Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For	the	2022 calend	lar year, or t	tax year beg	inning		, 20	22, and	ending			, 20	
В	Chec	ck if ap	oplicable:	C Name of or	ganization H	ERBERT SCOVII	LE JR PEACE					D Emp	loyer identification number	
	Addr	ress ch	nange	Doing busin		ELLOWSHIP							52-1755133	
Ī		ne chai	-			box if mail is not delivered	to street address)		Roc	m/suite		F Telen	hone number	
Ħ		ıl retur	•		LST STREE		10 011 001 4141 000)			LL 180 (202) 546-0795				
Ħ			n/terminated			ce, country, and ZIP or fore	pign postal code				100	G Gros	ss receipts	
H				-			eigh postal code						•	
H		nded i			ington, D		Wil			1	<u> </u>	\$	for subordinates? Yes X No	
Ш	Appli	ication	pending		address of princi	•	en Miles			- 1 '				
					as C abo			-		— H(I			tes included? Yes No	
<u></u>				501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527					st. See instructions	
J	Web			V.SCOVILI	LE.ORG					H(c) Group e	xemption	number	
		_		Corporation	Trust A	ssociation Other		L Year of fo	rmation:	1993	M S	tate of le	gal domicile: DC	
Pa	art		Summar	'y										
		1	Briefly descr	ibe the organ	nization's mis	ssion or most signific	ant activities: <u>TC</u>	PROVID	E FELI	LOWSH	IPS W	ITH P	ARTICIPATING	
ø			ORGANIZA	TIONS DE	ALING WI	TH ARMS CONTE	OL AND INTER	NATIONAI	PEAC	E ANI	SECU	RITY	ISSUES FOR RECENT	
Governance			COLLEGE	AND GRAD	UATE SCH	OOL ALUMNI.								
Ĭ														
Š		2	Check this b	ox 🔲 if the	organization	discontinued its ope	erations or disposed	of more tha	ın 25% d	of its ne	t assets.			
Ö		3	Number of v	oting member	ers of the gov	erning body (Part V	I, line 1a)					3	13	
Activities &		4	Number of ir	ndependent v	voting memb	ers of the governing	body (Part VI, line 1	lb)				4	13	
itie					-	in calendar year 202						5	15	
÷						-						6	50	
ĕ					•	n Part VIII, column (7a	0	
						e from Form 990-T,	,,					7b	0	
			14Ct dill clate	u business te	axabic incom	ic iroiii i oriii 330-1,	raiti, iiic ii i					110		
			Contribution	o and granta	(Dort \/III lin	ne 1h)			-	<u></u>	rior Year	200	Current Year	
Revenue											643	,380	416,906	
			-			ne 2g)							0	
eve						(A), lines 3, 4, and 7						306	2,734	
Ř						lines 5, 6d, 8c, 9c, 1			_			,070	3,187	
	_					(must equal Part V	` ′				649	<u>,756</u>	422,827	
	1					t IX, column (A), line							0	
	1	14	Benefits paid	d to or for me	embers (Part	IX, column (A), line	4)		• • ∟				0	
G	. 1	15	Salaries, oth	er compens	ation, employ	ee benefits (Part IX	, column (A), lines 5	-10)	∟		406	,576	368,517	
Expenses	1	16a	Professional	fundraising	fees (Part IX	, column (A), line 11	e)		L				0_	
oer Jer		b	Total fundrai	sing expense	es (Part IX, c	olumn (D), line 25)		14,8	91					
ă	[1	17	Other expen	ses (Part IX,	column (A),	lines 11a-11d, 11f-2	4e)				72	,106	67,614	
	1	18	Total expens	ses. Add line	s 13-17 (mu	st equal Part IX, colu	ımn (A), line 25)		[,682	436,131	
	1	19	Revenue les	s expenses.	Subtract line	e 18 from line 12			🗀			,074	(13,304)	
	es									Beginnin	ng of Curre		End of Year	
ets c	auc	20	Total assets	(Part X. line	16)				🗀		1,128		1,119,963	
Asse	Ba			•	,				🗀			,644	56,746	
Net	<u> </u>			,	,	t line 21 from line 20			🗀		1,076		1,063,217	
	art			re Block								,0	2/003/22:	
					examined this re	eturn, including accompan	ying schedules and stater	nents, and to th	e best of n	ny knowle	dge and be	elief, it is		
true	e, corr	rect, a	nd complete. De	eclaration of prep	parer (other than	officer) is based on all info	rmation of which prepare	r has any knowl	edge.					
			Paul	Revsine										
Sig	ηn	-	Signature of office		;							L Da	ate	
He			•			D								
110		-	Type or print nar		e, Execut	ive Director								
						Preparer's signature		Date			1		PTIN	
D-	اہ:			eparer's name		Preparer's signature					Check	∐ if		
Pa			John Mu	ıllins		John Mullins	3	11-09	-2023		self-emp	oloyed	P01429307	
	-	rer	Firm's name		Mullins	, PC				Firm's	s EIN			
Us	e C	nly	Firm's addres	ss	7625 Wi	sconsin Avenu	ıe			Phon	e no.			
					Bethesd	la MD 20814						202-	770-6371	
Ma	v the	RS IRS	discuss this	return with t	he preparer s	shown above? See i	nstructions						X Yes No	

