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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NONVIOLENT PEACEFORCE - U.S.A.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

425 OAK GROVE STREET

Room/suite

City or town, state or country, and ZIP + 4

MINNEAPOLIS, MN 55403F Name and address of principal officer: **DR. TIMMON WALLIS**
RUE BELLIARD 205, 1040 BRUSSELS BELGIUM**D Employer identification number****35-2197019****E Telephone number****(612) 871-0005****G Gross receipts \$****1,233,826.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.NONVIOLENTPEACEFORCE.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** **2002****M State of legal domicile:** **MN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO BUILD A TRAINED, INTERNATIONAL CIVILIAN NONVIOLENT PEACE FORCE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	11
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990 T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,665,174.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	287.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10c, and 11e)	3,258.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...	2,668,719.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	611,814.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	900,968.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	313,187.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	398,166.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 12)	1,910,948.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	757,771.
	20	Total assets (Part X, line 16)	2,290,441.
	21	Total liabilities (Part X, line 26)	403,492.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,886,949.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	DR. TIMMON WALLIS, EXECUTIVE DIRECTOR	
Paid	Print/Type preparer's name	Preparer's signature
	XIAOYAN LUO	
Preparer Use Only	Firm's name	Firm's EIN
	CLIFTONLARSONALLEN LLP	41-0746749
Preparer Use Only	Firm's address	Phone no.
	220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	612-376-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2011) **4**

92

1 pg only

SCANNED MAY 28 2013

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NONVIOLENT PEACEFORCE - U.S.A.	Employer identification number (EIN) or 35-2197019
	Number, street, and room or suite no. If a P.O. box, see instructions. 425 OAK GROVE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55403	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NANCY HEGDAHL

- The books are in the care of ► **425 OAK GROVE STREET - MINNEAPOLIS, MN 55403**
Telephone No ► **612-871-0005** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2012** or
► ☐ tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2013)