

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

	Department of the Treasury Internal Revenue Service  assets less than \$1,250,000 at the end of the year may use this form  The organization may have to use a copy of this return to satisfy state reporting requirements									
	A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20									
		pplicable Pleas				Joo, and t		) Employer	ıder#f	ication number
	Address o						l,	Linbioyer		
=	Name cha	labe!	JF		elivered to street address	se)   Poo	m/suite E	Tolophone		03496
	Initial return type 4050 Solbu Avia									
$\Box$	Terminated See 1050 Selby Ave Specific City or town, state or country, and ZIP + 4								51-91	7-0383
=	Arnended return Instruc- Sky or town, state or obtainly, and 2 in 1.5							Group Ex		on
☐ Application pending tions   Saint Paul, MN 55104 Number ▶										
	<ul><li>Sect</li></ul>		nizations and 4947(a)	•		tach		_	<del>!</del>	Cash 🗹 Accrual
		a c	ompleted Schedule A	(Form 990 or 990-E2	<u>z).</u>	ļ.	Other (s	pecify) 🕨		
						ł	H Check I	■ If the	orgar	nization is <b>not</b>
	Vebsit			<del></del> -			required	I to attach	Sched	ule B (Form 990,
JT	ax-exe		only one) — ✓ 501(c)			527		or 990-PF		
K	heck 🕨	► ☐ If the orga	inization is not a section	n 509(a)(3) supporting	organization <b>and</b> its g	gross rece	eipts are noi	rmally <b>not</b> :	nore tl	han \$25,000. A
			return is not required,					•	eturn.	
			ine 9 to determine gross						\$	169736
P	art I		kpenses, and Cha			ances (	See the ir	nstructio	ns fo	r Part I.)
	1		ııfts, grants, and sım					. 1		112078
	2	Program servic	e revenue including (	government fees an	d contracts .			. 2		4098
	3	Membership du	es and assessments	3				. 3		0
	4	Investment inco	me			•		. 4		0
	5a	Gross amount f	rom sale of assets o	ther than inventory		5a		0		
	b	Less: cost or ot	her basis and sales	expenses	[	5b		0		
_	С	Gain or (loss) fro	om sale of assets oth	ner than inventory (S	Subtract line 5b fro	m line 5	ia)	. 5c		0
Revenue	6	Special events and	activities (complete applic	able parts of Schedule G	. If any amount is from	gaming, c	heck here		1	
ē	а	Gross revenue	not including \$	<b>0</b> o	f contributions					
Ŗ.			1)		1	6a	4	16884		
	b	•	enses other than fur			6b	3	8276		
	С		oss) from special ev		Subtract line 6b fro	om line f	Sa)	6c		8608
	7a		nventory, less return		1	7a		37	1	
	b	Less: cost of go	· · · · · · · · · · · · · · · · · · ·		<del></del>	7b		0		
	C	•	loss) from sales of in	ventory (Subtract II		<del></del>		7c	-	37
	8		describe > Space					) 8		6639
	9	· •	Add lines 1, 2, 3, 4,					9	<b>+</b>	131460
	10		lar amounts paid (at		R	FCF	IVED	10	1	0
	11		or for members .	tacii scriedule) .				10∦ <del></del>	<del> </del> -	
S	12		compensation, and e	mnlovee henefite	ا اما	• •			₩	80307
Se	13	Professional fee	s and other paymen	imployee benefits its to independent o		I YAI	4 2010	O 12	+	7563
xpenses	14		t, utilities, and maint					14	<del> </del>	24891
X	15				L			_	+	7301
	16	Other expenses	ations, postage, and (describe Dona	ted services offices	unnlies insurance		N, UI	16	┿─	13256
	17	Total expenses	Add lines 10 throu	ah 16	аррисэ, пнэананоо,	- Danie Gr	ea cara rec	→ 10 <b>→</b> 17	+	133318
	18	Evenes or (define	it) for the year (Subt	ract line 17 from line	· · · · · · · · · · · · · · · · · · ·	<del></del>	·····		<del> </del>	-1858
ets	19		and balances at beg						+	-1000
Net Assets			ire reported on prior				ist agree v			53141
Ϋ́	20	, ,	•	•				1	+-	-1161
ž	21	-	n net assets or fund	•	•				+	50122
Đ	art II		nd balances at ende						ad of	
	:110	Dalance St		tions for Part II)	(L) ale \$1,200,000	, 31 1110/6		ning of year		(B) End of year
00		nob ogumes ===		•			(A) Degin		1 001	<del></del>
22		ash, savings, and		• • • •				4985	$\overline{}$	51094 0
23		and and buildings		cogurity deposit		•	-		23	
24		· ·	ibe Receivables:		····	)			24	3617
25		otal assets		· · · · · · · ·	funda			5387	$\rightarrow$	54711
26 27			scribe Payables   balances (line 27 o			)		1390.24 5248		4588 50122
21	146	o a a a a c t a U I I I I I I I I	Dalances wite 4/ U	TOUGHTH (D) HIUSE &	10166 WILLING 4 H	_		3Z4K	ロンノリ	QU 122