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 337,548

2) HERBERT SCOVILLE JR PEACE
Checklist of Required Schedules Part IV

			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		.,
0		°		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> · · · · · · · · · · · · · · · · · ·	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Α
	VII, VIII, IX, or X as applicable.			
á				
	complete Schedule D, Part VI	11a	x	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
(Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		Х
12a				
	Schedule D, Parts XI and XII	12a		X
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, 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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
	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			Λ
-	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
ŀ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	1	x

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Pai	t IV Checklist of Required Schedules (continued)		1,,	1
22	Did the ergenization report more than \$5,000 of grants or other assistance to or for demostic individuals on		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	,	v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	+	Х
23	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		' 	
2-tu	\$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	24	a	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	· · · · - ·		1
·	to defease any tax-exempt bonds?	24	c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	· · · · - ·	_	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	<u></u>		
-	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	25	h	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	<u></u>		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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 the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28	a	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			† <u></u>
	"Yes," complete Schedule L, Part IV	28	c	x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>		\rightarrow	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30)	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	2	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	3	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	ı	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	а	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	
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	6	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	,	х
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	38	3 x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		

 $\boldsymbol{c} \quad \text{Did the organization comply with backup withholding rules for reportable payments to vendors and} \\$

reportable gaming (gambling) winnings to prize winners?

Par	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 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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	a.		
_	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?	7-		
		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		.,
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	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		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Λ
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			
11	Section 501(c)(12) organizations. Enter:			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	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? <i>If "No," provide an explanation on Schedule</i> O · · · · · · · · · · · · · · · · · ·	14b		- 22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the 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		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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, 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				
	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	_		
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
0-	Did the consciention have level should be supplied on affiliate 2	40-	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
4.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	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	Describe on 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
2a h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		Х
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
С	describe on Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		v
4	Did the organization have a written document retention and destruction policy?	14		x
5	Did the process for determining compensation of the following persons include a review and approval by	1.7		
	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.			
6a	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		х
b				
-	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	ction C. Disclosure			1
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (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 Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
9	Bosonibo on contoado o vinetros (ana ir co, new) trio organización mado la governing accumente, cominet el interest pelley,			

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

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	990	(2022)

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the 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, box 6 of 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 rela	ited organiza	tion co	mpe	nsa	ted a	any cu	rren	t officer, director, o	r trustee.	
				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	,				han one s both a		Reportable	Reportable	Estimated amount
Tune and the	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation from the
	(list any	Inc or	Ins	JO	Ke	Hi en	ьo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	hours for related	direc	stituti	Officer	y en	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	onal		Key employee	t cor	·			
	below	Individual trustee or director	Institutional trustee		'ee	nper				
	dotted line)	Ф	tee			Highest compensated employee				
						ے				
(1) Paul Revsine	32.00									
Executive Director				Х				88,750	0	0
(2) Nancy Connell	1.00									
Board Member		х						0	0	0
(3) Iram Ali	1.00									
Board Member		х						0	0	0
(4) Cecili Thompson Williams	1.00									
Board Member		х						0	0	0
(5) Lauryn Williams	1.00									
Board Member		х						0	0	0
(6) Laila Ujayli	1.00									
Board Member		х						0	0	0
(7) Anthony Robinson	1.00									
Board Member		х						0	0	0
(8) Adam Lindquist Scoville	1.00									
Board Member		х						0	0	0
(9) Toby Dalton	1.00									
Board Member		х						0	0	0
(10)Tristan Brown	1.00									
Board Member		x						0	0	0
(11)Jeremy Bratt	1.00									
Board Member		х						0	0	0
(12)Steven Pifer	1.00									
Board Member		x						0	0	0
(13)Kelsey Davenport	1.00									
Board Member		х						0	0	0
(14)Stephen Miles	5.00									
President		х		х				0	0	0

