Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2023 caleng	<u>dar year, or tax year beginnin</u>	g 01/01/2023	and ending		12/31/2	023		
В	Check if a	applicable:	C Name of organization CREAT	ING FRIENDSHIPS FOR	PEACE INC			D Empl	oyer identification	number
	Address	change	Doing business as						45-0666188	
	Name cha	ange	Number and street (or P.O. box	if mail is not delivered to stre	et address)	Room	/suite	E Telep	hone number	
$\overline{\Box}$	Initial retu	ırn	PO BOX 981						202-495-1128	
$\overline{\Box}$		n/terminated	City or town, state or province,	country, and ZIP or foreign p	ostal code					
П	Amended		WOLFEBORO, NH 03894	<i>,</i> ,				G Gross	s receipts \$	146,492
\Box		on pending	F Name and address of principal of	officer: Linda Ziglar			H(a) Is this a gro	up return f	or subordinates? Y	es 🔽 No
			8900 Falls Road, Potomac, N	•		t			tes included? T	_
ī	Tax-exem	npt status:	✓ 501(c)(3)		1947(a)(1) or 527				ee instructions.	
J	Website:	-	/FRIENDSHIPS4PEACE.ORG				H(c) Group ex			
K	Form of o		Corporation Trust Assoc	iation Other	L Year of for				of legal domicile:	DE
_	art I	Summa							<u> </u>	
			scribe the organization's mis	sion or most significan	t activities: Crea	tina Fr	iendshins f	or Pear	ce Inc (CEP)	
ø			friendships among teenagers							ends
Governance	-	<u> promotos i</u>	monus.mps among toonlagors	TOTAL CONTINUES	ios ana oxtorias t	1000 11	ionasinps (<u> </u>		J.145.
er.	2	Check this	box if the organization	discontinued its operat	tions or disposed	of mo	ore than 25	% of it	ts net assets	
Š	I		f voting members of the gov		-			3		14
<u>ھ</u>			f independent voting member	• • •				4		14
Activities &	I		ber of individuals employed	0 0	• •	,		5		0
Ϋ́	I		ber of volunteers (estimate it					6		45
∤ cti			lated business revenue from					7a		
_			ted business taxable income					7b		0
_		ivet uniterat	ted business taxable income	e iioiii i oiiii 550-1, i a		Ť	Prior Year		Current Y	
	8	Contributio	ons and grants (Part VIII, line		18,613	- Garrent 1	144,328			
Revenue			ervice revenue (Part VIII, line	<u> </u>	0		144,326			
Ver		_	t income (Part VIII, column (
æ	I		enue (Part VIII, column (A), lir					1,884 0		2,164
			•		•		4.			147, 402
			nue-add lines 8 through 11 (· · · · · · · · · · · · · · · · · · ·				20,497		146,492
			d similar amounts paid (Part		•			0		0
		-	aid to or for members (Part					0		0
Expenses			ther compensation, employee	•				0		0
ë			nal fundraising fees (Part IX,					0		0
х			raising expenses (Part IX, co		302					
_			enses (Part IX, column (A), li					44,645		157,499
		-	enses. Add lines 13–17 (mus			_		44,645		157,499
- 10		Revenue le	ess expenses. Subtract line	18 from line 12				24,148		-11,007
Net Assets or Fund Balances			. (5			Begi	nning of Curre		End of Ye	
sset 3ala	20		ts (Part X, line 16)				3	19,640		401,410
a t	21		ities (Part X, line 26)			_		3,795		1,084
			or fund balances. Subtract	line 21 from line 20			3	15,845		400,326
	art II		ire Block							
			 I declare that I have examined this Declaration of preparer (other that 						my knowledge and	I belief, it is
	ı,							5		
Qi,	- n	0:	-f -ff:				Det			
Sig	- 1	Signature					Date	9		
не	ere		glar, Chairman							
			rint name and title	1			1			
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check	if PTIN	
	eparei	·						self-em	pioyea	
	e Only	Lirm'o non	ne				Firm's	EIN		
		Firm's add					Phone	no.		
Ma	y the IR	S discuss t	this return with the preparer	shown above? See in:	structions				Yes	No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Creating Friendships for Peace (CFP) promotes peace and understanding in divided communities by bringing together teenagers
	with future leadership potential from both sides of a conflict, encouraging lifelong friendships among them, and extending these
	friendships to their families and friends.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 84,202 including grants of \$) (Revenue \$ 0)
	Creating Friendships for Peace (CFP) provides a two-year program for Cypriot high-school students. In Year One, selected teens
	attend peace camps in Cyprus, learning about each other's history and culture. In Year Two, the same teens are eligible to attend
	a month-long living experience in the U.S. with an American host family. During this month, the teens share a room with a member
	of the other community of the same gender and develop a deeper understanding of each other. They discover what they share in
	common and learn the lesson of reconciliation. Our program in Cyprus is referred to as the Cyprus Friendship Program and
	includes our independent volunteer Cypriot Coordinators who manage our Year One workshops, projects and week long summer
	peace camps, all funded with Cypriot resources. Almost all of CFP's expenses for the Cyprus Friendship Program are related to
	the travel and insurance costs for the teen pairs who come to the U.S. As of the end of 2023, over 1,300 Cypriot teens have
	graduated from our program.
4h	(Code:) (Expenses \$ 48,298 including grants of \$) (Revenue \$ 0)
4b	
	In 2023, CFP hosted teens from Israel/Palestine with teens from Cyprus in the US hosting areas, working in coordination with a
	bi-communal team of Coordinators in Israel.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
74	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
4d	
4-	
4e	Total program service expenses 139,242

