	n discontinued its operations or	disposed o	f more than 2	95% of i	te net asse	te		
ß	3		_ v	erning body (Part VI, line 1a)	•				1 1	18	
Activities &	4			rs of the governing body (Part V						18	
itie	5			n calendar year 2021 (Part V, lir					-	14	
ζţ	6			necessary)						50	
Ă	7a		•	Part VIII, column (C), line 12						0	
	b			from Form 990-T, Part I, line 1						0	
								Prior Year	-	Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)				593	,893	643,380	
ne	9	Program ser	ogram service revenue (Part VIII, line 2g)								
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)					501	306	
Re	11	Other revenu	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e))					6,070	
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column (A	A), line 12)			594	,394	649,756	
	13	Grants and s	imilar amounts paid (Part	IX, column (A), lines 1-3)	• • • • •					0	
	14			X, column (A), line 4) • • • •						0	
s	15			e benefits (Part IX, column (A),	,			408	,775	406,576	
nse			•	column (A), line 11e)	• • • • •					0	
Expenses			sing expenses (Part IX, co	· · · · · · · · · · · · · · · · · · ·		15,694					
ш	17			nes 11a-11d, 11f-24e)					,554	72,106	
	18			equal Part IX, column (A), line					,329	478,682	
	19	Revenue les	s expenses. Subtract line	18 from line 12					,065	171,074	
ts or ance	20	Total accote	(Part X, line 16)				Begir	ning of Curr		End of Year	
Net Assets or Fund Balances	20		() -)						,506 ,697	<u>1,128,165</u> 51,644	
Net /	22		,	line 21 from line 20					,809	1,076,521	
Par			re Block				1		,005	1,0,0,321	
Unde	r penalt	ies of perjury, I deo	clare that I have examined this retu	urn, including accompanying schedules a			of my kno	wledge and b	elief, it is		
true, o	correct,	and complete. De	claration of preparer (other than of	fficer) is based on all information of which	h preparer has	any knowledge.					
. .		Paul	Revsine								
Sigr	า	Signatur	e of officer						Date	e	
Here	Ð	Paul	Revsine, Executi	ve Director							
			print name and title								
	_	Print/Type pre	parer's name	Preparer's signature		Date		Check	if	PTIN	
Paic		John Mu	llins	John Mullins		11-14-202	22	self-em	ployed	P01429307	
Prep			Mullins,	PC			Fi	irm's EIN 🕨			
Use	Onl	y Firm's addres	s 🏲 7625 Wis	consin Avenue			Ρ	hone no.			
				MD 20814						70-6371	
				nown above? See instructions						XYes No	
For F	aper\	work Reducti	on Act Notice, see the se	parate instructions.						Form 990 (2021)	

Form	m 990 (2021) HERBERT SCOVILLE JR PEACE	52-1755133	Page 2
Pa	art III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	TO PROVIDE FELLOWSHIPS WITH PARTICIPATING ORGANIZATIONS DEALING WITH ARMS CONT		
	INTERNATIONAL PEACE AND SECURITY ISSUES FOR RECENT COLLEGE AND GRADUATE SCHOOL	ALUMNI.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	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 other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a)
	FELLOWSHIP FOR RECENT GRADUATES TO LEARN ABOUT NUCLEAR ARMS CONTROL AND INTERN	ATIONAL PE	LACE AND
	SECURITY ISSUES AND CONTRIBUTE TO THE WORK OF THEIR HOST ORGANIZATION.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 379,132	/	
EEA		For	m 990 (2021)

Pa	rt 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? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u>x</u>
5				
~	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u> </u>
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	T		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	х	
b				
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с				<u> </u>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		v
لم				x
d	5 1			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			<u> </u>
e	5 1 , , , ,	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
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? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ţ		_
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u>x</u>
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	10		v
20 -		19		<u>x</u>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2021)

HERBERT SCOVILLE JR PEACE

	990 (2021) HERBERT SCOVILLE JR PEACE	52-17551	33	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III.		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • • • •	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				l
•-	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• • • • • •	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		a		l
	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?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				
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance		38	X	<u> </u>
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
		_		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10		
	reportable gaming (gambling) winnings to prize winners?		1c	X	<u> </u>