Form 99	0 (2022) HERBERT SCOVILLE	JR PEACE	:							52-1	755133	F	Page 8
Part \	/II Section A. Officers, Directors, T	rustees,	Key	ĒΜĮ	plo	yee	es, ar	nd I	Highest Comp	ensated E	nployee	S (cont	inued)
	(A) Name and title	(B) Average hours per week (list any	box	, unles	Pos eck m ss per d a di	rson i rector	han one s both a /trustee) 	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-	0	(F) mated am of other ompensat	r
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	1 "	anization ed organi:	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
(21)													
(22)													
(23)													
(24)													
(25)													
	Subtotal												
	Total from continuation sheets to Part VII, Sec			• •				•			_		
	Total (add lines 1b and 1c)								88,750		0		0
	Total number of individuals (including but not limit reportable compensation from the organization	eu to those i	isieu a	DOVE	e) WI	10 16	ceive	u mo	ore triair \$100,000	OI.			0
	Did the organization list any former officer, direct	or trustee k	ev emr	olove	e o	r hic	ihest d	comr	pensated			Yes	No
	employee on line 1a? <i>If "Yes," complete Schedule</i>			-		_					3		х
4	For any individual listed on line 1a, is the sum of r	reportable co	mpens	satio	n an	d ot	her co	mpe	ensation from the				
	organization and related organizations greater tha												
	individual										4		Х
	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes,				-			_			5		х
	n B. Independent Contractors	, complete c	2011044	10 0	701 0		<i>p</i> 0.00	-			<u> </u>		Λ
1	Complete this table for your five highest compens	ated indepe	ndent o	contr	acto	rs th	nat rec	eive	ed more than \$100,	000 of			
	compensation from the organization. Report com	pensation fo	r the ca	alend	dar y	ear	endin	g wit	th or within the orga	nization's tax y	ear.		
	(A)								(B)		(C)	
	Name and business addres	ss							Description of service	es	Comper	nsation	
								<u></u>					
2	Total number of independent contractors (including	-			se lis	ted	above) wh	10				

Form 990 (2022) HERBERT SCOVILLE JR PEACE
Part VIII Statement of Revenue 52-1755133

		Check if Schedule O contains a response	or n	ote to any line in this	s Part VIII			
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
"	b		1b					
ants nts	c	· —	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d		1d					
Ţţ.	٦		1e					
B <u>is</u>	f	All other contributions, gifts, grants,	10					
ons Sin	'	· · ·	1f	416 006				
buti	_	Noncash contributions included in		416,906				
Ēģ	g		4					
a S	<u>_</u>	_	1g	\$	416.006			
	h	Total. Add lines 1a-1f	• •		416,906			
				Business Code				
ce	2a							
e Z	b		_					
en.	С		_					
gram Ser Revenue	d							
Program Service Revenue	е							
ቯ	l	All other program service revenue						
	g	Total. Add lines 2a-2f	• •					
		Investment income (including dividends, inter-						
		other similar amounts)			2,734			2,734
		Income from investment of tax-exempt bond p						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
en		Gain or (loss) 7c						
Şe.	l	Net gain or (loss)						
Other Revenue	1	Gross income from fundraising						
돺		events (not including \$						
J	1	of contributions reported on line						
	1	1c). See Part IV, line 18	8a					
	1	Less: direct expenses	8b					
		Net income or (loss) from fundraising events						
	1	Gross income from gaming						
	1	activities, See Part IV, line 19	9a					
	l	Less: direct expenses	9b					
				·				
			Ë					
		Gross sales of inventory, less returns and allowances	10a					
	l		10a					
	1			·				
	- "	THE THOUTHE OF (1055) HOTH SAIRS OF HIVERTORY	• •	Business Code				
v	110	Mi agal langers		 	2 107	2 105		
Jou Je		Miscellaneous		900099	3,187	3,187		
llar ent	b							1
Miscellanous Revenue	G C	All other revenue						1
Ξ̈́	1	Total. Add lines 11a-11d			2 107			
	•	Total revenue See instructions	• •		3,187	2 107		0.704

52-1755133

Form 990 (2022) HERBERT SCOVILLE JR PEACE Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column		
ection 30 mens) and 30 men4) organizations must complete all columns. All other organizations must complete column	(A).	

