Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

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		he 2022 calen	_	ax y	year be	egin	ning				, 2022,	and endir	ng			, 20	
В	Check	if applicable:	С											D Employ	er iden	tification nu	mber
	Ad	ddress change	Baptist	Pε	eace	Fe.	llows	hip	of No	orth				58-	1583	709	
	Na	ame change	America,	. I	nc.	_	" 0							E Telepho	ne num	iber	
	In	itial return	300 Hawt					05						704	5216	051	
	Fir	nal return/terminated	Charlott	e,	NC	28.	204										
	ıA.	mended return												G Gross re	eceipts	\$	217,777.
	At	oplication pending	F Name and a	ddre	ess of pri	ncipal	officer:	Tago	n Smi	i+h			H(a) Is this	a group retur			Yes X No
	Ш.,	- p	Same As				·	Jaso	11 21112	LUII			H(b) Are al	I subordinates," attach a list.	include	ed?	Yes No
ı	Tay-	exempt status:	X 501(c)(3)	Ť	501(c))	(inse	ert no.)	49.	47(a)(1) or	527	If "No,	," attach a list.	See in	structions.	
J			FNA.org		001(0)			(11100	51 (110.)	10	+7 (u)(1) 01	OL1	H(a) Group	exemption nu	ımbar		
K		n of organization:	X Corporation		T		A i - 4i		Other		11.	/	<u> </u>				NC
	rt I	-			Trust		Association	on	Other		L	Year of format	10n: 198	4 IVI S	tate or	legal domici	ie: INC
Pa	<u>rτι</u>	Summar Priofly dosori		70t	ion's n	aicci	on or m	oct cic	nifican	t activi	tioc:To	0 d11 0 0 ±	0 000	mahili	70	'h mi a+	iona for
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nan						. — —											
veri	2	Check this bo	if th		rganiz	ation	n discon	tinuec	t its one	eration	e or dien	osed of m	ore than 3	25% of its	not as	cotc	
Go	3	Number of vo													3	ssets.	14
જ	4	Number of in													4		14
Activities & Governance	5	Total number													5		5
livi	6	Total number	of volunteer	s (e	estimat	e if	necessa	ry)							6		13
Acl		Total unrelate													7a		0.
	b	Net unrelated	d business tax	kab	le inco	me t	from For	m 990	0-T, Pa	rt I, lin	e 11				7b		0.
													F	Prior Year		Cur	rent Year
an.	8	Contributions												469,8	04.		211,569.
nu	9	Program serv	vice revenue	(Pa	rt VIII,	line	2g)							16,2			5,400.
Revenue	10	Investment in	ncome (Part \	/III,	colum	ın (A	A), lines	3, 4, a	and 7d))				1,5	14.		
ď	11	Other revenu	•											4,080.			808.
	12	Total revenue												491,6	50.		217,777.
	13	Grants and s	imilar amoun	ts p	aid (P	art I	X, colun	nn (A)	, lines	1-3)							
	14	Benefits paid	to or for me	nbe	ers (Pa	art IX	۲, colum	n (A),	line 4).								
.	15											127,7	50.		137,094.		
ses	16a	Professional	fundraising fe	ees	(Part I	IX, c	olumn (A), lin	ne 11e).								
Expenses		Total fundrais										9,975.					
Ex	17	Other expens							-	١				222 6	20		112 724
	18	Total expens												222,6			113,734.
		Revenue less												350,3			250,828.
	19	Revenue less	expenses.	ubi	liact III	10 10	0 110111 11	116 12						141,2		Г	-33,051.
Net Assets or Fund Balances	20	Total assets	(Part V line	16\										ng of Curren		Enc	d of Year
sse Bala	21	Total liabilitie	•	-										358,4	0.		325,439.
et A	21		•										-				0.
Σď	22	Net assets or		es.	Subtra	ict III	ne 21 fro	om lin	e 20					358,4	90.		325,439.
Pa	rt II	Signatur	e Block														
Unde	er penal	ties of perjury, I de eclaration of prepa	eclare that I have	exar	nined this	s retu	rn, includir	ng accon	npanying	schedule	s and stater	ments, and to	the best of n	ny knowledge	and bel	ief, it is true	e, correct, and
00111		T Prope	(outer utan et) 10 Dago	u 0			о р. ор		u.i.j 1oo.	<u></u>					
		Signature of	officer										Date				
Sig He	jn																
не	re	Jason										I	Execut	<u>ive Dir</u>	ect	or	
			t name and title				-					T		, ,	, ,		
			oreparer's name				Preparer'	s signat	ture			Date		Check	if	PTIN	
Pai			W. Lanca	st	er									self-employe	ed	P0009	6087
Pre	epare	er Firm's name	Foar	d	and	Con	npany	P.A									
Us	e On	Ily Firm's addre	ess <u>817</u>	Ε	More	hea	ad St	Ste	100		· · · · · · · · · · · · · · · · · · ·			Firm's EIN	56	168830	00
							2820							Phone no.		-372-1	

May the IRS discuss this return with the preparer shown above? See instructions .