Form	990 (2021) HERBERT SCOVILLE JR PEACE 52-17551	33	F	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	1
	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?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	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?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			l
	excess parachute payment(s) during the year?	15		х
• -	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			l
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2021) HERBERT SCOVILLE JR PEACE 52-17551	33	P	age 6
Pa	art 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
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44.0	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a ה	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		v
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		x
Č	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12.5		
C	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on 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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CAIN FARMER (202)546-0795, 820 1ST STREET NE, SUITE LL 180, Washington, DC 20002			

Form 990 (202		52-1755133	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	pensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or withir tax year.	ו the	

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	related organiza	lion co	mpe	insat	leu a	any cu	rren	t onicer, director, o	liusiee.	
				(C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	`				han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or d	Ins	Office	Ke	em	Fo	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	nstitutional trustee	icer	Key employee	ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	for tr	onal		ploy	t con				
	below	uste	trus		ee	nper				
	dotted line)	σ	ee			Highest compensated employee				
						đ				
(1) Paul_Revsine	30.00									
Executive Director				x				86,250	0	1,313
(2) Paul_Walker	1.00									
Board Member		х						0	0	0
(3) Cecili Thompson Williams	1.00									
Board Member		х						0	0	0
(4) Andrew Semmel	1.00									
Board Member		х						0	0	0
(5) Leonard S. Spector	1.00									
Board Member		х						0	0	0
(6) Iram Ali	1.00									
Board Member		х						0	0	0
(7) Laila Ujayli	1.00									
Board Member		х						0	0	0
(8) Lauryn Williams	1.00									
Board Member		х						0	0	0
(9) Nancy Connell	1.00									
Board Member		х						0	0	0
(10)Anthony Robinson	1.00									
Board Member		х						0	0	0
(11)Kelsey Davenport	1.00									
Board Member		х						0	0	0
(12)Jeremy Bratt	1.00			Ī						
Board Member		х						0	0	0
(13)Tristan Brown	1.00				Π					
Board Member		х						0	0	0
(14)Toby Dalton	1.00									
Board Member		х						0	0	0
FFΔ										Form 990 (2021)

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HERBERT SCOVILLE JR PEACE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors, Truster	es, Key Empl	oyees	, and		-	st Con	npe	nsated Employees	(continued)	
					(C)					
(A)	(B)	(do r	not che		sition nore tl	han one		(D)	(E)	(F)
Name and title	Average			•		s both a	n Reportable		Reportable	Estimated amount
	hours per week	offic	er and	l a dir	rector	/trustee)	compensation from the	compensation from related	of other compensation
	(list any				-	<u>е</u> т	-	organization (W-2/	organizations (W-2/	from the
	hours for	or dir	nstit	Officer	(ey e	High	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organization
	related	idua ecto	ution	역	emp	est c oyee	Per	1000 1120)	1000 (120)	Tolatoa organization
	organizations below	Individual trustee or director	naltr		Key employee	€				
	dotted line)	stee	Institutional trustee		U	Highest compensa employee				
	,		œ			ated				
15)Madeline_Rose	1.00			_						
Board Member		x						o	0	0
16)Adam_Lindquist_Scoville	1.00									
oard Member		x						0	0	0
17)Bridget Moix	1.00									
Board Member		х						0	0	0
18)Steven Pifer	1.00									
oard Member		х						0	0	0
19)Stephen Miles	5.00									
President		х		х				0	0	0
20)										
21)										
22)										
23)										
24)				_						
25)										
1b Subtotal							• •			
c Total from continuation sheets to Part VII, Se	ction A .						. 🕨			
d Total (add lines 1b and 1c)				• •			• 🕨	86,250	0	1,313
2 Total number of individuals (including but not lim	ited to those li	sted a	bove	e) wł	no re	eceive	d mo	ore than \$100,000 o	of	
reportable compensation from the organization	•									
										Yes No
3 Did the organization list any former officer, direc			-		-					
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sum of	•	•					•			
organization and related organizations greater th								J for such		
individual										4 x
5 Did any person listed on line 1a receive or accru	•		-				-			
for services rendered to the organization? If "Ye. Section B. Independent Contractors	s, complete S	cneau	ie J f	or s	ucn	perso	n			5 X
•	acted indeper	dont	ontre	o oto	ro th	not roo		d more than \$100	200 of	
1 Complete this table for your five highest comper compensation from the organization. Report com										r
(A)	ipensation ioi			ary	car	enung		(B)		(C)
ہمی Name and business addr	222							Description of servic	es	Compensation
וזעוווע מוע אעטווולאס מענו								2 ccompaint of activity		Compondation
2 Total number of independent contractors (includ	-			e lis	ted	above) wh	10		

