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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public Inspection

A	For the 2	2011 calenda	ar year, or tax year beginning , 2011, and ending			, 20
В	Check if ap	plicable	C Name of organization	D Emp	loyer id	entification number
	Address ch	hange	FRIENDS FOR A NON-VIOLENT WORLD, INC		41-1403496	
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	ohone n	umber
=	Initial retur		1050 SELBY AVE		65	1-917-0383
=	Terminated Amended i		City or town, state or country, and ZIP + 4	F Gro	up Exe	mption
=	Application		SAINT PAUL MN 55104-6534	Nur	nber 🕨	•
_		ing Method	☐ Cash	H Check	▶ □ (f the organization is not
	Website	•	V.FNVW.ORG			ach Schedule B
		-	ock only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	•		0-EZ, or 990-PF).
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 527 organization	ation and i	ts aros	s receipts are normally
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) i			
			ses to file a return, be sure to file a complete return	•		•
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets (Part II	i	
ı	ne 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► s	114,371
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ctions	
			the organization used Schedule O to respond to any question in this Par			
	1		ons, gifts, grants, and similar amounts received		1	71,482
	2		ervice revenue including government fees and contracts		2	18,607
	3	-	ip dues and assessments		3	0
	4	Investment	•		4	1
	5a		ount from sale of assets other than inventory 5a	, , ,		
	b		or other basis and sales expenses		1 4	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0
Revenue	6		d fundraising events			-
	a	_	ome from gaming (attach Schedule G if greater than			
		\$15,000)	6a	0	: \$	
	Ь	Gross inco	me from fundraising events (not including \$ of contribution)	ons	1 `	
ڇَ	1		aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	19,943		
	c	Less: direc	et expenses from gaming and fundraising events 6c	8367	7	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		
		line 6c)			6d	11,576
	7a	Gross sale	s of inventory, less returns and allowances			
	b	Less: cost	of goods sold		l	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other reve	nue (describe in Schedule O)		8	3538
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>.</u> . ▶	9	105,204
	10	Grants and	d similar amounts paid (list in Schedule O)		10	0
	11	Benefits pa	aid to or for members		11	0
es	12	Salaries, o	ther compensation, and employee benefits 🖟 🔉		12	40,356
Š	13	Profession	al fees and other payments to independent contractors 6 🥻 🖟 2012		13	6092
Expenses	. 14		y, rent, utilities, and maintenance		14	18,220
ũ	15	Printing, p	ublications, postage, and shipping		15	5852
	16	Other expe	enses (describe in Schedule O)	∄ .	16	34,762
_	17		enses. Add lines 10 through 16	<u> ▶</u>	17	105,282
S	18		(deficit) for the year (Subtract line 17 from line 9)		18	(78)
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
Ass			ar figure reported on prior year's return)		19	44,994
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	12,791
Z	21		or fund balances at end of year. Combine lines 18 through 20	▶	21	57,707

Form **990-EZ** (2011)