No

Par		П
1	Check if Schedule O contains a response or note to any line in this Part III	
1		
	To educate and mobilize Christians for greater involvement in justive and peace	
	concerns.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
2		
	Form 990 or 990-EZ?)
9		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(O	_
4a	(Code:) (Expenses \$140,789. including grants of \$4,132.) (Revenue \$1,865.	_)
	Peace Fund	
	Equipping peacemakers both local and abroad to spread the ideas of liberation and	
	reconciliation. 7 organizations were given \$500 USD, and an additional one was given	
	\$665. Money for these grants comes from 3% of our total contributions for the	
	previous year.	
4h	(Code:) (Expenses \$ 58,315. including grants of \$) (Revenue \$ 770.	`
75	Summer Conference (Peace Camp)	-′
	buillier conference (reace camp)	
	Brings together peacemakers from around the world for five days of worship,	
	workshops, and panel discussions. In 2021, this was done virtually due to the	
	Covid-19 pandemic. Because it was virtual, we did not charge our usual registration	
	fees.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Baptist Peacemaker Journal	
	Our magazine that contains articles from board and staff members as well as those	
	affiliated with our organization. In this, they speak about their work in peace	
	building. Due to the Covid-19 pandemic, only 3 issues were released in 2021, as	
	opposed to our usual 4.	
	Other many and in a (Danaille on Orbestale O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 199,104.	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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? <i>If "Yes," complete Schedule G, Part I.</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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	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		Х

Form 990 (2022) Baptist Peace Fellowship of North Part IV Checklist of Required Schedules (continued)

			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		Х
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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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		Х
	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? If "Yes," complete Schedule L, Part IV	28a		Χ
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 line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Χ
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? <i>If "Yes," complete Schedule M.</i>	30		Χ
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? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:		Δ 000 (2000

Form 990 (2022) Baptist Peace Fellowship of North

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	0		
9	organization have excess business holdings at any time during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	3.5		
	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 10b			
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 12b			
	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.			
	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			
	Enter the amount of reserves on hand	1.4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
13	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
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or 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		
AΑ	TEEA0105L 09/01/22	Form	990 (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 14 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 on line 1a, above, who are independent. . . . 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... X 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. 15a **b** Other officers or key employees of the organization..... 15b X 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 X taxable entity during the year?.... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Elaine Johnson 300 Hawthorne Lane Charlotte NC 28204 (704) 521-6051

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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 the 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.												
				(C))							
(A) Name and title	(B) Average hours per	thar	one both	box, an c	unles	•	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other		
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations		
(1) Doris Garcia Rivera	50											
Executive Dir.	0			Χ				28,208.	0.	0.		
(2) Jason Smith Executive Dir.	$-\frac{50}{0}$	Х		Х				17,615.	0.	0.		
(3) Doug Donley	4							•				
President	0	Χ		Χ				0.	0.	0.		
(4) Karen Hilliker	2							_	_			
Vice President	0	Χ		Χ				0.	0.	0.		
(5) <u>Michelle Schellinger Gutierrez</u> Secretary	- <u>2</u> -	Х		Х				0.	0.	0.		
(6) Luis Calderon Reyes	2	21		21				0.	0.	<u> </u>		
Treasurer	0	Х		Χ				0.	0.	0.		
(7) Michael Ware	_ 2											
Board Member	0	Χ						0.	0.	0.		
_(8) Brian Kaylor Board Member	2	Х						0.	0.	0.		
(9) Asaf Vera	2	.,						•				
Vice President	0	X						0.	0.	0.		
(10) Luz Amparo Chaguendo Ospina Board Member	$-\frac{2}{0}$	Х						0.	0.	0.		
(11) Zoe McMillan	2											
Board Member	0	Х						0.	0.	0.		
(12) Charlene Kelley	2											
Board Member	0	Χ						0.	0.	0.		
(13) Eugenia Reyes	2											
Board Member	0	Х						0.	0.	0.		
(14) Ivan Ariel Canizal	2											
Board Member	0	Χ						0.	0.	0.		