►

received more than \$100,000 of compensation from the organization

Form 99				OVILLE	JR	PEACE			52-17551	.33 Page 9
Part	VIII	Statement of Rev								F
		Check if Schedule O cc	ontains a	i response	or no	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns • Membership dues • • Fundraising events • • Related organizations • Government grants (contr All other contributions, gif and similar amounts not i Noncash contributions ind	ributions its, grant ncluded cluded ir	 s) ts, above	1a 1b 1c 1d 1e 1f	643,380				
and		lines 1a-1f • • • • • • • • • • • • • • • • • • •		L	1g 	\$ 18,493 	643,380			
Program Service Revenue	2a _ b _ c _ d				_	Business Code				
Progra	e	All other program service r	evenue							
	3 lı o 4 lı	otal. Add lines 2a-2f nvestment income (includ ther similar amounts) ncome from investment of Royalties	ing divid	lends, inter empt bond	rest, a	and · · · · · · ▶ eeds · · . ▶	306			306
	6а (b L с F	Gross rents	6a 6b 6c	(i) Real		(ii) Personal	-			
	7a 0 s	Gross amount from ales of assets ther than inventory .ess: cost or other basis	7a	(i) Securities		(ii) Other	-			
svenue	c 0	nd sales expenses Gain or (loss)	7c				-			
Other Revenue	8a 0 e	Jet gain or (loss) Gross income from fundrative events (not including of contributions reported o c). See Part IV, line 18	ising n line		 8a	· · · · · · •				
	b L	ess: direct expenses			8b		-			
	9a 0	let income or (loss) from f Gross income from gaming ictivities, See Part IV, line .ess: direct expenses	g 19		9a 9b	· · · · · · · · ·	-			
	с М 10а С го	let income or (loss) from g Gross sales of inventory, le eturns and allowances	gaming a ess	activities	10a		-			
		ess: cost of goods sold let income or (loss) from s			10b 					
Miscellanous Revenue	11a <u>M</u>	liscellaneous				Business Code 900099	6,070	6,070		
Misce Rev										
		otal. Add lines 11a-11d otal revenue. See instruction					6,070 649,756	6,070	0	306

HERBERT SCOVILLE JR PEACE

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

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
4	foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
0	trustees, and key employees	86,250	72,504	10,636	3,110
6	Compensation not included above, to disgualified	80,230	72,504	10,030	3,110
Ũ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	272,491	229,063	33,601	9,827
8	Pension plan accruals and contributions (include	272,451	223,003		5,027
•	section 401(k) and 403(b) employer contributions)	1,313	919	197	197
9	Other employee benefits	14,896	13,410		1,486
10	Payroll taxes	31,626	26,424	4,128	1,074
11	Fees for services (nonemployees):				_,,,,
а	Management				
b	Legal	7,500	7,500		
с	Accounting	21,540	6,240	15,300	
d	Lobbying	,	,	,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,650	1,650		
12	Advertising and promotion	983	983		
13	Office expenses	5,212	1,686	3,526	
14	Information technology	5,511		5,511	
15	Royalties				
16	Occupancy				
17	Travel	828	828		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,925	12,925		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,238		1,238	
23		1,719		1,719	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Professional development	5,000	5,000		
b	Fees paid to CACNP	8,000		8,000	
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	478,682	379,132	83,856	15,694
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 i f				
	following SOP 98-2 (ASC 958-720)				

Form 990	(2021)	HERBERT	SCOVILLE
Part X	Balance	Sheet	

52-1755133

Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	850
	2	Savings and temporary cash investments	522,839	2	278,224
	3	Pledges and grants receivable, net	412,716	3	800,344
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥,	9	Prepaid expenses and deferred charges	5,359	9	5,415
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,478			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,592	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 • • • • • • • • • • • • • • • • • •		13	
	14	Intangible assets		14	43,332
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	942,506	16	1,128,165
	17	Accounts payable and accrued expenses	50,770	17	48,430
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billi		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,927	25	2 214
	26	Total liabilities. Add lines 17 through 25	54,697	26	3,214
	20	Organizations that follow FASB ASC 958, check here	54,097	20	51,044
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	131,758	27	170,469
ala	28	Net assets with donor restrictions	756,051	28	906,052
Б		Organizations that do not follow FASB ASC 958, check here	/30,031		500,032
'n		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances	887,809	32	1,076,521
ž	33	Total liabilities and net assets/fund balances	942,506	33	1,128,165
			542,500		Earm 000 (2021)

