50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A Fo	r the	2014 calenda		, 20						
B Che	ck if ap	if applicable: C Name of organization DE		D Employ	er identification number					
Add	dress cl	hange	46-2407							
Na Na	me cha	nge	E Telepho	ne number						
	tial retur			35-5826						
	al return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	E Group	Exemption					
		n pending	Washington DC 20017	Numbe	2004 (100 t) 100 · 000 ·					
	-	ing Method:								
I We					if the organization is not					
		1100.77			attach Schedule B , 990-EZ, or 990-PF).					
			☐ Corporation ☐ Trust ☐ Association ☐ Other	(10111 990	, 990-62, 01 990-PF).					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accate						
(Part I	I, colu	umn (B) below	r) are \$500,000 or more, file Form 990 instead of Form 990-EZ	assets						
Par			e, Expenses, and Changes in Net Assets or Fund Balances (see the		\$					
		Check if	the organization used Schedule O to respend to any question in this Bort I	instructi	ons for Part I)					
	1	Contributio	the organization used Schedule O to respond to any question in this Part I							
	2	Drogram ee	ns, gifts, grants, and similar amounts received	-	1 132,600					
-5.	3		ervice revenue including government fees and contracts	_	2					
	4	Investment	p dues and assessments	_	3					
					4					
= 4	5a		unt from sale of assets other than inventory 5a							
	b		or other basis and sales expenses							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c								
	6	Gaming and fundraising events								
Revenue	а	Gross income from gaming (attach Schedule G if greater than \$15,000)								
Ver	b	Gross inco	me from fundraising events (not including \$ of contributions	S						
Be		from fundra	aising events reported on line 1) (attach Schedule G if the							
		sum of suc	h gross income and contributions exceeds \$15,000) 6b							
	C	Less: direct	expenses from gaming and fundraising events 6c							
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract						
		line 6c) .		6	id					
	7a	Gross sales	s of inventory, less returns and allowances							
			of goods sold							
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	'c					
			ue (describe in Schedule O)	_	3					
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9 132,600					
1	10	Grants and	similar amounts paid (list in Schedule O)		0 75,300					
1	11	Benefits pa	id to or for members	1	1					
g 1	12	Salaries, ot	her compensation, and employee benefits	1	2					
Expenses	13	Professiona	al fees and other payments to independent contractors	_	3 1,773					
8 1	14	Occupancy	, rent, utilities, and maintenance	-	4 3,316					
ш 1	15	Printing, pu	blications, postage, and shipping	_	5 1,334					
1	16	Other expe	nses (describe in Schedule O)	1	6 4,496					
1	17	Total expe	nses. Add lines 10 through 16	· • 1	7 86,219					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1	8 46,381					
t ge	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with	40,301					
ASS		end-of-year	r figure reported on prior year's return)		9 12,383					
Net Assets			ges in net assets or fund balances (explain in Schedule O)	_	9 12,383					
> -			or fund balances at end of year. Combine lines 18 through 20		1 58,764					

						raye
Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,383	22 5	58,764
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			20	24	
25	Total assets			12,383	25 !	58,764
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column					58,764
Par	t III Statement of Program Service Accom					00,704
and the same of	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?			,, u. t. ii . i . i . i		uired for section
						c)(3) and 501(c)(4)
as n	cribe the organization's program service accompline easured by expenses. In a clear and concise mand oncise mand concise mand on the relevant information for eact of the control of the c	nanner, describe the	it its three largest e services provide	program services, d, the number of	othe	nizations; optional for rs.)
28	The primary goals of the Pax Christi Fund for Pea	ace - to contribute to	he prevention, de	militarization and		
	resolution of conflicts; to strengthen human rights					
	are met through grants for the work of other mem					
		includes foreign gra			282	132,600
29			***		200	102,000
						T-15-11
	(Grants \$) If this amount	includes foreign gra	nto chook horo		00-	
30					29a	
00						
	(Grants \$) If this amount	in alcolo a familiar and				
31	Other program services (describe in Schedule O)	includes foreign gra			30a	
31						
20		includes foreign gra	ants, check here .	▶ 📙	31a	
	Total program service expenses (add lines 28a	ulrough 3 ray	· · · · · · ·	🕨	32	132,600
I all	List of Officers, Directors, Trustees, and Key				struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			· · ·	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-		0	Estimated amount of their compensation
Ma	rie Dennis					
	esident	50	0	0	0	
Ju	dy Coode					
	cretary	5	0	0	0	
Jos	seph Nangle, OFM				1_	
Tre	easurer	5	0	0	0	
Dia	anna Ortiz					330 1
Dir	ector	3	0	0	0	
Sc	ott Wright				1	***
Dir	ector	3	0	0	0	
					1	
					+	
					+	
				+	+	
				+	+	
				 	+	
				+	+-	
					1	