Part VII Section A. Officers, Directors, Tr	ustees, (B)	Key	En		oye C)	es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	cer a	Pos check ess pe nd a	sition more erson direct	than is bottor/trus Highest compensated employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the o	(F) ated amo f other nsation t rganizati d related anization	from ion I
(15) Madison McClendon Board Member	2	Х						0.	0.			0.
(16) Dalia Juarez	2											
Board Member (17)	0	X						0.	0.			0.
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal								45,823.	0.	<u> </u>		0.
c Total from continuation sheets to Part VII, Sect								0.	0.			0.
d Total (add lines 1b and 1c)		ictod	obo			ropoi		45,823.	0.	oncotio	2	0.
from the organization	ı to those i	isieu	auu	ve) i	WIIO	recei	veu	more than \$100,00	o or reportable comp	Jensano	ı	
•											Yes	No
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i>	ctor, truste	ee, ke	еу е	mpl	oye	e, or	high	nest compensated	employee	3		X
•										. 3		Λ
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1	50,0	00'?	If "	Yes,	" cor	nple	ete Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	ue comper es," compl	nsatio ete S	on fr Sche	om dule	any J f	unre or su	late	ed organization or person	individual	. 5		X
Section B. Independent Contractors			مرمام			.4	م ما ا	A veneived many Al	¢100 000 of			
Complete this table for your five highest comper compensation from the organization. Report competence	nsation for	the c	alen	idar	year	endi	ng v	with or within the or	ganization's tax year	<u> </u>		
(A) Name and business add	Iress							Description (of services	Compe	C) nsatio	n
			-									
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o the	ose I	ııste	a abo	ve)	wno received more	tnan			

		O(2022) Baptist Peace	Fell	owship of No	orth		58-1583709	Page 9
Par	t VI	Statement of Revenue						
		Check if Schedule O contains	a resp	oonse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
đ, st	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
ξ, ξ	C	Fundraising events	1c					
<u> </u>	a	Related organizations Government grants (contributions)	1d 1e					
Sin'S	f	All other contributions, gifts, grants, and	ie					
tributic Other	g	similar amounts not included above Noncash contributions included in	1f	211,569.				
o de	h	lines 1a-1f. Total. Add lines 1a-1f.	1g		211,569.			
		Total / taa iii loo Ta Ti		Business Code	211,309.			
Program Service Revenue	2a b	Program Income			5,400.	5,400.		
<u>e</u>	С							
Serv	d							
a	e							
<u> </u>	t ~	All other program service revenue Total. Add lines 2a-2f			F 400			
<u>α</u>	-	Investment income (including divide			5,400.			
	3	other similar amounts)		Tilerest, and				
	4	Income from investment of tax-e						
	5	Royalties						
	60	Cross rents (i) R	eal	(ii) Personal				
		Gross rents						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from (i) Secu	ırities	(ii) Other				
	′ ″	sales of assets						
	b	Less: cost or other basis						
	_	and sales expenses 7b Gain or (loss)						
	_	Gain or (loss)						
41		Gross income from fundraising events	Г					
ž	oa	(not including \$						
ěVe		of contributions reported on line 1c).						
Other Revenue		See Part IV, line 18	8					
the the		Less: direct expenses	8					
0		Net income or (loss) from fundra	ising	events				
		Gross income from gaming activities. See Part IV, line 19	9					
		Less: direct expenses	9					
		Net income or (loss) from gamin	g activ	vities				
		Gross sales of inventory, less returns and allowances	10					
		Less: cost of goods sold Net income or (loss) from sales	10 of inv					
<u></u>	С	iver income or (1022) Itom Sales	OI IIIVE	Business Code				
의 의	11a	Other			808.	808.		
cellaneous Revenue	b	<u>~~~~</u>						
	С							
Y N	ام	All other revenue			1			1

808

217,777

6,208

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other or	rganizations must complete column	(A)	
--------------------------------	--------------------------	---------------------------------	-----------------------------------	-----	--