JR PEACE

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Form **990** (2021)

Form	990 (2021) HERBERT SCOVILLE JR PEACE 5	2-175513	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	1		649,	756
2	Total expenses (must equal Part IX, column (A), line 25)	2		478,	682
3	Revenue less expenses. Subtract line 2 from line 1	3		171,	074
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		887,	809
5	Net unrealized gains (losses) on investments	5		5,	745
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		11,	893
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	076,	521
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			-	000 /	0004

Form 990 (2021)

SCHEDULE	A
(Form 990)	

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
2021
Open to Public

Inspection

Name of the organization	•
Department of the Treasury Internal Revenue Service	

Go to www.irs.gov/Form990 for instructions and the latest information.				
Employer identificat	ion number			

_	_	T SCOVILLE JR PEACE		l organizationa mus	taamal	oto thio r	52-175513		
Pai		Reason for Public Cha		-	-	-	bart.) See Instructi	ons.	
The o	orga	nization is not a private foundation be	,	0		,			
1		A church, convention of churches, o			•)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990).	.)				
3		A hospital or a cooperative hospital	service organization	on described in section 1	170(b)(1)(A	A)(iii).			
4		A medical research organization op	erated in conjunction	on with a hospital describ	oed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	governme	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	e Part II.)						
6		A federal, state, or local governmen	-						
7	X	An organization that normally received			jovernmen	tal unit or f	rom the general public		
		described in section 170(b)(1)(A)(v		,					
8		A community trust described in sec		,					
9		An agricultural research organizatio				•		е	
		or university or a non-land-grant co	lege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10		An organization that normally receiv receipts from activities related to its support from gross investment inco acquired by the organization after J	exempt functions, me and unrelated l	subject to certain except ousiness taxable income	tions; and (less secti	(2) no more ion 511 tax	e than 33 1/3% of its	SS	
11		An organization organized and oper			•				
12		An organization organized and ope	rated exclusively fo	or the benefit of, to perfor	m the func	tions of, or	r to carry out the purpo	ses of	
		one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	6 09(a)(2) . S	See section 509(a)(3).	Check	
		the box in lines 12a through 12d that	at describes the typ	e of supporting organiza	tion and co	omplete lin	es 12e, 12f, and 12g.		
a		Type I. A supporting organization	on operated, super	vised, or controlled by its	supported	l organizat	ion(s), typically by givir	g	
		the supported organization(s) t	ne power to regula	rly appoint or elect a maj	ority of the	directors of	or trustees of the		
		supporting organization. You m	ust complete Par	t IV, Sections A and B.					
b		Type II. A supporting organizati	•			-	.,		
		control or management of the s	upporting organiza	tion vested in the same p	persons th	at control o	or manage the supporte	ed	
		organization(s). You must com	plete Part IV, Sec	tions A and C.					
С		Type III functionally integrate	d. A supporting org	anization operated in co	nnection w	rith, and fu	nctionally integrated wit	:h,	
		its supported organization(s) (s	ee instructions). Yo	ou must complete Part	IV, Sectior	ns A, D, ar	nd E.		
d		Type III non-functionally integ	grated. A supportin	g organization operated	in connect	ion with its	supported organization	n(s)	
		that is not functionally integrate	-	• • •			nent and an attentivene	ess	
		requirement (see instructions).	•						
е		Check this box if the organization				•••	I, Type II, Type III		
-	_	functionally integrated, or Type		integrated supporting or	ganization	•		í	
f	_	nter the number of supported organ		•••••				••••	
g		rovide the following information abo		o ()	1		[
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									
For F	ape	rwork Reduction Act Notice, see t	he Instructions fo	or Form 990 or 990-EZ.			Sch	nedule A (Form 990) 2	2021

