Form SUU 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.its.gov/FormSoft for instructions and the latest information. 20022 Open to Public Basedian A For the 2022 calendar year, or tax year beginning and ending D Employer identification number B creace Market Market Basedian C how with security numbers on this form as it may be made public. Go to www.its.gov/FormSoft Doing Dualness a D Employer identification number Market Basedian Peacemaker Ministries B contained Doing Dualness a D Employer identification number Market Basedian Doing Dualness a Room/suite E Telephore number (800)711-7118 Doing Dualness a Number and attreet (or P.D. box if mail is not delivered to street address) Room/suite E Telephore number (800)711-7118 Doing Dualness a Number and attreet (or P.D. box if mail is not delivered to street address) Room/suite E Telephore number (800)711-7118 Doing Dualness a Spokane Valley, WA 99037 H(a) is this a group return for subordinates. Yes [N to Piase and address of principal officer: DOI Piase and address of principal officer: DOI Piase and address of principal officer: DOI Piase and address of principal address of a sociation. J Website: Peacemaker minister or rows significant activities: To equipization and assist Christis and assiste of tigs				Extended to November 15, Return of Organization Exempt Fr	2023		OMB No. 1545-0047
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applicable: Peacemaker Ministries 36-3206639 Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Posser Posser (800) 711-7118 (800) 711-7118 City or tww.ristate or province, country, and ZIP or foreign postal code G conserveights 3 327,719. Posser Spokane Valley, WA 99037 H(a) is this a group return for subordinates includer? [ves [X] No. Posser PO Box 10, Spokane Valley, WA 99037 H(b) Ave state or province, country, and ZIP or foreign postal code J Webste: Peacemaker Ministries org H(a) is this a group return for subordinates includer? [ves [X] No. / Form of organization: X Corporation Trust Association / additionary 1 Tax-exampt status: X 501(c)(3) 501(c) (1) (insert no.) / additionary 1 Briefly describe the organization's mission or most significant activities: To equip and assist Christians and their churches to respond to conflict biblically. 2 Check this box if the organization discontinue dis operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part V, line 1a) 3 2 5 Total number of individuals employed in cal			1		naing		
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11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 31,010. 00,090. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181,996. 274,012. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 104,774. 151,692. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 3,135. 136,429. 176,852. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 241,203. 328,544. 19 Revenue less expenses. Subtract line 18 from line 12 -59,207. -54,532.	eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 104,774.151,692 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 3,135. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 136,429.176,852 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 241,203.328,544 19 Revenue less expenses. Subtract line 18 from line 12 -59,20754,532	œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 274,515. 214,443 21 Total liabilities (Part X, line 26) 11,877. 6,337		19	Revenue less	expenses. Subtract line 18 from line 12			the state of the s
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21 Total liabilities (Part X, line 26) 11,877. 6,337.	sset	20	weenstrates assessment and a				
	And	21					
Z 22 Net assets or fund balances. Subtract line 21 from line 20 202,030. 200,100	N.	22		fund balances. Subtract line 21 from line 20		262,638.	208,106.
Part II Signature Block	_	and the second second			and at-t	anta and to the bast of a second	muladae and balled to be

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 bellef, 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 Don Dederick, Chair	Date 8/9/2023
Paid Preparer		Check PTIN " self-employed P01438992 Firm's EIN 20-8571624
Use Only	Firm's address PO Box 2163	Phone no. 509-624-9223
May the li	RS discuss this return with the preparer shown above? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