Part	The second of th	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	objective and an article and article a			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ DC			
42a	The organization's books are in care of ▶ Marie Dennis Telephone no. ▶ 202-	635-5	826	
	Located at ► 708 Rock Creek Church Rd Nw Washington, DC ZIP + 4 ► 200	10		
b	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)?		Yes	
	If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		. ,	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
AT 047.51	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		X
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			198
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf o	f or in opposi	tion		
	to candidates for public office? If "Yes," of		, Part I			. 46	6	X
Part \	/I Section 501(c)(3) organizations	s only						
	All section 501(c)(3) organization	is must answer que	stions 47-49b an	d 52, and	complete th	e tables	for lin	nes
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in	this Part	VI			
-	One of the organization does do	noddio o to respons	to any quodicin	T tillo T talt	<u> </u>	• • •	Yes	No
47	Did the organization engage in lobbying	activities or have a	saction 501/h) alact	tion in offo	at during the	tov [res	NO
7,	year? If "Yes," complete Schedule C, Par							
							_	X
	Is the organization a school as described i					. 48	_	X
	Did the organization make any transfers t						а	X
b If "Yes," was the related organization a section 527 organization?								
50	Complete this table for the organization's	s five highest comper	isated employees (d	other than	officers, direc	tors, trus	tees ar	nd key
	employees) who each received more than	n \$100,000 of compe	nsation from the org	ganization.	If there is non	e, enter '	'None.	"
		(b) Average	(c) Reportable		alth benefits,			
	(a) Name and title of each employee	hours per week	compensation	hanafit nls	ons to employee ans, and deferred		ated amo ompensa	
N/A		devoted to position	(Forms W-2/1099-MIS		npensation	Other Co	unpensa	111011
IVA								-10000000
				-				
	and the second s							
f	Total number of other employees paid ov	er \$100,000	▶ 0					
	Complete this table for the organization			nt contract	-	h ranaliya	d	. +han
31	\$100,000 of compensation from the organization	anization. If there is no	one enter "None"	in contract	iois willo eaci	i receive	u more	e man
			1					
N/A	(a) Name and business address of each independent	dent contractor	(b) Type of s	ervice	(c	(c) Compensation		
19//				770023743				
			-					
			1					
			1					
						3)		
			1					
	Total number of other independent centre	actors and receiving	Over \$100 000	N 0				
	Total number of other independent control			. • 0				
	Did the organization complete Schedu			_				
-						.► YYe		No
Under pe	enalties of perjury, I declare that I have examined this	return, including accompar	nying schedules and state	ments, and to	the best of my k	nowledge a	nd belief	, it is
true, con	rect, and complete. Declaration of preparer (other tha	in onicer, is based on all info	ormation of which prepare	er nas any kno	owieage.			
Sign	Signature of officer				Date			
Here								
	Type or print name and title							
D-1-1	Print/Type preparer's name	Preparer's signature	1	Date		. PTIN		
Paid	Paul Cooke CDA	Call / pr	160	07/22/20	Check Self-emplo	I If DO	134307	78
Prepa	arer	I fame Con		UTTELIEU		yyeu		
Use (Firm's EIN ▶		-000-	
NA	Firm's address ►				Phone no.			
May th	e IRS discuss this return with the prepare	r snown above? See	instructions			■ Tally a	20	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	Pax Christi Fund for Peace					46-2407872		
Par							ns.	
The c 1 2 3 4	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7								
9	A community trust described in An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mo d to its exempt nt income and	re than 331/3% of its functions—subject to unrelated business t	support for certain taxable in	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10 11	 ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perfora 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check	
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele					
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	 Type III functionally integra its supported organization(s) 						y integrated with,	
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	T 01 1 11 1 11 11 11 11	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f g	Provide the following information	about the supp	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			, , , , , , , , , , , , , , , , , , , ,	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
T-4-								