ape EEA

Schedu Part	HERBERT SCC II Support Schedule for Organiz (Complete only if you checked th	ations Desc	ribed in Sec				.)(vi)
	Part III. If the organization fails to						,
Secti	on A. Public Support				•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	149,129	529,374	289,702	593,893	593,380	2,155,478
2	Tax revenues levied for the				,		, , -
	organization'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	149,129	529,374	289,702	593,893	593,380	2,155,478
5	The portion of total contributions by		0_0/0/1		,		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,462,562
6	Public support. Subtract line 5 from line 4						692,916
	on B. Total Support						002/010
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	149,129	529,374	289,702	593,893	593,380	2,155,478
8	Gross income from interest, dividends,	,	,	, <u>, , , , , , , , , , , , , , , , , , </u>	,	,	, , ,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	872	1,627	1,967	501	306	5,273
9	Net income from unrelated business		, -	,			
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					6,070	6,070
11	Total support. Add lines 7 through 10						2,166,821
12	Gross receipts from related activities, etc.	. (see instructio	ons)			12	• • • •
13	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, th	ird, fourth, or fi	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						🕨 🗌
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2021 (line 6	6, column (f), d	livided by line	11, column (f))		14	31.98 %
15	Public support percentage from 2020 Sch	,	•			15	37.39 %
16a	33 1/3% support test - 2021. If the organ	nization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua						
b	33 1/3% support test - 2020. If the organ	nization did not	check a box c	on line 13 or 16	a, and line 15	is 33 1/3% or ı	more, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		🕨 🗴
17a	10%-facts-and-circumstances test - 202	If the organ	nization did not	t check a box c	on line 13, 16a	, or 16b, and li	ne 14 is
	10% or more, and if the organization mee	ets the facts-an	d-circumstanc	es test, check	this box and s t	t op here. Expl	ain in
	Part VI how the organization meets the fa	cts-and-circun	nstances test.	The organization	on qualifies as	a publicly sup	ported
	organization						
b	10%-facts-and-circumstances test - 202	20. If the orgar	nization did not	t check a box c	on line 13, 16a	, 16b, or 17a, a	and line
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	stances test, c	heck this box a	and stop here.	Explain
	in Part VI how the organization meets the					•	-
	organization						···· ► 🛛
18	Private foundation. If the organization di	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .	· · · · · 🕨
							A (Farme 000) 2024

Schedul	e A (Form 990) 2021 HERBERT SCC					52-1755133	Page 3
Part							
	(Complete only if you checked the second	e box on line	e 10 of Part I	or if the orga	nization failed	l to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ũ							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(u) 2011	(6) 2010	(0) 2010	(0) 2020	(0) 2021	
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
D D	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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for the or	anization's fi	ret second thi	rd fourth or fi	 fth tax year as i	a section 501(c	<u></u>
14	organization, check this box and stop her	•			•	•	·· · _
Secti	on C. Computation of Public Suppo		<u> </u>				· · · · F
15	Public support percentage for 2021 (line 8			13 column (f))		15	%
16	Public support percentage from 2020 Sch	• •	-	· · · · · · · · · ·		16	%
	on D. Computation of Investment In						/0
17	Investment income percentage for 2021 (v line 13 colu	(f))	17	%
18	Investment income percentage from 2020		.,	•		18	%
19a	33 1/3% support tests - 2021. If the orga						
194	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2020. If the organizatio	-					
5	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization di	•	-	• •	• • • •	•	uons. ⊾⊓

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructi	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedul	e A (Fo	orm 99	0) 2021

 Schedule A (Form 990) 2021
 HERBERT
 SCOVILLE
 JR
 PEACE

 Part IV
 Supporting Organizations (continued)

Yes No

52-1755133

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		,
	instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sec	tions A through E.
octi	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
				(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	امر برالد	egrated Type III europe	rting organization

Schedule A (Form 990) 2021

Schedul	e A (Form 990) 2021 HERBERT SCOVILLE JR PEACE V Type III Non-Functionally Integrated 509(a)(755133 M	Page 7
	on D - Distributions	s) supporting organ		Current Y	
1	Amounts paid to supported organizations to accomplish e	· · · · ·		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor			
	organizations, in excess of income from activity	and of automatted argan		2	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purper	oses of supported organ		3	
4 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)	provide details in Par		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which	the organization is res			
U	(provide details in Part VI). See instructions.			2	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			0	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii)	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount			-	
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
	Section D, line 7: \$ Applied to underdistributions of prior years				
<u>a</u> b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
 d	Excess from 2019 Excess from 2020				
e	E				
EEA	Excess from 2021			Schedule A (Form	990) 2021
					2021