Part IV	Checklist of Required Schedules		
Part IV	Checklist of nequired schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3	-	_
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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
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			~
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</i> "Yes," <i>complete Schedule D, Part II</i>	6		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	7		•
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		\(\tau \)
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		,
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		,
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		,
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</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		,
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		,
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
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		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	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		~

Part l	V 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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		\ \
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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
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		,
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		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
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		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
D	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		,
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		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	2 Concease a containe a response of field to any fine fit tilled aft v		Yes	No
b	Enter the number reported in box 3 of Form 1096. 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?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
46	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	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		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 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 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? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 1 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a V 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Kenneth Crognale, (202)957-3457

Part VI

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.

<u> </u>								, ,	· · · · · · · · · · · · · · · · · · ·		
					C)						
(A)	(B)	(do n	ot oh		sition	e than c	no.	(D)	(E)	(F)	
Name and title	Average			ess person is both an				Reportable	Reportable	Estimated amount	
	hours per week		_	_	lirect	or/trust		compensation from the	compensation from related	of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
Warren Belmar	1.00										
Director/Secretary		~		~				0	0	0	
Susan Elliott	1.00										
Director		~						0	0	0	
Simge Kahvecioglu	1.00										
Director		'						0	0	0	
Mary Kurucz	1.00										
Director		'						0	0	0	
Michael Liatsos	1.00										
Director		~						0	0	0	
Tom McCarthy	1.00										
Director		~						0	0	0	
John McKinney	1.00										
Director		~						0	0	0	
Sharon Moore	1.00										
Director/Treasurer		~		~				0	0	0	
Everett Goodwin	1.00	_									
Director		~						0	0	0	
Linda Ziglar	25.00	_									
Chairman		~		~				0	0	0	
Betsy Small	25.00	_									
Executive Director		~		~				0	0	0	
Kenneth Crognale	10.00	_									
Director		~						0	0	0	
Jonathan Berger	1.00										
Director		~						0	0	0	
Maya Khuri Plotkin	1.00										
Director		~						0	0	0	

Part VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (c	ontinued)
					C)						
(A) Name and title	(B) Average hours per week	box, office	unles er and	neck ss pe d a d	rson lirect	e than of is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	of	(F) ed amount other pensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organi	m the zation and rganizations
William Dean	10.00										
US Area Coordinator				~				0	0		0
Rebecca Stirn	10.00			١.							
Alumni Relations Coordinator				~				0	0		0
Tamra Haas	10.00	-		١,					_		_
Administrative Coordinator	10.00			~				0	0		0
Kim Bell	10.00	-		,							0
Transportation Coordinator	10.00			-				0	0		0
Tamera Drozd Middle East Program Coordinator	10.00	1		_				0	0		0
Brooke Anderson	10.00			Ť				0	0		
US Area Coordinator	10.00			1				0	0		0
Amanda Van Dusen	10.00										
U.S. Area Coordinator				~				0	0		0
1b Subtotal		٠.						0	0		0
c Total from continuation sheets to Part	-										
d Total (add lines 1b and 1c)		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	 :han \$1	00,000 of
											Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete							•	loyee, or highes	•		
4 For any individual listed on line 1a, is the										3	
organization and related organizations	greater th										
5 Did any person listed on line 1a receive of	or accrue co	•				,		•		4	<i>'</i>
for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedu	ule J t	for s	such person .		5	'
Section B. Independent Contractors											
Complete this table for your five high compensation from the organization. Rep											
(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	ation
None											
2 Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who		
	adon Holl	i ie oi	yan	ıızal	1011			0			000 (2222)