	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,750	76,023	9,083	3,644
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	235,478	201,709	24,101	9,668
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,550	2,485	532	533
9	Other employee benefits	12,130	11,233	897	
10	Payroll taxes	28,609	24,559	3,004	1,046
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,502		8,502	
C	Accounting	9,117	6,347	2,770	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,593	3,593		
13	Office expenses	5,234	3,297	1,937	
14	Information technology	8,291		8,291	
15 16	Occupancy				
16 17	Travel	1 277	1 277		
18	Payments of travel or entertainment expenses	1,377	1,377		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,856		14,856	
23	Insurance	1,719		1,719	
24	Other expenses. Itemize expenses not covered			27.25	
	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	6,925	6,925		
b	Fees paid to CACNP	8,000	,	8,000	
С		,			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	436,131	337,548	83,692	14,891
26	Joint costs. Complete this line only if the	·		·	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part 2

$X \mid$	Ва	lance	Shee	t
----------	----	-------	------	---

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	850	1	250
	2	Savings and temporary cash investments	278,224	2	507,568
	3	Pledges and grants receivable, net	800,344	3	579,941
	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	
As	9	Prepaid expenses and deferred charges	5,415	9	3,728
	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		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	43,332	14	28,476
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,128,165	16	1,119,963
	17	Accounts payable and accrued expenses	48,430	17	53,904
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,214	25	2,842
	26	Total liabilities. Add lines 17 through 25	51,644	26	56,746
s		Organizations that follow FASB ASC 958, check here			
JCe	27	and complete lines 27, 28, 32, and 33.	170 460	27	1 060 015
alar	27	Net assets without donor restrictions	170,469	27	1,063,217
B	28		906,052	28	
un		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ts (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	1,076,521	32	1,063,217
ž	33	Total liabilities and net assets/fund balances	1,128,165	33	1,119,963
		The state of the s	1,120,100		Eorm 990 (2022)

Both consolidated and separate basis

2c

За

Х

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Separate basis

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

SCHEDULE A (Form 990)

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Employer identification number

HERBERT SCOVILLE JR PEACE 52-1755133 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

52-1755133 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	-					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	529,374	289,702	593,893	593,380	433,156	2,439,505
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	529,374	289,702	593,893	593,380	433,156	2,439,505
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,595,676
6	Public support. Subtract line 5 from line 4 .						843,829
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	529,374	289,702	593,893	593,380	433,156	2,439,505
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,627	1,967	501	306	2,734	7,135
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						2,452,710
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	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 2022 (line					14	34.40 %
15	Public support percentage from 2021 Sch					15	31.98 %
16a	33 1/3% support test - 2022. If the organ						_
	box and stop here. The organization qua	•		-			_
b	33 1/3% support test - 2021. If the organ						
	this box and stop here . The organization			-			_
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa			-	=		_
	organization						_
b	10%-facts-and-circumstances test - 20	•					
	15 is 10% or more, and if the organization					•	-
	in Part VI how the organization meets the			-	•		
	organization						
18	Private foundation. If the organization di						
	instructions						

52-1755133

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	<u></u>					
7a	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						
04	line 6.)						
	on B. Total Support	(-) 0040	(1.) 0040	(-) 0000	(4) 0004	(.) 0000	(0 T-t-1
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
•	acquired after June 30, 1975 Add lines 10a and 10b						
C 11	-						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on 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,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's f	l irst second th	<u>l</u> ird fourth or f	l ifth tay vear as	a section 50	1(c)(3)
17	organization, check this box and stop her	•					` ^` /
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13 column (f)	<u> </u>	15	%
16	Public support percentage from 2021 Sch	, ,	•			16	
	on D. Computation of Investment Inc					10	,,
17	Investment income percentage for 2022 (I			hy line 13 colu	ımn (f))	17	%
18	Investment income percentage from 2021		. ,	-		18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizatio	•	-	-			_
~	line 18 is not more than 33 1/3%, check this box						П
20	Private foundation. If the organization did		-			-	uctions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

^	•	A 11	^	4.	_	ganizations
SACTION	Λ	ΛП	SIIN	AAMINA	()r	Manitatione
occuon	М.	\sim	JUD	JULLITU	v	uailizativiis

			Yes	No
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.	1		
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).	2		
0-				
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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- T-D		
C	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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			
		7		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9с		
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.	10a		
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 husiness holdings)	10h		

ı artı	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	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		
Section	on C. Type II Supporting Organizations			
	<i>71</i> 11 0 0		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		
Section	on D. All Type III Supporting Organizations			
	on promiting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	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? <i>If "No," explain in Part VI how</i>			
	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			
Ū	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		
Saction	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 (se	o inc	tructi	onel
' a	The organization satisfied the Activities Test. Complete line 2 below.	e 1113	ucu	uiisj.
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Analysis I had below.	ns).	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		res	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	2-		
L	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	01		
_	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	6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	iizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru:	st on Nov. 20, 1970 <i>(exp</i>	olain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ions must complete Sect	tions A through E.
Sacti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A - Adjusted Net Income		(A) I IIOI Teal	(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		
Cooti	on P. Minimum Accet Amount		(A) Drior Voor	(B) Current Year
Secu	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	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-functional	-	ntegrated Type III suppo	rting organization