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)									
What	is the organization's primary exempt purpose?	creating non-violent solution	ns to social probler	ns		Expenses ired for section			
Desci	ibe what was achieved in carrying out the org	janization's exempt purpos	ses in a clear ar	nd concise		)(3) and 501(c)(4)			
mann	er, describe the services provided, the number of	of persons benefited, and c	other relevant infor	mation for		izations and section a)(1) trusts, optional			
each	program title.				for ot				
28	28 Alternatives to Violence Project teaches non-violent conflict resolution and compassionate communications								
•	to inmates of Minnesota and federal corrections facilities, as well as the public: 430 inmates; 143 volunteers								
	(Grants \$) If this amount	. ▶ □	28a	29955					
29	Peace in the Precincts Project is a grassroots effort								
•	public and media, and to mobilize citizens to action	around issues of peace and j	ustice. Caucus trai	nings:	ļ .	l			
	approx 150; # organizations distributing Peace Root								
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	29a	10873			
30	People Camp Project is an annual weeklong experie	nce in peacemaking and com	munity living. Appr	ox 103					
	individuals and families participated in 2009								
·									
•	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	▶ □	30a	15723			
31	Other program services (attach schedule)								
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	31a				
32	Total program service expenses (add lines 28a	through 31a)		. •	32	56551			
Part	IV List of Officers, Directors, Trustees, and Key	y Employees. List each one ev	ven if not compensa	ted. (See the	ınstruc	tions for Part IV.)			
	(a) Name and address	(b) Title and average	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and			
	(a) Name and address	hours per week devoted to position	enter -0)	deferred compe		other allowances			
Erika	Thorne	Interior Ev Di- 25							
1050	Selby Ave, St Paul MN 55104	Interim Ex Dir, 35	16756	L	0	0			
Bob I	Nechal	Board Chair							
1050	Selby Ave, St Paul MN 55104	Board Chair	0		0	0			
David	l Woolley	<b>T</b>							
1050	Selby Ave, St Paul MN 55104	Treasurer	0		0	0			
Maria	nne Clinton-McCausland	Secretaria							
1050	Selby Ave, St Paul MN 55104	- Secretary	0		0	0			
Lisa	Buhta	Daned man-han							
1050	Selby Ave, St Paul MN 55104	- Board member	0		0	0			
Gall I	Daneker	B							
1050	Selby Ave, St Paul MN 55104	- Board member	0		0	0			
Reid	Grano	Band marks							
1050	Selby Ave, St Paul MN 55104	Board member	0		0	0			
Doug	Helfrich								
1050	Selby Ave, St Paul MN 55104	Board member	o		0	0			
Brie I	Monahan								
1050	Selby Ave, St Paul MN 55104	Board member	0	•	0	0			
Caro	Moore								
1050	Selby Ave, St Paul MN 55104	- Board member	0		0	0			
John	Nordby								
1050	Selby Ave, St Paul MN 55104	Board member	0		0	0			
		1							
		1				•			
		1							
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		1	l						
	·	1	}						
			<del>                                     </del>						
		1		}					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓	_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			+ ~ ~
b	Did the organization file Form 1120-POL for this year?	37b		_ ✓
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 period covered by this return?	38a		. 🗸
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
,,,,	section 4911 ▶ o , section 4912 ▶ o ; section 4955 ▶ o			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40b		<b>V</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) 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. ▶ Minnesota			
42a			7-0383	3
	Located at ► 1050 Selby Ave, St Paul MN ZIP + 4 ►	55	104	
D	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		<b>V</b>	NI.
	account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420		•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
-	If "Yes," enter the name of the foreign country: ▶			_ <del>-</del>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	Nο
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		004	)_F7	(0000)