Dart VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
i, Si	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ဇ် ဠ∣	С	Fundraising events			1c	0				
rs,	d	Related organization	ns .		1d	0				
ੂੰ ਤੋਂ	е	Government grants			1e	0				
ns,	f	All other contribution	ns, git	ts, grants,						
e ë		and similar amounts no	ot inclu	uded above	1f	144,328				
ᅙᇎ	g	Noncash contribution	ons in	cluded in		·				
a f		lines 1a-1f			1g	\$ 6,167				
ු පු	h	Total. Add lines 1a-	-1f .				144,328			
						Business Code				
e c	2a									
اه ≧َ	b									
yram Ser Revenue	С									
E Š	d									
20 8	е									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun	ts) .				2,164	0	0	2,164
	4	4 Income from investment of tax-exempt bon			and proceeds	0	0	0	0	
	5				0	0	0	0		
		·		(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (loss	s)			0	0	0	0
	7a	Gross amount from (i) Securities		ies	(ii) Other					
		sales of assets				_				
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7с		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income from	m fu	ndraising						
ō		events (not including	\$	0						
		of contributions rep								
		1c). See Part IV, line	18		8a	0				
	b	Less: direct expense	es .		8b	0				
		Net income or (loss)			g eve	nts	0		0	0
	9a	Gross income f								
		activities. See Part I			9a	0				
		Less: direct expense			9b	0				
		Net income or (loss)			ctivitie	es	0	0	0	0
	10a	Gross sales of ir		-						
		returns and allowan			10a	0				
		Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento		0	0	0	0
Sn						Business Code				
e e	11a									
en en	b									
scellaneo Revenue	C									
Miscellaneous Revenue	d	All other revenue								
_	e	Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions .			146,492	0	0	2,164

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Chack if Schodula O contains a response or note to any line in this Part IV	ī

	t include amounts reported on lines 6b, 7b, 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		·	<u> </u>	·
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	5,060	0	5,060	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	1,017	0	1,017	0
13	Office expenses	2,012	0	2,012	0
14	Information technology	8,223	0	8,223	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17 18	Travel	103,109	103,109	0	0
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	_	_	_	_
10	· ·	0	0	0	0
19	Conferences, conventions, and meetings .	302	0	0	302
20	Interest	0	0	0	0
21 22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	3,984	2,341	1,643	0
23 24	Other expenses. Itemize expenses not covered	3,984	2,341	1,043	U
44	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	December il dina Antivitica	33,792	33,792	0	0
b		33,172	33,172	0	0
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	157,499	139,242	17,955	302
26	Joint costs. Complete this line only if the	10.,	.57,212	, , 50	302
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here \square if				
	following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		-
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	175,992	1	155,195
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	5,000	3	13,500
	4	Accounts receivable, net	5,385	4	8,402
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	0		U
its		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
ASS	9			9	
•	10a	Prepaid expenses and deferred charges	2,867	9	1,942
	IVa	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0	10c	
	11	Investments—publicly traded securities			222 271
	12	Investments—publicly traded securities	130,396	12	222,371
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	319,640	16	401,410
	17	Accounts payable and accrued expenses	3,795		1,084
	18	Grants payable	3,773	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Ÿ		
abi		controlled entity or family member of any of these persons	0		0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	3,795	26	1,084
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	310,845	27	390,326
Ä	28	Net assets with donor restrictions	5,000	28	10,000
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
∋t ¢	32	Total net assets or fund balances	315,845	32	400,326
ž	33	Total liabilities and net assets/fund balances	319,640	33	401,410