EEA Schedule A (Form 990) 2022

	e A (Form 990) 2022 HERBERT SCOVILLE JR PEACE		52-1		133 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continue	<i>€a)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purport	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par t	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		ľ	10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs	Distributable
		ZX0000 Zioti ibutiono	Pre-2022		Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:			\perp	
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020			4	
d	Excess from 2021				

Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

HERBERT SCOVILLE JR PEACE 52-1755133 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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Par	t III Organizations Maintaining C	ollections of Art	, His	torical 1	Freasures	, or Ot	her Similar	<u>Asse</u>	ets (co	ntin	ued,
3	Using the organization's acquisition, accession	n, and other records, cl	neck a	ny of the f	ollowing that	make si	gnificant use of i	ts			
	collection items (check all that apply):										
а	Public exhibition		d [Loan o	r exchange p	rogram					
b	Scholarly research		е [Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain ho	w the	further th	e organizatio	n's exen	npt purpose in P	art			
-	XIII.				9						
5	During the year, did the organization solicit or r	receive donations of ar	t hist	orical treas	sures or othe	er similar					
	assets to be sold to raise funds rather than to be							1	Yes	П	No
Par	t IV Escrow and Custodial Arrang		or tine	organizatio	one delicetto						110
ı uı	Complete if the organization ar		Forr	n 990 P	art IV line	9 or 1	enorted an a	mou	nt on F	Orn	n
	990, Part X, line 21.	iowered res on	1 011	11 000, 1	artiv, mic	, 0, 01 1	oportou un c	iiiiou	111 011 1	OII	
	Is the organization an agent, trustee, custodiar	or other intermedian	for on	ntributions	or other acc	oto not					
1a		· · · · · · · · · · · · · · ·						1	□ v		NI.
	,							٠٠ ١	Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII ar	na complete the follow	ing tar	oie:			.				
							+	\moun	t		
C	Beginning balance						+				
d	Additions during the year						+				
е	Distributions during the year										
f	Ending balance					. <u>1f</u>				_	
2a	Did the organization include an amount on For						-			닏	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the expla	nation	has been	provided on	Part XIII		<u> </u>	<u></u>		
Par		1 115 7 11	_			4.0					
	Complete if the organization ar	nswered "Yes" on	Forr	n 990, P	art IV, line	9 10.					
		(a) Current year	(b) Prio	or year	(c) Two years	s back	(d) Three years ba	ck ((e) Four ye	ears b	ack
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 currer	nt year end balance (li	ne 1g,	column (a	ı)) held as:						
а	Board designated or quasi-endowment		•	`	,,						
b	Permanent endowment %										
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the possess		that a	are held ar	nd administer	ed for th	e				
	organization by:								Г	es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the o								_ 35		
Par		•	CIII IUI	ius.							
. u.	Complete if the organization ar		Forr	n 990 P	art IV line	11a S	See Form 99	0 Pa	ırt X lir	ne 1	0
											<u>J.</u>
	Description of property	(a) Cost or other bas (investment)	18		r other basis other)		Accumulated epreciation		(d) Book v	alue	
	Land			(0	,	u.		\vdash			
1a	Land										
b	Buildings										
C	Leasehold improvements						<u> </u>				
d	Equipment				1,478		1,478				
<u>e</u>	Other	<u>_</u>									
Total.	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, co	lumn	(B), line 10	Oc.)		<u> </u>				

rait vii	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 1	1b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	alue		ethod of valuation: d-of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.					
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 1	1c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book va	alue	, ,	ethod of valuation:
(1)					Cost or en	d-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13. Other Assets.					
	Complete if the organization answere		m 990, Par	t IV, line 1	1d. See Forn	
(4)	(a) D	escription				(b) Book value
(1)						
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on For	m 990, Par	t IV, line 1	1e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue			
	income taxes			_		
	liabilities		2,842			
(3)						
(4)						
(5)				-		
(6)				-		
(7)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.)		2,842			

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

Part		ie per 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 2a		
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		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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 revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	17	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	occ por recurri	
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:		
	Donated services and use of facilities		
a			
b			
C			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
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	17	
с 5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	17	
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	line 4; Part X, line	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	
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5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	line 4; Part X, line	

Schedule D (Form 990) 2022

SCHEDULE 0 (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.

Open to Public Attach to Form 990 or Form 990-EZ. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

HERBERT SCOVILLE JR PEACE 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.

OMB No. 1545-0047

Employer identification number