Part VI

Part \	Section 501(c)(3) organization 501(c)(3) organizations and section and complete the tables for line	as and section 4947(a)( tion 4947(a)(1) nonexem as 50 and 51.	1) nonexemp pt charitable t	t <b>charitab</b> rusts mus	<b>le trusts only.</b> A t answer questio	II sec ns 46	tion -49t	·
46	Did the organization engage in direct or				in opposition to		Yes	No
	candidates for public office? If "Yes," co					46		
47	Did the organization engage in lobbying					47	✓	
48	Is the organization a school as described		-		E	48		<b>√</b>
49a	Did the organization make any transfers		_			49a		<b>√</b>
- p	If "Yes," was the related organization as					49b		<b>√</b>
50	Complete this table for the organization' employees) who each received more that							d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave	rage (c) Co	ompensation	(d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expensount a allowa	nd
NONE								
	•							
					}			
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest compensa ganization. If there is none,	ated independe enter "None."	nt contract	ors who each rec	eived	more	than
	(a) Name and address of each independent	contractor paid more than \$100,0	00	<b>(b)</b> Typ	pe of service	(c) Cor	npensa	ition
NONE								
					1			
	•				i			
				<del></del>				
		·						
d	Total number of other independent cont	ractors each receiving ove	r \$100,000	. •	NONE			
								edge
	Under penalties of penjury, I declare that I ha and belief, it is true, correct, and complete D	ive examined this return, including Declaration of preparer (other than	accompanying sch officer) is based on	edules and sta all information	tements, and to the best of which preparer has	any kno	knowledge 	
Sign	Under penalties of penjury, I declare that I ha and belief, it is true, correct, and complete D	ive examined this return, including Declaration of preparer (other than	accompanying sch officer) is based on	edules and sta all information	tements, and to the best of which preparer has $5/7/2\omega$	any kno	knowl wledge	
Sign	Under penalties of perjury, I declare that I ha and belief, it is true, correct, and complete D	ive examined this return, including Declaration of preparer (other than	accompanying sch officer) is based on	all information	of which preparer has	any kno	knowledge	
Sign	and belief, it is true, correct, and complete D	ive examined this return, including Declaration of preparer (other than	accompanying sch officer) is based on	all information	of which preparer has $5/7/20$	any kno	knowledge	
Sign	and belief, it is true, correct, and complete D	ive examined this return, including Declaration of preparer (other than	accompanying sch officer) is based on	all information	5/7/20 Date	l O	wledge	
	Signature of officer  David Woolley, Treasurer  Type or print name and title  Preparer's	ive examined this return, including Declaration of preparer (other than	officer) is based on	all information	of which preparer has $5/7/20$	l O	wledge	
Sign Here	and belief, it is true, correct, and complete [    Signature of officer     David Woolley, Treasurer     Type or print name and title     Preparer's     signature	ive examined this return, including Declaration of preparer (other than	officer) is based on	all information	5/7/20 Date	l O	wledge	
Sign Here Paid	and belief, it is true, correct, and complete [    Signature of officer     David Woolley, reasurer     Type or print name and title     Preparer's     signature     Firm's name (or yours if self-employed),	ive examined this return, including Declaration of preparer (other than	officer) is based on	all information	of which preparer has  5/7/20  Date  Preparer's identifying nur	l O	wledge	
Sign Here Paid Prepar Jse Or	and belief, it is true, correct, and complete [   Signature of officer     David Woolley, treasurer     Type or print name and title     Preparer's     signature     Firm's name (or	Declaration of preparer (other than	Date Ci	all information	of which preparer has  5/7/20  Date  Preparer's identifying nur	l O	- instruc	