Part	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)		14	6,492
2	Total expenses (must equal Part IX, column (A), line 25)		15	7,499
3	Revenue less expenses. Subtract line 2 from line 1		-1	1,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		31	5,845
5	Net unrealized gains (losses) on investments		8	9,321
6	Donated services and use of facilities			6,167
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		40	0,326
Part	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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Za		
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	2b	~	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		•	
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~
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		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization										
	CREATING FRIENDSHIPS FOR PEACE INC 45-0666188 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
	•					ons.				
The organization is not a private foundation		,		-	•					
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
3 A hospital or a cooperative ho4 A medical research organization						(iii) Enter the				
hospital's name, city, and stat	·e:									
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in				
 6 A federal, state, or local gover 7 An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public				
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)							
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or				
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	after June 30, 197	related business taxal 75. See section 509(a	ole incom i)(2) . (Cor	ne (less se mplete Pa	ection 511 tax) from art III.)	ofees, and gross 33 ¹ /3% of its businesses				
11 An organization organized and	•	•	•		` '` '					
12 An organization organized and	•		•		,					
one or more publicly supporte the box on lines 12a through 1.										
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t						
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same							
c Type III functionally integ						ally integrated with,				
d Type III non-functionally that is not functionally interequirement (see instructional see instructio	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an					
e Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III				
f Enter the number of supported										
g Provide the following information	n about the supp	orted organization(s).								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Schedule A (Form 990) 2023 Page **2**

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 144,328 169,650 109,442 84,235 118,613 626,268 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 **Total.** Add lines 1 through 3 169,650 4 109,442 118,613 84,235 144,328 626,268 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 65,322 **Public support.** Subtract line 5 from line 4 560,946 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 169,650 109,442 84,235 118,613 144,328 626,268 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,171 1,730 1,642 1,884 2,164 9,591 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 11 635,859 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 88.22 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,			,	,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0.10	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	 s first_second	third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch						%
Secti	on D. Computation of Investment In	come Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2023 (line 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box	and stop here .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this l	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orgar	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

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.)

Se

Secti	on 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
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.	3b 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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination 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		
5а	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? If "Yes," provide detail in Part VI.	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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	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.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

varrie C	i tile organization		Employer identification number
CREA	TING FRIENDSHIPS FOR PEACE INC		45-0666188
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds 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	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	Ladvisors in writing that the assets he	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	= =	
•	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Daw			
Par		(
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreated)	ation or education) $\ igsqcup$ Preservation c	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included on line	e 2c acquired after July 25, 2006, and	d not
	on a historic structure listed in the National Register	·	· · 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the
	tax year		, ,
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regard		pection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
	Jp		gg ,
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing	conservation easements during the year
=	g,p ,	,, ag	g ,
8	Does each conservation easement reported on line	2d above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co	onservation easements in its revenue	and expense statement and balance
	sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easemer	_	
Part	III Organizations Maintaining Collections	of Art Historical Treasures or	Other Similar Assets
I GII	Complete if the organization answered "		Other Ohmar Assets
1a	If the organization elected, as permitted under FAS		is statement and balance sheet works
ıa	of art, historical treasures, or other similar assets	•	
	service, provide in Part XIII the text of the footnote to	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	•		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	•	search in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	-	
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2023										P	age Z
Part												
3	Using the organization's acquisition, a collection items (check all that apply).		sion, and ot	ther recor	ds, chec	k any of the	e follov	wing that make	signi	ificant	use	of its
а	☐ Public exhibition			d	☐ Loan	or exchang	e prog	ram				
b	☐ Scholarly research			е	Other							
С	☐ Preservation for future generations											
4	Provide a description of the organizat	tion's	collections a	and expla	ain how t	hey further	the or	ganization's ex	empt	purpo	se in	Par
5	XIII. During the year, did the organization assets to be sold to raise funds rather									□ v -		7 .
Davi				allieu as p	Jan Oi lin	e organizan	011 5 00	Jilection? .	•	Yes	<u>3</u> ∟	No
Part	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	9, or	reported an a	amou	nt on	Forr	n
1a									not	☐ Yes		
b	If "Yes," explain the arrangement in Pa								٠ ١	16:	> ∟	No
D	ii res, explain the arrangement ii r	ait Aiii	rana compi	ete trie io	mowning to	abie.			Amoi	unt		
С	Beginning balance						10	2				
d	Additions during the year						10					
e	Distributions during the year						16	9				
f	Ending balance						11	f				
2a	Did the organization include an amour						ustodia	ıl account liabil	ity?	Ye	s [No
b	If "Yes," explain the arrangement in Pa	art XIII	l. Check her	e if the ex	kplanatio	n has been	provid	ed in Part XIII]
Par	t V Endowment Funds											
	Complete if the organization	ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 10.					
		(a) (Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years b	ack (e) Four	years l	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the		-	nd balanc	e (line 1g	j, column (a)) held	as:				
а	Board designated or quasi-endowmer	nt		%								
b	Permanent endowment	%										
С	Term endowment%											
_	The percentages on lines 2a, 2b, and 2											
3a	Are there endowment funds not in the	e poss	session of th	ne organi	zation tha	at are held	and ac	iministered for	the	Г		
	organization by:								ī		Yes	No
									t	3a(i)	\dashv	
	(ii) Related organizations?									3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related or	•		•					. [3b		
4 Por	Describe in Part XIII the intended uses Land, Buildings, and Equip			on s enac	wment it	unas.						
Part				" on For	m 000 E	Dart IV line	112	See Form 90	η Da	rt V I	ina 1	Λ
	Complete if the organization	aiisv								d) Book		
	Description of property		(a) Cost or of (investm		1	or other basis other)		Accumulated epreciation	(а) воок	value	!
1a	Land											
b	Buildings	[
С	Leasehold improvements	[
d	Equipment	[
е	Other											
Total.	Add lines 1a through 1e. (Column (d) m		qual Form 9	90, Part)	K, line 10	c, column (l	3)) .					