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 5	Benefits paid to or for members	45,823.	36,658.	6,874.	2,291.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,023.	0.	0,074.	0.
7	Other salaries and wages	70,572.	45,983.	11,749.	12,840.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,372.	43,303.	11,713.	12,040.
9	Other employee benefits	13,173.	9,353.	2,108.	1,712.
10	Payroll taxes	7,526.	5,344.	1,204.	978.
11	Fees for services (nonemployees):	7,320.	3,311.	1,201.	510.
	Management				
	Legal				
	Accounting				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	10,141.	7,359.	2,118.	664.
13	Office expenses	18,955.	12,575.	6,380.	
14	Information technology	10,333.	12,575.	0,500.	
15	Royalties.				
16	Occupancy	750.	637.	113.	
17	Travel.	208.	208.	113.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	200.	200.		
	Conferences, conventions, and meetings	9,184.	9,184.		
20 21	Payments to affiliates				
	Depreciation, depletion, and amortization				
22	_ · · · · · · · · · <u>L</u>				
23 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	Direct Assistance	46,672.	46,672.		
b	Communications	25,982.	24,492.		1,490.
С	Bank Fees	1,203.	, ,	1,203.	., == 0 •
d	Other	639.	639.	_,	
	All other expenses.	003,	333.		
	Total functional expenses. Add lines 1 through 24e	250,828.	199,104.	31,749.	19,975.
	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).	230,020.			

		Check if Schedule O contains a response or note to	o any li	ne in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			324,954.	1	304,498.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form	ner offic	er, director.			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contri	butor, or 35%		_	
				-		5	
	6	Loans and other receivables from other disqualified p				_	
	_	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		<u> </u>		7	
eţ	8	Inventories for sale or use		<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1.0	10.10			
				18,467.		10	
		Less: accumulated depreciation.		18,467.	22 526	10c	00 041
	11	Investments – publicly traded securities		_	33,536.	11	20,941.
	12	Investments — other securities. See Part IV, line 11.		-		12 13	
	13	Investments – program-related. See Part IV, line 11.		-		14	
	14	Intangible assets.	-		15		
	15	Other assets. See Part IV, line 11		-	250 400	16	225 420
	16	Total assets. Add lines 1 through 15 (must equal line	33)		358,490.	16	325,439.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		_		18	
	19	Deferred revenue		_		19	
رم.	20	Tax-exempt bond liabilities		_		20	
<u>ë</u>	21	Escrow or custodial account liability. Complete Part		_		21	
=	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu	ncer, a utor. or	35%			
Liabilities		controlled entity or family member of any of these pe	rsons.			22	
	23	Secured mortgages and notes payable to unrelated the		_		23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
Ses		Organizations that follow FASB ASC 958, check here	е	X			
au	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	129,545.	27	103,841.
ga	28	Net assets with donor restrictions		<u> </u>	228, 945.	28	221,598.
귤	20	Organizations that do not follow FASB ASC 958, che			220,943.	20	221, 390.
Net Assets or Fund Balance		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ě K	30	Paid-in or capital surplus, or land, building, or equipn				30	
455	31	Retained earnings, endowment, accumulated income		L		31	
et	32	Total net assets or fund balances		<u> </u>	358,490.	32	325,439.
	33	Total liabilities and net assets/fund balances			358,490.	33	325,439.
BA	Α		reeA01	I1L 09/01/22			Form 990 (2022)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	17,7	777.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	50,8	328.
3	Revenue less expenses. Subtract line 2 from line 1	3)51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			190.
5	Net unrealized gains (losses) on investments.	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	25,4	139.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash 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		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ- basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain 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 Guidance, 2 C.F.R Part 200, Subpart F?		. 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		. 3b		
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name o	of the organization	Daputst re	ace Fellowshi	p of North			Employer identific			
_		America, I		·			58-158370			
Par			<u> </u>	organizations must				ctions.		
	Ť			(For lines 1 through 12,		-	•			
1			,	churches described in sec		b)(1)(A)(1).			
2										
3										
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's									
_	name, city, and state:									
5	section 170(b)(1)(A)(iv). (Complete Part II.)						escribed in			
6										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							blic described		
8	A commu	nity trust described	d in section 170(b)(1)	(A)(vi). (Complete Part	l.)					
9	An agricult	tural research organi	ization described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunction	on with a land-grant colle	ege		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	An organi	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12	or more p	ublicly supported of	organizations describe	ely for the benefit of, to ed in section 509(a)(1) o supporting organization	r sectio	on 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on		
а	Type I. A s	supporting organizati	ion operated, supervise	ed, or controlled by its sup to a majority of the directo	ported o	organizat	ion(s), typically by givino	the supported on. You must		
b	manageme	supporting organizent of the supporting	ı organization vested ir	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You		
С	Type III fur	nctionally integrated	I. A supporting organiza	ation operated in connection	n with, a	nd function	onally integrated with, its	supported		
d	functional	ly integrated. The	organization generall	ganization operated in cor y must satisfy a distribuns A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
е	Check this	s box if the organiz	zation received a writ	ten determination from supporting organization	the IRS	that it is	s a Type I, Type II, Typ	e III functionally		
f	Enter the nur	mber of supported	organizations							
g		•	n about the supporte	ed organization(s).						
((i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(5)										
<u>(E)</u>										
Total										