Pa	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			52,007	22	60,076
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			7398	24	6328
25	Total assets			59,405	25	66,404
26	Total liabilities (describe in Schedule O)			14,411	26	8697
27	Net assets or fund balances (line 27 of column			44,994	27	57,707
Par	Statement of Program Service Accord	nplishments (see th	ne instructions for	Part III.)		Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🗹	(Re	quired for section
What	is the organization's primary exempt purpose?	creating non-violent	solutions to social	problems	501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise rous benefited, and other relevant information for e	nanner, describe the	f its three largest e services provide	program services, d, the number of	494	anizations and section 7(a)(1) trusts, optional others)
28	PEACE EDUCATION & ADVOCACY educates about 2011 over 200 people attended the Non-Violence in					
	speaker event about the role of nonviolence in Syria			opie attenueu a		
		t includes foreign gra			200	16 170
29	PEOPLE CAMP is a week-long experience of coope			the exploration	288	16,179
	of ideas and issues It's a family-friendly summer e					
	20 hours of challenging workshops and lots of recre					
					20.	14 127
30	The ALTERNATIVES TO VIOLENCE PROJECT serve	t includes foreign gra			298	14,137
00	county jails, & members of the general public by tea					
	communication In 2011, 426 incarcerated people pa					
		t includes foreign gra		<u> </u>	30a	0153
31	Other program services (describe in Schedule O)			· · · • <u> </u>	308	8152
01	· · ·	 t includes foreign gra			24.	504
32	Total program service expenses (add lines 28a	through 31a)		····	31a	
Par			h one even if not co	mpensated (see the		,
	Check if the organization used Schedule				115111	ictions for Part IV.)
	One of the organization adda conteads		(c) Reportable	(d) Health benefits,		
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MIS (ff not paid, enter -0-	contributions to employ benefit plans, and	- [1]	Estimated amount of other compensation
	Thorne Selby Ave, St. Paul MN 55104	Managing Director, 35 hours	22,33	9	0	0
Bob	Nechal	Board Chair, 4				
	Selby Ave, St. Paul MN 55104			0	0	0
Davi	l Wooley	Treasurer, 4				
1050	Selby Ave, St. Paul MN 55104	<u>'</u>		0	0	0
Cath	/ Murphy	Secretary, 4				
1050	Selby Ave, St. Paul MN 55104			0	0	0
Gail	Daneker	Board Member, 1				
1050	Selby Ave, St. Paul MN 55104			0	0	0
Reid	Grano	Board Member, 1				
1050	Selby Ave, St Paul MN 55104			0	0	0
Mary	Hınz	Board Member, 1				
	Selby Ave, St Paul MN 55104			0	0	0
2	Helfrich	AVP				
1050	Selby Ave, St Paul MN 55104	representative, 1		0	0	0
Nate	Lein	People Camp				<u>-</u>
1050	Selby Ave, St Paul MN 55104	representative, 1		0	0	0
		_	<u> </u>			
		_				====:
					\perp	
		-				
		i .	i	i	1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	v Yes	No
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		√
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 change on Schedule O (see instructions)	34		√
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 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 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	35b 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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? 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?	37b 38a		
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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 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		*** S.
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 e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ MINNESOTA			
42a	The organization's books are in care of ▶ CLARITY BOOKKEEPING LLC Telephone no. ▶	651-21		
	Located at ► PO BOX 2091, SAINT PAUL MN ZIP + 4 ►	55102	2-0091	
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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► 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 the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
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	•	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	; 44a		.to ✓
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	44b	* :	·-> £.
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	gara w	

Page	4
raye	

					_	Yes No
	Did the organization engage, directly or i			behalf of or in	opposition [
	to candidates for public office? If "Yes,"					46 ✓
Part \	/I Section 501(c)(3) organization	s and section 4947	(a)(1) nonexempt of	haritable tru	sts only. All	section
	501(c)(3) organizations and sect					
	and 52, and complete the tables				•	
	Check if the organization used So			hic Part VI		
	Oncok ii the organization abou oc	ricadic o to respond	to any question in t	install .		Yes No
47	Did the arganization angus in labburn	entrution or house a	tion EO1(b) plantin	m to offeet divi	:na 4ba 4av [Tes No
	Did the organization engage in lobbying		section 501(n) electio	n in enect dur	ing the tax	\
	year? If "Yes," complete Schedule C, Pa					47 🗸
48	Is the organization a school as described	in section 170(b)(1)(A)(i)? If "Yes," complete \$	Schedule E .		48
49a	Did the organization make any transfers:	to an exempt non-cha	ritable related organiz	ation?		49a ✓
b	If "Yes," was the related organization a s	ection 527 organizatio	n?			49b
	Complete this table for the organization!			er than officers	s. directors. tr	ustees and key
	employees) who each received more tha					
				(d) Health ben		
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to e		timated amount of
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		er compensation
			,	compensati	on	
NONE		<u>j</u>			-	
				1		
		1				
				 		