ra	n 990 (2022) Peacemaker Ministries rt III Statement of Program Service Accomplishments	36-3206639	Page
			X
	Check if Schedule O contains a response or note to any line in this Part III		_ _
'	Our mission is to equip and assist Christians and their	churches to	
	respond to conflict biblically by developing and deliver		
	outstanding, life-changing resources, training, and serv		
	multitude of receptive churches throughout the world.	VICES LO a	
2	Did the organization undertake any significant program services during the year which were not listed on the		XN
	prior Form 990 or 990-EZ?		
~	If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ΎΎes	
	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 $2 \cos^2 (1/2)^2$ and $5 \cos^2 (1/2)^2$ and $5 \cos^2 (1/2)^2$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	na
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$124,659including grants of \$) (Reve	30	492.
4a	(Code:) (Expenses \$ 124,659. including grants of \$) (Reve Resource Development & Distribution Division - Numerous		
	available through our web-based bookstore that assist ch	urched and	e
	individuals in building a culture of peace through Bibli		00
	We develop and deliver outstanding, life-changing resour		
	and services to a multitude of churches and individuals		
	world. We prepare individuals and organizations at all		ne
	demographics and role responsibilities for peacemaking t		
	educational resources, seminars, and training. We also		
	conflict coaching, mediation, and arbitration services t		
	church and ministry disputes, lawsuits, family divisions conflicts.	s, and pusine	SS
	04 940	20	632.
40	(Code:) (Expenses \$94,849. including grants of \$) (Reve Training Division - Peacemaker Ministries provides train		032.
	consulting, and resources to conciliators in the U.S. ar		
	world, enabling them to gain expertise in assisting Chriconflict.		
		16	400
4c			488.
	(Code:) (Expenses \$	conflict	488.
4c	(Code:)(Expenses \$51,490. including grants of \$) (Reve Conciliation Services Division - This division provides coaching and Christian dispute resolution (mediation and	conflict 1/or	488.
4c	(Code:)(Expenses \$51,490. including grants of \$)(Reve Conciliation Services Division - This division provides coaching and Christian dispute resolution (mediation and arbitration) services with formally opened cases to indi	conflict 1/or ividuals,	
4c	(Code:)(Expenses \$51,490. including grants of \$) (Rever Conciliation Services Division - This division provides coaching and Christian dispute resolution (mediation and arbitration) services with formally opened cases to indi companies, ministries, and churches involved in disputes	conflict 1/or ividuals, s and/or lega	
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 Form 990 (2022)
 Peacemaker Ministries

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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		X
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		X
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
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?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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	4.45		х
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
40	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		10		х
47	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,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		- 11
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 77
19		10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20а ь		20a 20b		
о 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		- 23

232003 12-13-22

4 2022.04010 PEACEMAKER MINISTRIES

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Form	990	(2022)
	330	(2022)

Form	990 (2022) Peacemaker Ministries 36-3	206639	Р	age 4
	t IV Checklist of Required Schedules (continued)			ugo -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV			X X
	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? <i>If</i>			- v
200	"Yes," complete Schedule L, Part IV			X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M			X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res, 'complete Schedule N, Part i</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 01	Check if Schedule O contains a reasonable or note to any line in this Dart V			
	Check it Schedule O contains a response or note to any line in this Part V	<u></u>	Vee	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2022) Peacemaker Ministries 36-3206	639	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
d	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
~	Enter the amount of reserves on hand			
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.10		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15	1	
16		16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
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.			
17	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.			
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 Peacemaker Ministries
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion 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		9		
	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	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>	anv other			
_	officer, director, trustee, or key employee?		,	2		x
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
-			·	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99					x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6				6		X
	a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or					
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
D D						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		X
		-	-	80	x	
a L	The governing body? Each committee with authority to act on behalf of the governing body?			<u>8a</u>	X	<u> </u>
b				<u>8b</u>		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)		Yes	Na
10-	Did the extension have lead charters, branches, or efflicted?			10a	res	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristic and procedures to approximate any second with the approximation of the second seco	apters	, anniates,	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?				x	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delor	e ming the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	_ A	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
	on Schedule O how this was done			12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				x	
	The organization's CEO, Executive Director, or top management official			15a	Λ	v
b	Other officers or key employees of the organization			15b		X
40	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 arrangem	ient w	ith a			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	NT N7		7 777	T.7 7	TAT T
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, CO, HI, IL, M</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	I (section 501(c)(3	i)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, a	nd finar	cial	
	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 boo	ks and	l records			
	Paul Brian Noble - 800-711-7118					
	PO Box 10, Spokane Valley, WA 99037					

See Schedule O for full list of states

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Form **990** (2022)

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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.