### 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 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number Friends for a Non-Violent World, Inc. 1403496 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 131233 117560 102930 88525 112078 552326 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities 3 furnished by a governmental unit to the 0 0 0 n organization without charge 102930 131233 117560 88525 112078 552326 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 40,114 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 512212 Section B. Total Support (a) 2005 **(b)** 2006 (d) 2008 Calendar year (or fiscal year beginning in) ▶ (c) 2007 (e) 2009 (f) Total 131233 117560 102930 88525 112078 552326 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 750 912 2811 4005 1 8479 sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets 15100 36448 36745 41712 19381 149386 (Explain in Part IV.) **"一个"的一个"一个"** 710191 11 Total support. Add lines 7 through 10 . 176889 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 72 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33\% support test -- 2009. If the organization did not check the box on line 13, and line 14 is 33\% or more, check this box 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Par	t III Support Schedule for Orga (Complete only if you check				a)(2)		
Sec	tion A. Public Support	ed the box of	i iiile 9 01 Pa	rt 1.)			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	, , , , , , , , , , , , , , , , , , , ,	(4)	(1)	(0) 000	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(0, 2000	(-)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	1	r	r*	T'		T
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included 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 (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here				year as a section	
	tion C. Computation of Public Su	<del></del>			···	T.5	
15 16	Public support percentage for 2009 (fin Public support percentage from 2008					15	<u>%</u> %
	tion D. Computation of Investme			<u></u>	· · · · ·	101	70
17	Investment income percentage for 200			d by line 13 o	column (fl)	17	%
18	Investment income percentage from 2	•	• • •	•	1	18	%_
19a		janization did n	ot check the b	ox on line 14,	and line 15 is i		
b	33% % support tests – 2008. If the orgal line 18 is not more than 33% %, check th	nization dıd not	check a box or	line 14 or line	19a, and line	16 is more than	33/3 %, and

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
II.B.10 C	other income includes net payments for FNVW activities (workshops, family camp, and conferences),
fundraise	s, rent income, interest and miscellaneous income. More information is provided in form 990EZ.
	***************************************
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	••••••
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	••••••

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.

Open to Public Inspection

•	Section 501(c) (other than section	on 501(c)(3)) organizations Complete	Parts I-A and C belo	ow Do not compl	ete Part	I-B.			
•	Section 527 organizations Con	nplete Part I-A only.							
	=	s," to Form 990, Part IV, line 4, or Fo			_	• • • • • • • • • • • • • • • • • • • •			
		that have filed Form 5768 (election un							
		that have NOT filed Form 5768 (election		(h)) Complete Par	t II-B. Do	o not complete Pa	art II-A		
	<del>-</del>	s," to Form 990, Part IV, line 5 (Proxy	/ raxj, then						
	Section 501(c)(4), (5), or (6) orga	inizations: Complete Part III							
	ame of organization	-1-1 1				er identification nu			
_	iends for a Non-Violent Wo rt I-A Complete if the	e organization is exempt unde	r coation 501/a	) or is a socti	41	140349	-		
						organization	<u>.                                    </u>		
1	· · · · · · · · · · · · · · · · · · ·	ne organization's direct and indirect	•	~	Part IV.				
2	Political expenditures				• Ψ				
3	volunteer nours				•				
Pa	Part I-B Complete if the organization is exempt under section 501(c)(3).								
1		xcise tax incurred by the organiza			\$				
2		xcise tax incurred by organization							
3		a section 4955 tax, did it file For	-			🗌 Yes	☐ No		
<b>4</b> a						· · 🔲 Yes	☐ No		
b		<del></del>							
Pa		e organization is exempt und				01(c)( <u>3).</u>			
1	Enter the amount directly activities	expended by the filing organization	on for section 52	7 exempt functi	on ▶ \$				
2	Enter the amount of the fil	ing organization's funds contribute	ed to other organi	zations for sect	ion				
	527 exempt function activ	ities			<b>▶</b> \$				
3	Total exempt function exp	penditures. Add lines 1 and 2. Er	nter here and on	Form 1120-PO	L,				
	line 17b				<b>▶</b> \$		· · · · · · · · · · · · · · · · · · ·		
4	• •	file Form 1120-POL for this year?				∐ Yes	∐ No		
5		and employer identification numbe							
		zation listed, enter the amount paid for were promptly and directly delivered							
		mmittee (PAC). If additional space is				s a separate seg	regateu		
_									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizat funds If none, ei	ion's	(e) Amount of p contributions rece promptly and d delivered to a si political organiza none, enter	eived and lirectly eparate ation If		