58-1583709

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning 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	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 5	Total. Add lines 1 through 3 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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.).						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)				2
	First 5 years. If the Form 990 is organization, check this box and			, third, fourth, or f	ifth tax year as a	section 501(c)	(3)
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from 2	22 (line 6, colum 2021 Schodula 4	n (t), divided by l	ine 11, column (f))	1	4 % 5 %
	33-1/3% support test—2022. If the and stop here. The organization	ne organization d	id not check the b	oox on line 13, and	d line 14 is 33-1/3	3% or more, ch	neck this box
b	33-1/3% support test—2021. If the and stop here. The organization	e organization di	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or mor	re, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in P	art VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	ind-circumstances est. The organiza	s test, check this t tion qualifies as a	pox and stop here publicly supporte	e. Explain in P d organization	art VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	e instructions

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support		'	,			
	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.")	304,172.	351,298.	206,700.	469,804.	211,569.	1,543,543.
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.			1,880.	16,252.		
3	Gross receipts from activities that are not an unrelated trade	139,792.	90,293.	1,000.	10,232.	5,400.	253,617.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	443,964.	441,591.	208,580.	486,056.	216,969.	1,797,160.
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.	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b	-					0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	1,797,160.
Sec	tion B. Total Support						1773771001
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	443,964.	441,591.	208,580.	486,056.	216,969.	1,797,160.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,217.	111/0311	2,592.	1,514.	210/3031	5,323.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,217.	0.	2,592.	1,514.	0.	5,323.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI		1,082.	293.	4,080.	808.	6,263.
	Total support. (Add lines 9, 10c, 11, and 12.)	445,181.	442,673.	211,465.	491,650.	217,777.	1,808,746.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
	tion C. Computation of Pul	•					
	Public support percentage for 20	•	• • •				99.36 %
	Public support percentage from 2						99.41 %
	tion D. Computation of Inv					T T	
17	Investment income percentage for	•		-			0.29 %
18	Investment income percentage fi						0.32 %
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check 33-1/3% support tests—2021. If t	this box and stop he organization di	h ere. The organi d not check a box	ization qualifies a con line 14 or lin	s a publicly suppo e 19a, and line 16	orted organization is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organization		-				_

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.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in 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		
За	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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 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? 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).	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 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		
0a	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 line 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 business holdings.)	10b		