		4				
		1				
f	Total number of other employees paid or	/er \$100.000	▶ 0			
	Complete this table for the organization			contractors w	ho onch roco	wood more than
31	\$100,000 of compensation from the org	anization If there is no	one enter "Mone"	COMITACIOIS W	no each rece	ived more than
	treeises c. compensation nem are eng	4.1124.131111111111111111111111111111111	1			
(a) 1	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	rice	(c) Compe	ensation
NONE						
						
			}			
			,			
			1			
			1			
			L			
	Total number of other independent contr	•		▶	0	
52	Did the organization complete Schedule	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1))	
	nonexempt charitable trusts must attach	a completed Schedul	e A		> 🗸	Yes 🗌 No
Under pe	enalties of perjury, I declare that I have examined this	return, including accompan	ving schedules and stateme	ents, and to the bes	t of my knowledg	e and belief, it is
	rect, and complete Declaration of preparer other that					
	Asach-und Dest	ti.				
Sign	Signature of officer	<u> </u>	··	Date		
_	<i>V</i>	TD (0-	. 5		115/12	
Here	I BARBARA GERTZA	U TREASI	NUER		13/15	
	Time as a section of the					
	Type or print name and title		<u></u>			
Paid	Type or print name and title Print/Type preparer's name	Preparer's signature	Da	. 1 - 1 - 10	Check I if P	TIN
Paid Prepa	Print/Type preparer's name	Preparer's signature		2/20/20/20	Check I if self-employed	PTIN P01464797
Prepa	Print/Type preparer's name GILLIAN MARTIN CLARITY DOCKES	Mart		. 1 - 1 - 10	check if if self-employed	
	Print/Type preparer's name GILLIAN MARTIN Firm's name CLARITY BOOKKE	Mart	ter 8	0/19/2012	Check ☐ if self-employed	P01464797

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

FRIE	ND:	S FOR A NON-VI	OLENT WORLD,	INC.						41-140	3496		
Pa	τl	Reason for	or Public Char	ity Status (All orga	nızatıons	s must c	omplete	this par	t.) See ır	nstruction	าร.		
The	orga	anization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1		A church, conv	vention of church	nes, or association of	churches	describe	ed in sec	tion 170((b)(1)(A)(i)				
2		A school desc	rıbed ın section	170(b)(1)(A)(ii). (Attac	h Schedı	ıle E.)							
3				pital service organiza									
4		hospital's nam	e, city, and state										
5			on operated for t	the benefit of a collect plete Part II.)	ge or univ	versity ov	wned or	operated	by a gov	/ernmenta	ıl unit d	escrit	ed in
6 7		An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	part of					it or from	the ger	neral p	oublic
8		A community t	trust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)						
9	_	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	in 33¹/₃% ons—sub ated bus	of its subject to disiness tax	upport fro certain ex xable inc	ceptions come (les	s, and (2) ss section	no more	than 33	31/3%	of its
10		An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4	4).			
11	,	purposes of o	ne or more pub	d operated exclusive flicly supported organ describes the type of s	izations supportin	described ig organiz	d in secti zation and	ion 509(a d comple	a)(1) or se	ction 509	(a)(2). S	my oi ee s e	ut the ection
		a 🗌 Type I	b 🗌	Type II c	□ Туре	III-Funct	ionally in	tegrated		d 🗌	Type I	I-Oth	er
e		By checking tl	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	indirectl	y by one	or more d	lısqualıfi	ed pe	rsons
		other than fou	ndation manage	rs and other than one	e or more	publicly	supporte	ed organi	izations d	lescribed	in secti	on 50	9(a)(1)
		or section 509											
f		organization, o	check this box .								e III sup 	oportii •	ng · 🔲
ç	l	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	iny of the				
		• • •	•	ndirectly controls, eitlody of the supported o		-		-	described	in (ii) an 	d 11g(i	Yes	No
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(i)	
		•	-	a person described in							11g(i)	
ŀ	1	Provide the fo	llowing informati	on about the support	ed organi	zation(s).							
(i)		ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?		mount pport	of
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)		**											
(E)													
			100 C 200 C		18 A	7 30	2.2.5.15	356 (3	18. 13.A	S. 465.1		_	

Page 2

instructions .