Pal	under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ If the filing organization	<b>~</b> • • • • • • • • • • • • • • • • • • •		
<u>B (</u>	Check ► ☐ if the filing organization	checked box A and "limited control" provision	ons apply.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	720	0
b	Total lobbying expenditures to influence	e a legislative body (direct lobbying)	145	0
С	Total lobbying expenditures (add lines	1a and 1b)	865	0
d	Other exempt purpose expenditures .		132453	0
е		d lines 1c and 1d)	133318	0
f		amount from the following table in both	26491	0
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e	E.	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	4	1
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Te : 1 .	,- y ,
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	,	
	Over \$17,000,000	\$1,000,000.	-	1 2 5
9	Grassroots nontaxable amount (enter 2	5% of line 1f)	6623	0
h	Subtract line 1g from line 1a. If zero or	less, enter -0	0	0
i	Subtract line 1f from line 1c If zero or	less, enter -0	0	0
j 	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or line 1i, did the organization file Fo		☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total			
2a Lobbying nontaxable amount	0	0	0	26491	26491			
b Lobbying ceiling amount (150% of line 2a, column (e))				A STATE OF THE STA	39737			
c Total lobbying expenditures	0	0	0	865	865			
d Grassroots nontaxable amount	0	0	0	6623	6623			
e Grassroots ceiling amount (150% of line 2d, column (e))	, , ,	17.2			9935			
f Grassroots lobbying expenditures	0	0	0	720	720			

Schedule C (Form 990 or 990-EZ) 2009

le		(a)		(a)		(b)
le		Yes	No	Amount		
re	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or	· · · · · · · · · · · · · · · · · · ·				
	ferendum, through the use of	L		ومن شهور رامو		
	plunteers?			The County of		
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	<u> </u>				
	edia advertisements?	<u> </u>				
	ailings to members, legislators, or the public?		-	-		
	ublications, or published or broadcast statements?					
	rants to other organizations for lobbying purposes?					
_	rect contact with legislators, their staffs, government officials, or a legislative body?		ļ	<del> </del>		
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<del></del>		
	ther activities? If "Yes," describe in Part IV	200	3	<del> </del>		
	otal. Add lines 1c through 1i	1,		Wedler wheeler		
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	G.	1 & 450°			
	"Yes," enter the amount of any tax incurred under section 4912		* ***	ļ		
	"Yes," enter the amount of any tax incurred by organization managers under section 4912.	1	A 14	Life our darit in La graft.		
Part I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	04 (-)	(F) -	an article describition		
raiti	501(c)(6).	UT(C)	(5), 0	or section		
				Yes		
1 W	/ere substantially all (90% or more) dues received nondeductible by members?			1		
2 D	d the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Di	III-B Complete if the organization is exempt under section 501(c)(4), section 5			3		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."	, .		) is dilawete		
2 Se	ues, assessments and similar amounts from members	tical	1	) is allswere		
2 Se	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of polixpenses for which the section 527(f) tax was paid).	tical	1	o is allowered		
2 Se ex a Co	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of polixpenses for which the section 527(f) tax was paid).  urrent year	tical	1 2a	o is allowered		
2 Se ex a Co b Co	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli xpenses for which the section 527(f) tax was paid).  urrent year  arryover from last year	tical	1 2a 2b	o is allswere		
2 Se ex a Co b Ca c To	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year		1 2a 2b 2c	o is allswere		
2 Se ez a Ci b Ci c To 3 Ag 4 If ex	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal  ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby.	f the oying	1 2a 2b 2c 3			
2 Se en	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal  ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbind political expenditure next year?	f the oying	1 2a 2b 2c 3			
2 Se en	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year arryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbind political expenditure next year?  axable amount of lobbying and political expenditures (see instructions)	f the oying	1 2a 2b 2c 3			