Sch		(Form 990) 2022		Fellowship of North	58-1583709	1	Р	age 5
Pa	rt IV	Supporting Organ	nizations (continued)					
11	Has t	he organization accepte	ed a gift or contribution from	any of the following persons?	Г		Yes	No
	A pers	son who directly or indire	ectly controls, either alone or tog	gether with persons described on lines 1	1b and 11c below,			
	the go	overning body of a supp	ported organization?		_	11a		
ŀ	A fam	nily member of a person	n described on line 11a above	e?	⊢	11b		
				If "Yes" to line 11a, 11b, or 11c, provide detail in	Part VI.	11c		
Sec	ction I	B. Type I Supportir	ng Organizations					
1	Did th	ne governing body, mer	nbers of the governing body.	officers acting in their official capaci	ty, or membership of one.		Yes	No
•	or mo office organ than	ore supported organizaters, directors, or trusteen ization(s) effectively opene supported organization	tions have the power to regular s at all times during the tax y perated, supervised, or control ation, describe how the power	arly appoint or elect at least a majori year? If "No," describe in Part VI how olled the organization's activities. If the rs to appoint and/or remove officers, what conditions or restrictions, if any,	ity of the organization's the supported he organization had more directors, or trustees			
		g the tax year.	apported organizations and wi	nat conditions of restrictions, if any,	applied to such powers	1		
2	that o	perated, supervised, of fit carried out the purpo	r controlled the supporting or	rted organization other than the supp ganization? <i>If "Yes," explain in Part ! ation(s) that operated, supervised, or</i>	VI how providing such	2		
_		orting organization.						
Sec	ction	C. Type II Supporti	ng Organizations				Yes	No
1	Moro	a majority of the organiz	ation's directors or trustoes duri	ing the tax year also a majority of the di	irectors or trustees		163	NO
•	of eac	ch of the organization's	supported organization(s)? I	lf "No," describe in Part VI how contro	ol or management of the			
	- ' '		·	that controlled or managed the suppo	orted organization(s).	1		
Sec	ction I	D. All Type III Supp	orting Organizations				Vaa	No
1	Did th	ne organization provide	to each of its supported orga	anizations, by the last day of the fifth	month of the		Yes	NO
	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							
				of notification, to the extent not prev		1		
2	Were	any of the organization	n's officers, directors, or trusti	ees either (i) appointed or elected by	the supported			
_	organ	iization(s) or (ii) servind	g on the governing body of a	supported organization? If "No," expling relationship with the supported or	lain in Part VI how	2		
3				the organization's supported organization the use of the organization's in				
	all tin	nes during the tax year	? If "Yes," describe in Part VI	I the role the organization's supported	d organizations played	3		
Sac		s regard. Type III Function	nally Integrated Suppor	ting Organizations				
<u> </u>								
1	Check	the box next to the met	nod that the organization used t	to satisfy the Integral Part Test during th	ne year (see instructions).			
;	a∐⊤	he organization satisfie	ed the Activities Test. Comple	te line 2 below.				
I	b ∐ ⊤	he organization is the p	parent of each of its supported	d organizations. Complete line 3 belo	<i>OW.</i>			
,	с 🔲 Т	he organization suppor	ted a governmental entity. De	escribe in Part VI how you supported	a governmental entity (see i	instrı	ıctions	s).
2	Activi	ties Test. <i>Answer lines</i>	2a and 2b below.			Ī	Yes	No
;	a Did sı	ubstantially all of the or	rganization's activities during	the tax year directly further the exem	npt purposes of the			
	suppo	rted organization(s) to w	hich the organization was respo	onsive? If "Yes," then in Part VI identify orthered their exempt purposes, how t	those supported			
	respo	nsive to those supporte	ed organizations, and how the	e organization determined that these				
	subst	antially all of its activiti	es.		-	2a		
l				activities that, but for the organization Id have been engaged in? <i>If "Yes," ex</i>				
	reaso	ns for the organization	's position that its supported of	organization(s) would have engaged	in these activities	24		
	but fo	or the organization's inv	ovement.			2b		
3	Parer	nt of Supported Organiz	zations. Answer lines 3a and	3b below.				
;			e power to regularly appoint of izations? If "Yes" or "No," pro	or elect a majority of the officers, directions ovide details in Part VI.	ectors, or trustees of	За		
	b Did th suppo	e organization exercise a orted organizations? If	substantial degree of direction "Yes," describe in Part VI the	over the policies, programs, and activity role played by the organization in the	ties of each of its regard.	3b		

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Schedule A (Form 990) 2022 Baptist Peace Fellowship of North

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

Pa	rt v Type iii Noil-Functionally integrated 509(a)(5) Supporting Orga	annzan	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See Athrough E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion 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-functionally interference (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022 9 Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3	
4	Amounts paid to acquire exempt-use assets 4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) 5	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable 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)			
i 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			
c 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, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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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 4, 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.)

Part III, Line 12 - Other Income

Nature and Source	 2022	 2021	 2020	-	2019	 2018
Other Total	\$ 808. 808.	\$ 4,080. 4,080.	\$ 293. 293.	\$	1,082. 1,082.	\$ 0.

Schedule B (Form 990)

Schedule of Contributors

dule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization Baptist Peace Fellowship of North

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Employer identification number

OMB No. 1545-0047

America	a, Inc.	58-1583709					
Organization type (check one)	:						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a S _l	oecial Rule. See instructions.					
, ,,,,							
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.						
Special Rules							
regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lired from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	ne 13, 16a, or of (1) \$5,000; or					
contributor, during the literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but rough more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions					
must answer "No" on Part IV, lin	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 at the filing requirements of Schedule B (Form 990).						