Part	(Complete only if you checked the						
	Part III. If the organization fails to						any under
Section	on A. Public Support	o quality unde	51 the 10010 ha	ica below, p	case comple	te r are iii.	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	,,,		(-/			
	membership fees received. (Do not					ì	
	include any "unusual grants.")	102,930	88,525	112,078	77,514	71,482	452,529
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	102,930		112,078	77,514	71,482	452,529
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		14° . %				
	shown on line 11, column (f)				,		40 507
_	Public support. Subtract line 5 from line 4				32 , 2		12,587 439,942
Section	on B. Total Support	1.00	<u> </u>	,	<u> </u>	<u> </u>	433,342
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	102,930		112,078	77,514	71,482	452,529
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2811	4005	1	351	1701	8869
9	Net income from unrelated business						
	activities, whether or not the business					1	
	is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	36,745	41,712	19,381	29,405	32,021	159,264
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(ooo instruction	(%)	<u> </u>		40	620,662
12 13	First five years. If the Form 990 is for the			· · · · · · · · · · · · · · · · · · ·	or fifth toy w	12	n E01(a)(2)
13	organization, check this box and stop he			d, tillid, louitii	, or militiax ye	ar as a section	11 30 1(c)(3)
Section	on C. Computation of Public Suppo		e	<u> </u>			
14	Public support percentage for 2011 (line			1. column (fl)		14	71 %
15	Public support percentage from 2010 Sc		-	, , ,		15	70 %
16a	331/3% support test-2011. If the organi			on line 13, and	line 14 is 331		
	box and stop here. The organization qua	alıfıes as a publ	icly supported	organization			. ▶ 🗸
b	331/3% support test-2010. If the orga	nızatıon did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ /3%	or more,
	check this box and stop here. The organ	nzation qualifie	s as a publicly	supported org	anızatıon .		▶ □
17a	10%-facts-and-circumstances test-2	011. If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and I	line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "	facts-and-circu	ımstances" tes	st. The organization	ation qualifies	as a publicly si	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization in	neets the "tact	s-and-circums	tances" test. I	ne organizatio	n qualifies as a	publicly
40	supported organization	id not chack a	boy on line 12				
18	- cuvate tubilganon, il die ordanzanon d		다니지 나니 때때는 다ン	. iva. inv. i/e	. a. cru. cnec		355