Part VII	Investments—Other Securities	N/ E 44b O E		David V. Brand O
	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation:
(1) Financial	· · · · · · · · · · · · · · · · · · ·			,
` '	neld equity interests			
. ,	······································			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation: id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form	m 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		·	at raparts the
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgar s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2023 Page **4**

Part				Return	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	241,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-			
a	Net unrealized gains (losses) on investments	2a	89,321		
b	Donated services and use of facilities	2b	6,167		
C	Recoveries of prior year grants	-	0		
d	Other (Describe in Part XIII.)		0	0-	05 400
e	Add lines 2a through 2d			2e	95,488
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · ·		3	146,492
4	· · · · · · · · · · · · · · · · · · ·	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	0		
b c	Add lines 4a and 4b		0	4c	0
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i>			5	147,403
Part					146,492
rart	Complete if the organization answered "Yes" on Form 990,			netuiii	
1	Total expenses and losses per audited financial statements			1	157,499
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	137,477
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)		0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	157,499
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i			137,477
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	157,499
Part	XIII Supplemental Information				.0.7.77

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.

2023

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CREATING FRIENDSHIPS FOR PEACE INC	45-0666188						
Form 990, Part III, Line 4d - Exploratory alumni development event in Belfast to reach out to CFP's 2,000 al	lumni.						
Form 990, Part VI, Section A, Line 8b - There is no committee with authority to act on behalf of the governing body.							
Form 990, Part VI, Section B, Line 11b - Once prepared, the completed 990 with schedules is circulated to	all board members for review and						
comment.							
Form 990, Part VI, Section B, Line 12c - The conflict of interest policy is reviewed by the board of directors directors are required to acknowledge receipt of the policy and make appropriate disclosure every year.	annually. All officers and						
unectors are required to acknowledge receipt of the policy and make appropriate disclosure every year.							
Form 990, Part VI, Section C, Line 19 - Creating Friendships for Peace, Inc. makes its governing document	s, conflict of interest policy and						
financial statements available to the public through its website www.friendships4peace.org							

Schedule O, Statement 1

CREATING FRIENDSHIPS FOR PEACE INC

Form: Form 990 (2023)

EIN: 45-0666188

Part III, Line 4d

Page: **2**

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Exploratory alumni development event in Belfast to reach out to CFP's 2,000 alumni.	6,742	0	0
Total:		6,742	0	0