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2.5						
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						

SCHE	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

2021 Open to Public

OMB No. 1545-0047

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

Open to Publi Inspection

Name of the organization E					Employer identification number			
HERBE	ERT SCOVILLE JR PEACE				52-1755133			
Pa		r Advised Fu	nds or Other Sim	ilar Funds or Ac	counts.			
	Complete if the organization answ							
	· · · · · · · · · · · · · · · · · · ·		(a) Donor advi	ised funds	(b) Funds and other accounts			
1	Total number at end of year							
2	Aggregate value of contributions to (during yea							
3	Aggregate value of grants from (during year)	·						
4	Aggregate value at end of year							
5	Did the organization inform all donors and don		iting that the assets h	eld in donor advise	d			
	funds are the organization's property, subject to		-					
6	Did the organization inform all grantees, donor	-	-					
	only for charitable purposes and not for the be							
	conferring impermissible private benefit?							
Par								
	Complete if the organization answ	ered "Yes" on	Form 990. Part IV.	line 7.				
1	Purpose(s) of conservation easements held by							
•	Preservation of land for public use (for example	-	· · · · ·	, T	historically important land area			
	Protection of natural habitat			5	certified historic structure			
	Preservation of open space		L					
2	Complete lines 2a through 2d if the organization	n held a qualifier	d conservation contrib	oution in the form of	a conservation			
-	easement on the last day of the tax year.				Held at the End of the Tax Year			
2	Total number of conservation easements • • •							
a h	Total acreage restricted by conservation easen							
b								
C A	Number of conservation easements on a certif							
d	Number of conservation easements included in	., .						
•	historic structure listed in the National Register							
3	Number of conservation easements modified, t	ransterred, relea	ised, extinguisned, oi	r terminated by the o	organization during the			
	tax year			L				
4	Number of states where property subject to co							
5	Does the organization have a written policy reg			-				
6	violations, and enforcement of the conservation							
6	Staff and volunteer hours devoted to monitorin	g, inspecting, nai	naling of violations, a	na enforcing conse	rvation easements during the year			
_	▶ <u></u>		* • • • • •	.				
7	Amount of expenses incurred in monitoring, ins	pecting, handlin	g of violations, and e	nforcing conservation	on easements during the year			
-	►\$							
8	Does each conservation easement reported or							
-	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization repo			•				
	balance sheet, and include, if applicable, the te		e to the organization's	s financial statemen	ts that describes the			
Der	organization's accounting for conservation eas			Tresserves	Other Cimiler Acceto			
Par	t III Organizations Maintaining C		•	•	Other Similar Assets.			
	Complete if the organization answ							
1a	If the organization elected, as permitted under							
	of art, historical treasures, or other similar asse	•	-	-	•			
	service, provide in Part XIII the text of the footr							
b	If the organization elected, as permitted under							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these							
	(i) Revenue included on Form 990, Part VIII,							
	(ii) Assets included in Form 990, Part X • • •							
2	If the organization received or held works of ar	, historical treas	ures, or other similar	assets for financial	gain, provide the			
	following amounts required to be reported und		•					
а	Revenue included on Form 990, Part VIII, line							
b	Assets included in Form 990, Part X				· · · · · > \$			