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Part	VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) (C) Average hours per week week (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	ensation om the nization related nizations
			-									
1b c	Subtotal Fotal from continuation sheets to Part VII	, Section A	I						<u>49,602.</u> 0.	0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no								49,602.	0 • 000 of reportable		0.
	compensation from the organization	director, truste	ee, k	ev e	mpl	ove	e, or	hiq	hest compensated emp	lovee on		0 Yes No
4	ine 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	ccrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	dual for services	4	X
Secti	on B. Independent Contractors											
	Complete this table for your five highest cor the organization. Report compensation for t	-							the organization's tax y			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices ((C) Compen	
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nitec	l to f	thos C		ted	above) who received mo	ore than		

			2022) Peacemaker Mi	inistries			36-3206	639 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a					
rant			Membership dues 1b					
ي ق		с	Fundraising events 1c					
ar A			Related organizations 1d					
s, o		е	Government grants (contributions) 1e					
rion		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	165,613.				
ut pc		-	Noncash contributions included in lines 1a-1f		165 610			
<u>o</u> ā		h	Total. Add lines 1a-1f	Business Code	165,613.			
	_	_	Training Services	813110	30,632.	30,632.		
/ice	2		Conciliation Services	813110	16,488.	16,488.		
Ser		c		010110	10,400.	10,400.		
Program Service Revenue		d						
Base		e						
Pre		f	All other program service revenue					
		g	Total. Add lines 2a-2f		47,120.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)		583.			583.
	4		Income from investment of tax-exempt bond	-	21 204			21 204
	5		Royalties	(ii) Personal	21,204.			21,204.
	6	~		(ii) Fersonai				
	0		Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loco)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss) 7c					
r B			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
			Less: direct expenses8	b				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See	_				
		h	Part IV, line 19 94 Less: direct expenses 9					
			Net income or (loss) from gaming activities	<u>, , , , , , , , , , , , , , , , , , , </u>				
			Gross sales of inventory, less returns					
		-		a 93,199.				
		b	Less: cost of goods sold 10	ь 53,707.				
			Net income or (loss) from sales of inventory		39,492.	39,492.		
Ś				Business Code				
eou	11							
Miscellaneous Revenue		b						
Scel		C d	All other revenue					
Ϊ			All other revenue					
	12		Total revenue. See instructions		274,012.	86,612.	0.	21,787.
23200						, <u>,</u> -		Form 990 (2022)

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Peacemaker Ministries Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 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		CAPCINES	general expenses	CAPCINGCS
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,602.	49,602.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,515.	59,057.	29,458.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,140. 12,435.	897.	243.	
0	Payroll taxes	12,435.	9,782.	2,653.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	14,418.	1,534.	12,884.	
d	Lobbying				
е	, F				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	3,823. 64,419.	964. 64,143.		<u>2,859</u> 276
2	Advertising and promotion	64,419.	64,143.		276
3	Office expenses	2,002.	10 101	2,002.	
4	Information technology	19,867.	19,101.	766.	
5	Royalties	05 550	00.005	2 4 17 2	
6	Occupancy	25,758.	22,285.	3,473.	
7	Travel	7,150.	7,150.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates	21 202	21 202		
2	Depreciation, depletion, and amortization	31,202.	31,202.		
3					
4	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 Sedula 0.				
а	amount, list line 24e expenses on Schedule 0.) Other Expenses (Equipme	4,614.	4,588.	26.	
a b	Other Expenses (Event E	3,599.	<u> </u>	2,906.	
с С					
d					
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	328,544.	270,998.	54,411.	3,135
5 6	Joint costs. Complete this line only if the organization	520,5110		51, 111	5,155
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form 990 (2022)

Peacemaker Ministries

36-3206639 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20,073.	1	70,766.
	2	Savings and temporary cash investments			117,593.	2	47,656.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		L		7	
Assets	8	Inventories for sale or use		L	48,452.	8	38,826.
Ąs	9	_				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,149.			
	b	Less: accumulated depreciation	10b	27,977.	12,361.	10c	6,172.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		76,036.	15	51,023.	
	16	Total assets. Add lines 1 through 15 (must equa			274,515.	16	214,443.
	17	Accounts payable and accrued expenses		11,877.	17	6,337.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
abil		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third i	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-2 4)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			11,877.	26	6,337.
		Organizations that follow FASB ASC 958, che	ck her	e X			
cec		and complete lines 27, 28, 32, and 33.					
lan	27			······	262,638.	27	208,106.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ę		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			262,638.	32	208,106.
	33	Total liabilities and net assets/fund balances		274,515.	33	214,443.	
							Form 990 (2022)

Form **990** (2022)

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Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) Peacemaker Ministries	36-	<u>-3206639</u>	Pa	_{ige} 12			
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			12.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			44.			
3	Revenue less expenses. Subtract line 2 from line 1	3			32.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	2,6	38.			
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,				06.			
	column (B))							
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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X 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 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	e 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							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000				