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 of	or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed bel-	low, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1				
	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							
4	Tax revenues levied for the organization's benefit and either paid			ŀ			
	to or expended on its behalf						
_	·				-		-
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		1				
_	_		 				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		į				
	received from disqualified persons		 		· · · · · · · · · · · · · · · · · · ·		.,
b	Amounts included on lines 2 and 3			}			
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000					[
	or 1% of the amount on line 13 for the year		ļ		ļ		
-	Add lines 7a and 7b	Andreas de la companya de la company	on and the second		7 3-7-4/540-745		
8	Public support (Subtract line 7c from	100	42.				
	line 6.)		34 3 3 3	Sparing Co.			
	on B. Total Support		T		1 n no 1 n	4 3 0044	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,			1			
	royalties and income from similar sources .				<u> </u>	ļ	
b	Unrelated business taxable income (less		-				
	section 511 taxes) from businesses					-	
	acquired after June 30, 1975						<u> </u>
С	Add lines 10a and 10b						
11	Net income from unrelated business	1	1				
	activities not included in line 10b, whether		1.				
	or not the business is regularly carried on				<u> </u>	,	
12	Other income. Do not include gain or	[1		
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	<u></u>				<u> </u>
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he						▶ ∐
<u>Secti</u>	on C. Computation of Public Suppo						
15	Public support percentage for 2011 (line			13, column (f))		. 15	<u>%</u>
16	Public support percentage from 2010 Sc			<u> </u>		. 16	%
Secti	on D. Computation of Investment In					 	
		/l	mn (f) divided h	by line 13, colu	ımn (f))	. 17	%
17	Investment income percentage for 2011	•	• • •	•		 	
17 18	Investment income percentage from 201	0 Schedule A,	Part III, line 17				%
	Investment income percentage from 201 331/3% support tests—2011. If the organ	O Schedule A, nization did no	Part III, line 17 It check the bo	x on line 14, a	and line 15 is r	nore than 331/3	%, and line
18	Investment income percentage from 201 331/8% support tests—2011. If the organ 17 is not more than 331/8%, check this box	O Schedule A, nization did no and stop here	Part III, line 17 of check the bo	ox on line 14, a tion qualifies as	and line 15 is r a publicly supp	nore than 331/3 ported organizat	%, and line lion . ▶ □
18	Investment income percentage from 201 331/8% support tests—2011. If the organ 17 is not more than 331/8%, check this box 331/8% support tests—2010. If the organi	O Schedule A, nization did no and stop here zation did not	Part III, line 17 of check the book. The organizations of the check a box on	ox on line 14, a sion qualifies as a line 14 or line	and line 15 is r a publicly supp 19a, and line 1	more than 331/3 ported organizat 6 is more than	%, and line lion . ► [] 331/3%, and
18 19a	Investment income percentage from 201 331/8% support tests—2011. If the organ 17 is not more than 331/8%, check this box	O Schedule A, nization did no and stop here zation did not box and stop	Part III, line 17 to check the book. The organizate check a box on here. The organizate check and the check and th	ox on line 14, a tion qualifies as a line 14 or line nization qualifie	and line 15 is r a publicly supp 19a, and line 1 is as a publicly	more than 331/3 ported organizat 6 is more than supported organ	%, and line alon . ▶ ☐ 331/3%, and nization ▶ ☐

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Se	ection 501(c)(3) organizations	that have filed Form 5768 (election that have NOT filed Form 5768 (elections to Form 990, Part IV, line 5 (Proximal to Form 990, Part IV, line 9 (Proximal to Form 990, Part IV, line 9 (Proximal to Form 990, Part IV)	tion under section 50	1(h)). Complete Part II-B Do	not complete Part II-A
	ection 501(c)(4), (5), or (6) orga		y rax) of 1 of 11 350-L	2, Fait V, line 550 (Floxy 1	axj, uien
	of organization			Employer ide	ntification number
FRIE	IDS FOR A NON-VIOLENT V	NORLD, INC.			41-1403496
Part	I-A Complete if th	e organization is exempt ur	nder section 501	(c) or is a section 527	organization.
1		the organization's direct and ind			
2	Political expenditures .			▶ \$	\$
3	Volunteer hours				
Part	I-B Complete if th	e organization is exempt ur	nder section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organ	ization under section	on 4955 ▶ S	6 0
2	Enter the amount of any	excise tax incurred by organizat	ion managers unde	r section 4955 . 🕒 🦠	0
3		ed a section 4955 tax, did it file l			. 🔲 Yes 🔲 No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt until expended by the filing organization			i(c)(3).
'					.
2		filling organization's funds cont)
_		ivities			
3		expenditures. Add lines 1 and			
					3
4	Did the filing organization	n file Form 1120-POL for this ye	ar?		Yes No
5		ses and employer identification i			
	organization made paym	ents. For each organization lister	d, enter the amount	paid from the filing organ	uzation's funds. Also enter
		ontributions received that were p			
	as a separate segregated	fund or a political action comm	ittee (PAC). If addition	onal space is needed, prov	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				ionas ir none, orner o	delivered to a separate
					political organization If none, enter -0-
		· - · - · - · · · · · · · · · · · · · · ·			
(1)					
(2)					
(3)					
(4)	•				
(5)					
					