	D (Form 990) 2021 HERBERT SCOVIL							52-175			Page 2
Par	t III Organizations Maintaining	j Colle	ections of	Art, His	torical	Treasures	s, or O	ther Similar /	Asset	s (coi	ntinued)
3	Using the organization's acquisition, access	sion, an	d other record	ds, check a	any of the f	following that	make si	ignificant use of it	S		
	collection items (check all that apply):										
а	Public exhibition			d	Loan o	r exchange p	orograms	3			
b	Scholarly research			е	Other						
с	Preservation for future generations				_						
4	Provide a description of the organization's of	collectic	ons and explai	in how the	v further th	e organizatio	on's exer	npt purpose in Pa	art		
	XIII.				,	0					
5	During the year, did the organization solicit	or rece	ive donations	of art hist	orical treas	sures or othe	er similar	r			
-	assets to be sold to raise funds rather than								Г	Yes	□ No
Par	t IV Escrow and Custodial Arra				o.guinzau]	
	Complete if the organization	-		' on Fori	m 990. F	Part IV. line	e 9. or	reported an a	moun	t on F	orm
	990, Part X, line 21.				,.	,	-,				
	Is the organization an agent, trustee, custo	dian or	other interme	diary for co	ontributions	s or other as	sets not				
.u	included on Form 990, Part X?								Г	Vas	□ No
b	If "Yes," explain the arrangement in Part XI								· · _] 103	
5				nowing ta	DIC.				mount		
	Beginning balance						10		mount		
C	Additions during the year										
d											
е	Distributions during the year										
f	Ending balance									1	<u> </u>
2a	Did the organization include an amount on									_	
b	If "Yes," explain the arrangement in Part XI	II. Chec	k here if the e	explanation	has been	provided on	Part XIII			• • •	
Par					000 5)	. 10				
	Complete if the organization	answ	relea res	1							
		(a) (Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e)) Four ye	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	Irrent ye	ar end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment	-									
b	Permanent endowment	%									
c	Term endowment										
-	The percentages on lines 2a, 2b, and 2c sh		ual 100%								
3a	Are there endowment funds not in the poss			ation that	are held ar	nd administer	red for th	e			
ou	organization by:		or the organiz							V	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations								-	a(ii)	_
h	If "Yes" on line 3a(ii), are the related organi								· · ³	3b	
b	., -								·· L	30	
4 Dar	Describe in Part XIII the intended uses of the VI Land, Buildings, and Equi			owment iu	nas.						
I ai	Complete if the organization	-		' on For	m 000 E	Part IV line	112	See Form 000) Parl	tX lir	<u>10 מר </u>
					1						
	Description of property		(a) Cost or othe (investme			r other basis other)	. ,	Accumulated epreciation	(d) Book v	alue
4-	Land		(114004110		+ "		u				
1a ⊾		· ·			+						
b	Buildings	· ·									
c	Leasehold improvements	· ·				_					
d	Equipment	· ·				1,478		1,478			
<u>e</u>	Other										
	Add lines 1a through 1e. (Column (d) must e	equal Fo	orm 990, Part .	X, column	(B), line 10	UC.) • • • •		►			
EEA									Schedu	ule D (Fo	rm 990) 2021

Schedule D (Form		LLE JR PEACE		52	-1755133	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV,	line 11b. See Forr	n 990, Part X	, line 12.
	 (a) Description of security or category (including name of security) 		(b) Book value		c) Method of valuation for end-of-year market	
(1) Financial of	lerivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line					
Part VIII	Investments - Program Related.					
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, I	line 11c. See Forr	n 990, Part X	, line 13.
	(a) Description of investment		(b) Book value		c) Method of valuation of valuation of valuation of end-of-year market	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column Part IX	n (b) must equal Form 990, Part X, col. (B) line Other Assets.					
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV,	line 11d. See Forr	n 990, Part X	, line 15.
		(a) Description			(b) Bo	ook value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		(5)		_		
Part X	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.) • • • • • • • •		•••••		
FaitA	Complete if the organization answ	vered "Ves" on For	m 000 Part IV	line 11e or 11f. Se	e Eorm 000	Dart X
	line 25.		111 990, Fait IV, I		e i onn 990,	
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i						
	iabilities		3,214			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) -	•	3,214			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule		52-1755133	Page 4
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements • • • • • • • • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HERBERT SCOVILLE JR PEACE

Employer identification number 52-1755133

01. Form 990 governing body review (Part VI, line 11)

THE 990 IS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT.

02. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION FOR THE PROGRAM DIRECTOR IS DETERMINED BY THE BOARD. COMPENSATION FOR FELLOWS

IS SET BY THE PROGRAM DIRECTOR WITH INPUT FROM THE FELLOWSHIP PRESIDENT, THEN APPROVED BY

THE BOARD.

03. Governing documents, etc, available to public (Part VI, line 19)

THE HERBERT SCOVILLE JR. PEACE FELLOWSHIP MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST.

04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

RECONCILIATION OF BEGINNING NET ASSETS DUE TO ADJUSTMENT OF FINANCIAL STATEMENTS AFTER THE

2020 FORM 990 WAS PREPARED AND E-FILED.