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Internal F	Reven	ue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection		
Name	of t	he organization	on						Employer	identification numbe		
				emaker Min						6-3206639		
Part	1	Reason	for Public (Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	IS.			
The or	gani	ization is not a	private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectic	on 170(b)([.]	1)(A)(i).				
2		A school dese	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)						
3 🗌		•	•		anization described in se			•				
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
_	_	city, and state										
5 🗌					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
_	_	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6												
7 🗋	X	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
• □	_			Complete Part II.)								
8 [4				(1)(A)(vi). (Complete Par							
9 🗌		-	-	-	in section 170(b)(1)(A)(-		-	-		
			or a non-iano-ç	grant college of agric	ulture (see instructions).	Enterthe	name, city	, and state of	the college	or		
10		university:	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne memberek	in fees and	d aross receipts from		
					t to certain exceptions;							
					(less section 511 tax) fro					-		
				mplete Part III.)			0000 0000		gamzation			
11					ively to test for public sa	fetv. See	section 50	09(a)(4).				
12		-	•	-	ively for the benefit of, to	•			rry out the	purposes of one or		
		-	-	-	ed in section 509(a)(1) o	-			-			
					f supporting organization							
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving		
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b] Type II. A s	supporting org	ganization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.							
С		J Type III fun	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functional	lly integrate	ed with,		
		its supporte	ed organizatio	on(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d			-		porting organization oper				-			
			-		zation generally must sat	-		-	an attentiv	/eness		
		-			nplete Part IV, Sections							
е		_	0		written determination fro			Туре I, Туре	II, Type III			
		-			nally integrated supporti					[
		er the number of the following	••	•								
<u> </u>		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions		

Peacemaker Ministries

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	Section A. Public Support												
Cale	ndar 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.")	164,536.	162,313.	251,408.	76,932.	165,613.	820,802.						
2	Tax revenues levied for the organ-												
	ization'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	1.5.4 5.9.5	1.60.010	0.54 40.0		1.55 .51 0							
4	Total. Add lines 1 through 3	164,536.	162,313.	251,408.	76,932.	165,613.	820,802.						
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)						229,179. 591,623.						
	Public support. Subtract line 5 from line 4.						591,623.						
	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
7		164,536.	162,313.	251,408.	76,932.	165,613.	820,802.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,	17 501	FF 725		22 225	01 707	126 612						
	and income from similar sources	17,501.	55,735.	8,265.	33,325.	21,787.	136,613.						
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.)						057 415						
11	· · · · ·						<u>957,415.</u> 606,858.						
12	Gross receipts from related activities,						000,000.						
13	First 5 years. If the Form 990 is for the												
500	organization, check this box and stop ction C. Computation of Publi												
			-	olumon (f))		44	61.79 %						
. –	Public support percentage for 2022 (I					14 15							
15	Public support percentage from 2021 33 1/3% support test - 2022. If the												
108		-					V						
h	stop here. The organization qualifies		-			or more check thi							
0	33 1/3% support test - 2021. If the organization gual												
17-	and stop here. The organization qual 10% -facts-and-circumstances test		• •			and line 14 is 10%							
1/8													
	and if the organization meets the fact meets the facts-and-circumstances te			-	-	-							
L	10% -facts-and-circumstances test	•	•	,	•	7a and line 15 is 1							
N.		-											
	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 organization												
18													
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions												

232022 12-09-22

 Schedule A (Form 990) 2022
 Peacemaker Ministries

 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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					_	
	Total. Add lines 1 through 5						
/a	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, 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						
c	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
_							
	ction C. Computation of Public						
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•					47	0/
	Investment income percentage for 20					17 18	<u>%</u>
18 19a	Investment income percentage from 33 1/3% support tests - 2022. If the						ine 17 is not
198	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	23 12-09-22		··- · · , · •	, , ,			lule A (Form 990) 2022
_ 5			16	•			

2022.04010 PEACEMAKER MINISTRIES

Peacemaker Ministries

1

Yes No

Part IV Supporting Organizations

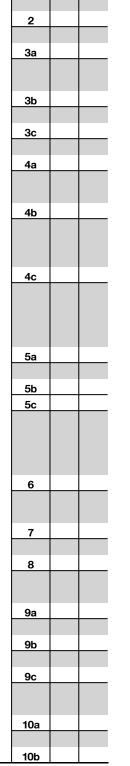
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