Baptist Peace Fellowship of North

1 Employer identification number

58-1583709

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	George Williamson 28 Elm Rd Katonah, NY 10536	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Community Foundation of Ottawa Albert Street Ottawa, 307-75 Canada	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Lake Shore Baptist Church 5801 Bishop Dr Waco, Tx 76710	\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	James Ledbetter - Estate 13250 SE Callahan Rd Happy Vally, OR 97086	\$ <u>26,719.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5_</u> _	James Ledbetter - Estate 13250 SE Callahan Rd	\$ <u>26,719</u> .	Person X Payroll Noncash
	Happy Vally, OR 97086		(Complete Part II for noncash contributions.)
(a) No.	Happy Vally, OR 97086 (b) Name, address, and ZIP + 4	(c) Total contributions	

Baptist Peace Fellowship of North

Employer identification number

58-1583709

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Name of organization Employer identification number Baptist Peace Fellowship of North 58-1583709 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	st Peace Fellowship of North							
	ca, Inc.	58-1583709						
Part I	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	(a) Donor advised funds	(b) Funds and other accounts						
1 To	al number at end of year							
2 Ago	regate value of contributions to (during year)							
• • • • • • • • • • • • • • • • • • • •	regate value of grants from (during year)							
	gregate value at end of year							
are	the organization inform all donors and donor advisors in writing that the assets held in donor ad the organization's property, subject to the organization's exclusive legal control?	Yes No						
im	the organization inform all grantees, donors, and donor advisors in writing that grant funds can learnitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes private benefit?	be used only se conferring Yes No						
Part II	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1 Pu	rpose(s) of conservation easements held by the organization (check all that apply).							
	Preservation of land for public use (for example, recreation or education)	historically important land area						
		certified historic structure						
	Preservation of open space							
2 Co	nplete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the						
las	t day of the tax year.	onsolvation casemont on the						
		Held at the End of the Tax Year						
a To	al number of conservation easements	а						
b To	al acreage restricted by conservation easements	b						
c Nu	mber of conservation easements on a certified historic structure included in (a) 2	С						
d Nu	mber of conservation easements included in (c) acquired after July 25, 2006 and not on a							
his	toric structure listed in the National Register	d						
	nber of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	nization during the						
4 Nu	mber of states where property subject to conservation easement is located							
5 Do	es the organization have a written policy regarding the periodic monitoring, inspection, handling c	of violations,						
	d enforcement of the conservation easements it holds?							
6 Sta	ff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year						
7 Am	ount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year						
	es each conservation easement reported on line 2(d) above satisfy the requirements of section 17 section 170(h)(4)(B)(ii)?							
inc	Part XIII, describe how the organization reports conservation easements in its revenue and exper lude, if applicable, the text of the footnote to the organization's financial statements that describe reservation easements.	nse statement and balance sheet, and and balance sheet sheet, and balance sheet sh						
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Similar Assets.						
his	ne organization elected, as permitted under FASB ASC 958, not to report in its revenue statement torical treasures, or other similar assets held for public exhibition, education, or research in further tXIII the text of the footnote to its financial statements that describes these items.	nt and balance sheet works of art, erance of public service, provide in						
his foll	ne organization elected, as permitted under FASB ASC 958, to report in its revenue statement ar orical treasures, or other similar assets held for public exhibition, education, or research in furtherance of owing amounts relating to these items:	of public service, provide the						
(i)	Revenue included on Form 990, Part VIII, line 1	\$						
(ii)	Assets included in Form 990, Part X	\$						
2 If the	ne organization received or held works of art, historical treasures, or other similar assets for financial gain ounts required to be reported under FASB ASC 958 relating to these items:	n, provide the following						
a Re	venue included on Form 990, Part VIII, line 1	\$						
b As	venue included on Form 990, Part VIII, line 1	\$						