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					132,600	132,600
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					132,6000	132,600
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)						
6	Public support. Subtract line 5 from line 4.	NAME OF THE PARTY					132,600
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						132,600
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						132,600
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					🕨 🗵
	on C. Computation of Public Suppor						
	Public support percentage for 2014 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2013 Sch					15	%
Ioa	331/3% support test—2014. If the organization qual						
b	33 ¹ / ₃ % support test—2013. If the organ						▶ 🗆
D	check this box and stop here. The organi					e 15 IS 33 /3%	
170							, , ▶
174	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test – 20				v on line 12 1	6a 16b or 17	
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check t The organization	his box and s	top here.
18	supported organization	 Id not chook a					
10	instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	sts listed bei	ow, please co	omplete Part	11.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2011	(0) 2012	(u) 2013	(e) 2014	(i) Total
	received. (Do not include any "unusual grants.")						16 3 2 2 2 2
2	Gross receipts from admissions, merchandise						+
	sold or services performed, or facilities						2 - 132 - 124
	furnished in any activity that is related to the						2-3-2
3	organization's tax-exempt purpose Gross receipts from activities that are not an			-			
3	unrelated trade or business under section 513						20 100 100
		Sec. 2005. 20					
4	Tax revenues levied for the			174521767			
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						100 100 100
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		25.20.25.26				
	received from other than disqualified						
	persons that exceed the greater of \$5,000		7.7 7.7 1.1				
	or 1% of the amount on line 13 for the year						PETER ST
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support		T				
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				-		
10a	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		100				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		2012-17-12				
	and 12.)						
14	First five years. If the Form 990 is for the						
0	organization, check this box and stop her					· · · ·	🕨 🗌
	on C. Computation of Public Suppor					TT	
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch			· · · ·	<u> </u>	16	%
	on D. Computation of Investment Inc				(0)	1451	
17	Investment income percentage for 2014 (I						%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						
00	line 18 is not more than 33½%, check this be Private foundation. If the organization die		Market Company				
20	i iivate iouiiuatioii. Il tile olualiization di	u not check a	DUX UIT IIITE 14	. 13a. OF 19D.	CHECK MIS DOX	and see instr	uctions P

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

The Pax Christi Fund for Peace

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization

46-2407872 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.

990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

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				
1	Victoria Beynon 6502 Valley Ridge Court Austin TX 78746	25,000 \$	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	Central America Solar Oven Project		Person 🗹				
	C/O Bill Lankford	\$25,000	Payroll Noncash				
	1400 E. Market Street, Charlottesville VA 22902		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Mary and Gary Becker, Becker Family Foundation 1354 Plaza Pacifica, Santa Barbara, CA 93108	\$	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	Jurate Kazickas 15 East 92nd Street, New York, NY 10128	\$10,000	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	Ann and George Hunter 9515 St. Andrew's Way Silver Spring, MD 20901	\$	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	Matthew Marquardt 8 York Street #3606, Toronto, Ontario, Canada	\$_5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Inspection

2014 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization The Pax Christi Fund of Peace 46-2407872 990-EZ, Page 1, Line 10 Pax Christi International - \$75,300 990-EZ, Page 1, Line 16 Fundraising - \$946 Conference/Meetings - \$882 Dues - \$1,500 Insurance - \$181 Miscellaneous - \$987