	(Form 990) 2022	Peacemaker
Part IV	Supporting Orga	anizations (continued)

Peacemaker Ministries

1

2

		Yes	No
11 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 experimetions have the neuror to require annoint or cleat at least a mointir, of the experimetion's officers				
	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 supporte					
	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.				
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b		The organization	n is the parent	of each of i	ts supported	organizations.	Complete line 3 below.
---	--	------------------	-----------------	--------------	--------------	----------------	------------------------

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- 3 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.**

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

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2022

Yes No

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Part V Type III Non-Functionally Integration 1 Check here if the experimentian estimated the line		-		
1 Check here if the organization satisfied the I			•	t VI). See Instructio
All other Type III non-functionally integrated	supporting organizations must comp	lete Sections A	through E.	
Section A - Adjusted Net Income		(A) Pri	ior Year	(B) Current Year (optional)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2	2		
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	+		
5 Depreciation and depletion	5	5		
6 Portion of operating expenses paid or incurred for	production or			
collection of gross income or for management, co				
maintenance of property held for production of inc	come (see instructions) 6	;		
7 Other expenses (see instructions)	7	,		
8 Adjusted Net Income (subtract lines 5, 6, and 7 f	rom line 4) 8	;		
Section B - Minimum Asset Amount		(A) Pri	ior 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 pa	art of year):			
a Average monthly value of securities	1a	ı		
b Average monthly cash balances	115)		
c Fair market value of other non-exempt-use assets	10	:		
d Total (add lines 1a, 1b, and 1c)	10	1		
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exemp	ot-use assets 2	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	3		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section A	, line 8, column A)			
2 Enter 0.85 of line 1.	2	2		
3 Minimum asset amount for prior year (from Section	n B, line 8, column A) 3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	5		
6 Distributable Amount. Subtract line 5 from line 4	, unless subject to			
emergency temporary reduction (see instructions)	· •	;		
7 Check here if the current year is the organiz		arated Type III s	upporting organize	ation (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	1				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able 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)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	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, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	c Excess from 2020					

Schedule A (Form 990) 2022

Schedule A	Form 990) 2022 Peacemaker Ministri	ies 36-3206639 Pa	age 8
Part VI	Supplemental Information. Provide the explanations rec Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11:	quired by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Ia, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V	
232028 12-09-2	2	Schedule A (Form 990)	2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

36-3206639

Organization type (check one):				
ection:				
∑ 501(c)(3)(e	nter number) organization			
4947(a)(1) none	xempt charitable trust not treated as a private foundation			
527 political or	ganization			
501(c)(3) exemp	ot private foundation			
4947(a)(1) none	xempt charitable trust treated as a private foundation			
501(c)(3) taxabl	e private foundation			
Se	Section: X 501(c)(3) (e 4947(a)(1) none 527 political org 501(c)(3) exemp 4947(a)(1) none			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

36-3206639

Peacemaker Ministries

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>Restricted</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	, , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Peacemaker Ministries

36-3206639

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule	B (Form	990) (2022)
Schedule	в (гопп	990) (2022)

Name of organization

Employer identification number

36-3206639

Peacemaker Ministries

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom 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

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Peacemaker Ministries 36-3206 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$	st,000 for the yea
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than 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 info. once.) \$	st,000 for the yea
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how g	feree
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how g	feree
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how g	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how g	
from (b) Purpose of gift (c) Use of gift (d) Description of how g	
	jift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	feree
a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how g Part I	gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	foree
a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how g Part I	jift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transf	feree
3454 11-15-22 Schedule	

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Department of the Treasury

(Form 990)	
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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