Part III Organizations Maint	taining Collecti	ons of Art, Histori	cai ireasures, or	Otner Similar As	ssets (c	contin	iuea)
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, and oth	_	the following that make	e significant use of its	collection		
b Scholarly research		e Other	3. 1 3 .				
c Preservation for future genera	ations						
4 Provide a description of the organiz Part XIII.		nd explain how they furth	er the organization's e	xempt purpose in			
5 During the year, did the organizato be sold to raise funds rather the	nan to be maintaine	ed as part of the organ	ization's collection?		Yes		No
Part IV Escrow and Custod reported an amount on Fo	ial Arrangemer rm 990, Part X, line	t s. Complete if the org	anization answered "\	'es" on Form 990, Par	t IV, line	9, or	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or o	ther intermediary for c	ontributions or other	assets not included	Yes		No
b If "Yes," explain the arrangement in	Part XIII and comp	ete the following table:		·			
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			T
2 a Did the organization include an a					Yes	F	No
b If "Yes," explain the arrangement	t in Part XIII. Chec	riere ii trie explanatio	n nas been provided	on Part XIII		· · · L	╛
Part V Endowment Funds.	Complete if the ord	anization answered "Ye	s" on Form 990 Part	V line 10			
Tart v Endownent rands	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	hack
1 a Beginning of year balance	33,536		32,006.	30,070.	(0).0		069.
b Contributions	00,000		02,000.	20,010.	†	007	003.
c Net investment earnings, gains,							
and losses	-12,595	263.	1,793.	1,936.			1.
d Grants or scholarships							
e Other expenditures for facilities and programs				0.			
f Administrative expenses							
g End of year balance	20,941		33,799.	32,006.		30,	070.
2 Provide the estimated percentage	-		, column (a)) held as	:			
a Board designated or quasi-endow	/ment	<u> </u>					
b Permanent endowment							
c Term endowment		009/					
The percentages on lines 2a, 2b, ar	·						
3a Are there endowment funds not in the	he possession of the	organization that are he	eld and administered fo	r the		Yes	No
organization by: (i) Unrelated organizations					3a(i)	163	X
(ii) Related organizations					3a(ii)		X
b If "Yes" on line 3a(ii), are the rela					3b		
4 Describe in Part XIII the intended	-	·			0.0		
Part VI Land, Buildings, and							
Complete if the organization	on answered "Yes"			Part X, line 10.			
Description of property	(a) Co	est or other basis (t investment)) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment			18,467.	18,467.			0.
e Other		000 5 4 34 4	(D) // 10 \				
Total. Add lines 1a through 1e. (Colum	n (d) must equal F	orm 990, Part X, colun	nn (B), Iine 10c.)		ula D.C	000	0.
BAA				Sched	ule D (For	m 990) ZUZZ

Schedule D (Form 990) 2022

BAA

(c) Onest equal form 990, Part X, column (3) line 12	Part VII	Investments — Other Securities.		N/A a 11h Saa Form 990 Part Y lina 12	
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Descri				d-of-vear market value
(2) Closely held equity interests. (A) Close (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					,
(3) Other (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
Co					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11	-				
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11	(B)				
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11	(C)				
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11	(D)				
(G) Column (D) must equal form 990, Part X, column (B) line 12). (D) Book value	(E)				
(G) Column (D) must equal form 990, Part X, column (B) line 12). (D) Book value	(F)				
Total. (Column (b) must equal Form 390, Part X, column (b) line 12). (a) Description of investment Program Related. (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (c) Method of valuation: Cost or end-of-year market value (l) (d) Description of investment (l) Description (l) D	(G)				
	(H)				
Investments - Program Related. N/A	(l)				
Complete if the organization answered "Yes" on Form 990, Part IX, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) N/A Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Column	n (b) must equal Form 990, Part X, column (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (11) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments - Program Related	•		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		Complete if the organization answered "Ye		e 11c. See Form 990, Part X, line 13.	
(3) (4) (5) (6) (7) (8) (9) (10) Teart X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (10) (11) (11		(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 930, Part X, column (B) line 13) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (a) (b) (c) (c) (c) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h					
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(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					
(10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(9)				
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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	(11)				
				financial statements that reports the organization	n's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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	217,777.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	217,777.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	217,777.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	250,828.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2 e	250,828.
5		250,828.
3 Subtract line 2e from line 1		250,828.
3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.)		250,828.
3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	3 4c	
3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.)	3	250,828. 250,828.

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.

BAA Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Employer identification number

58-1583709

Department of the Treasury Internal Revenue Service

Name of the organization

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

Baptist Peace Fellowship of North

America, Inc.

Open to Public Inspection

Pa	on Form 990, Par		es Outside the	e United States. Complet	te if the organization	n answered "Yes"
1	For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	ntain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista the grants or assistanc	e?XYes No
2	For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	for monitoring the use of its gra	ints and other assistance	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	e is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
					Cross Lines -	
(1)	Africa		2	Conference	Africa	0.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal		2			
	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)	0	2			0.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Baptist Peace Fellowship of North 58-1583709

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA						Schedule F	(Form 990) 2022

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

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

BAA TEEA3504L 08/18/22 Schedule F (Form 990) 2022

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.

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 T

Baptist Peace Fellowship of North America, Inc.

Employer identification number

58-1583709

Form 990. Part VI. Line 11b - Form 990 Review Process

Reviewed by finance committee and operatings director.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Reviewed annually by Board of Directors.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Approved by Board of Directors in conjunction with budget process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.