Schedule C (For	rm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer identification number Friends for a Non-Violent World, Inc. 41 1403496 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ✓ Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations d ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 

Yes 
No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in (or retained by) organization or entity (fundraiser) from activity col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing Minnesota

		G (Form 990 or 990-EZ) 2009				Page 2
Pē	irt (I	Fundraising Events. Comore than \$15,000 on F				
			(a) Event #1  Holiday Fair  (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	16565	(even type)	(total number)	16565
æ	2	Less. Charitable contributions	0			0
	3	Gross income (line 1 minus line 2)	16565		<u> </u>	16565
	4	Cash prizes	0			0
Direct Expenses	5	Noncash prizes	0			0
	6	Rent/facility costs ,	330			0
	7	Food and beverages Entertainment				339
Ore	9	Other direct expenses	6250			6251
	10 11	Direct expense summary. Ac				( 6590)
Pa	art II	Net income summary. Comb Gaming. Complete if than \$15,000 on Form	the organization ansv			, or reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Rev	1	Gross revenue				
xbenses	2	Cash prizes				
ш	3	Noncash prizes				
Direct	4	Rent/facility costs				
	6	Other direct expenses .  Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u>.</u> . •	
9 å	a Is	nter the state(s) in which the of the organization licensed to of "No," explain:	operate gaming activitie	s in each of these state	es?	
		ere any of the organization's "Yes," explain:	gaming licenses revoke		nated during the tax ye	
11 12	ls	pes the organization operate the organization a grantor, but med to administer charitable	eneficiary or trustee of			·

Sche	dule G (Form 990 or 990-EZ) 2009		_	Page 3
		F	Yes	No
13 a	Indicate the percentage of gaming activity operated in  The organization's facility			ľ
	An outside facility	<b>j</b> .		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶	*		34
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	He.	¥ .
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	No.		8
С	If "Yes," enter name and address of the third party:			£.*.
	Name ▶			
	Address ▶		7	
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$		,	
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:		The same	<b>V</b>

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year ▶ \$

# Attached Statements 2009 990EZ Friends for a Non-Violent World, Inc (FNVW) 41-1403496

990EZ Page 1, #20: Explanation of "other changes in net assets or fund balances"

There were four transactions which were posted to 2008 business after the 990EZ for that year

was submitted.

- a) \$200 was transferred from expense account 4900-10, "Misc Income" to balance sheet account 2120, "AVP Travel fund";
- b) \$585.80 was transferred from expense account 4900-10, "Misc Income" to balance sheet account 2206, "MN Peace Teams fiscal agent".

When originally posted, it was not clear to the bookkeeper that the amounts had been designated to these funds' activities.

- c) a duplicate \$127.86 charge for payroll services was deleted, which added this amount back to the active checking account; and
- d) a paycheck for \$502.16 from 2007 (which the employee found in 2009) was charged against 2008's fund balance.

Total net impact = -1161.

990EZ Page 3, #33: Detailed description of "any activity not previously reported to the IRS": In 2009, FNVW organized and presented two conferences with speakers from around the country. The first, "Turning the Tide: Toward a Foreign Policy of Human Dignity" featured speeches on such topics as "The Potential of Diplomacy in the Current Administration", "Keeping Space Weapon-free: Opportunities for the Obama Administration", and "A Foreign Policy Vision for the 21st Century". Approximately 200 people attended.

The second conference, "Ways of Peace I: Non-Violence in the Christian Tradition" featured such speeches as, "The Myth of Redemptive Violence", "What Saves the World?", and "Crossing Barriers, Building Peace". Approximately 200 people attended.