Internal Revenue Service Name of the organization

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

Employer identification number

nam	Peacemaker Ministri	ies		36-320663	
Pa			Accour		<i>.</i>
	organization answered "Yes" on Form 990, Part IV, line		/1000041		
		(a) Donor advised funds	(b) Eur	nds 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 advisors in v				
	are the organization's property, subject to the organization's e			Yes	No
6	Did the organization inform all grantees, donors, and donor ad		•		
	for charitable purposes and not for the benefit of the donor or		•		
De	impermissible private benefit?		<u> </u>	Yes	No
Pa			t IV, line 7		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)	nistorically	important land area	
	Protection of natural habitat	Preservation of a c	certified hi	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	i conserva		
	day of the tax year.			Held at the End of the T	ax Year
а	Total number of conservation easements		. 2 a		
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	Ifter July 25,2006, and not on a			
	historic structure listed in the National Register		. 2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization	during the tax	
	year				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conserve	ation ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemen	ts during the year	
8	Does each conservation easement reported on line 2(d) above				
					No
9	In Part XIII, describe how the organization reports conservation	-			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	s that desc	cribes the	
D.	organization's accounting for conservation easements.		0		
Pa	t III Organizations Maintaining Collections of		r Simila	r Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	•			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of	public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958	-			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of pu	blic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
				\$	
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial ga	in, provide	Э	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 99	0) 2022
23205	09-01-22				

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2022.04010	PEACEMAKER	MINISTRIES

Sche		ker Minist						36-32			, 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, checł	k any of the f	following that	make s	ignificant	use of its			
а	Public exhibition	d	•	Loan or exc	hange progra	m					
b	Scholarly research	e			indingo progra						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	nev further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	•			•						
-	to be sold to raise funds rather than to be ma		,		,				Yes	N	lo
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			5				.,,.			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other ass	ets not	included				
	on Form 990, Part X?		•						Yes	Ν	lo
b	If "Yes," explain the arrangement in Part XIII										
			C						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	on has been	provided on F	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) F	Prior year	(c) Two years	s back	(d) Three	years back	(e) Four	r years bac	:k
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 curr	rent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administere	ed for th	ne				
	organization by:									Yes N	0
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	• • •	ccumulate preciation		(d) Boo	k value	
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			3	4,149.		27,9	77.		6,172	•
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colun	nn (B). line 1	0c.)		<u></u>			6,172	•
			-					Cabadula	D /F		

Schedule D (Form 990) 2022

Schedule [) (Form 990) 2022 (Peacema.	ker 1	Minis	trie	s

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX 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
(1) Capitalized production costs	51,023.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	51,023.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 Peacemaker Ministries		36-3206639 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements \dots		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>}_)</u>	
Pa	rt XIII Supplemental Information.		

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

232054 09-01-22

SCHEDULE	0
(Form 990)	

Name of the organization



36-3206639

Form 990, Part III, Line 1, Description of Organization Mission:

Peacemaker Ministries

We prepare church leaders, adults, and children for peacemaking through

educational resources, seminars, and training. We also provide

conflict coaching, mediation, and arbitration services to resolve

church and ministry disputes, lawsuits, family divisions, and business

conflicts.

Form 990, Part VI, Section B, line 11b:

The Form 990 was prepared by an independent CPA firm and was reviewed in detail by the CEO/Executive Director and outsourced accounting professional to verify accuracy. The 990 was then emailed to the board of directors who review the Form 990 prior to being filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

Peacemaker Ministries has a formal, written conflict of interest policy.	
Each employee and board member of the organization must complete a conflict	
of interest questionnaire upon initiation into their role. In addition, HR	
executes an annual update of this questionnaire for all employees and board	
members. If any conflicts of interest are noted during the questionnaire	
process, HR forwards the noted items on the CEO/Executive Director, who	
reviews the noted items and determines if a significant impact (or	
potential impact) is created by the conflict. If so, the conflict of	
interest is discussed and action steps are taken to remedy the situation.	
If a conflict of interest presents itself during a board meeting,	
interested parties are required to excuse themselves from the discussions	
and any following vote of the board.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

2022.04010 PEACEMAKER MINISTRIES

Form 990, Part VI, Section B, Line 15a: 15a - Compensation for the CEO/Executive Director of Peacemaker Ministries is determined by the board of directors on an annual basis. The board gathers information on how comparable non-profits compensate their CEO/Executive Director. This information along with an overall understanding of the ministry's finances, is taken into consideration when determining the compensation for the president. Human resources requires annual documentation (board minutes) in order to change the salary of the CEO/Director.

15b - The organization does not compensate any other officers or key employees/ Therefore, this question was marked no in accordance with the instructions.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL,CO,HI,IL,MN,NH,ND,SC,TN,VA,WA,WI,WV

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest

policy, and financial statement available to the public upon request.

232212 10-28-22