(6)					

Ľ	art	II-A	Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under
A	Cł	neck ▶		ongs to an affiliated group (and list in Part IV e ses, and share of excess lobbying expenditur		oup member's
В	Cł	neck 🕨	If the filing organization che	ecked box A and "limited control" provisions a	ipply.	
				ying Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lo	obbying expenditures to influence	public opinion (grass roots lobbying)	495	0
	b	Total lo	obbying expenditures to influence	a legislative body (direct lobbying)	135	0
	С	Total lo	obbying expenditures (add lines 1a	and 1b)	630	0
	d	Other e	exempt purpose expenditures .	104,652	0	
	е		exempt purpose expenditures (add		105,282	0
	f	Lobby	ing nontaxable amount. Enter t	21,056	21,056	
		If the ar	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	- 17 WK	
		Not ove	er \$500,000	20% of the amount on line 1e		
	L	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$1	7,000,000	\$1,000,000	1	
	g	Grassr	oots nontaxable amount (enter 25°	% of line 1f)	5264	5264
	h		ct line 1g from line 1a. If zero or le	,	0	0
	i		ct line 1f from line 1c. If zero or les		0	0
	j		e is an amount other than zero in ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization		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.)

	Lobby	ing Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	0	26,491	22,452	21,056	69,999
b	Lobbying ceiling amount (150% of line 2a, column (e))					104,998
С	Total lobbying expenditures	0	865	390	135	1390
d	Grassroots nontaxable amount	0	6623	5613	5264	17,500
е	Grassroots ceiling amount (150% of line 2d, column (e))					26,250
f	Grassroots lobbying expenditures	0	720	270	495	1485

Schedule C (Form 990 or 990-EZ) 2011

	(election under section 501(h)).	1	a)	(b)
of the	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description by lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a b c	Volunteers?			
d e f	Mailings to members, legislators, or the public?			
9 h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
j 2a	Other activities? Total. Add lines 1c through 1i		() (
b d	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5),	or se	ection
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?			1 2 3
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."			
1 2	Dues, assessments and similar amounts from members	of	1	
a b c	Current year		2a 2b 2c	
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of 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 lobble and political expenditure next year?		3	
5 Par	Taxable amount of lobbying and political expenditures (see instructions)		5	
	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; o, complete this part for any additional information.			
I. Als	Vis fiscal sponsor for the Minnesota Peace Project (MPP) whose mission is to provide education to public	offic	als al	oout the costs of
1. Als	MPP's entire income for 2011 was \$9369. This revenue does not appear on the 990EZ as part of FNVW's i	ovoni	a. inc	toad the revenue

Schedule C (Fo	rm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
		•

SCHEDULE G (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

	of the organization					Employer identific	cation number
FRIE	IDS FOR A NON-VIOLENT WORLD						1403496
Par	Fundraising Activities Form 990-EZ filers are	•	•		vered "Yes" to Fo	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. Ch	eck all that apply.	
a	Mail solicitations	on raised raises			ion of non-governn		
b	☐ Internet and email solicitation	nns	f [ion of government		
c	Phone solicitations	5110	9 C		fundraising events	granto	
d	☐ In-person solicitations		9 .	_ opeciai	idilalang events		
2a	Did the organization have a wr	itten or oral agre	ement with	any indivi	dual (including offic	ers directors trus	tees
	or key employees listed in Forn						
b	If "Yes," list the ten highest pai		•		•	~	
_	compensated at least \$5,000 b			u. u.oo.o, p	aroualli to agreem		
	,	, .					
			T		T	(v) Amount paid to	T
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					1		
2							
3							
4	,_,_,_,_,						
				ļ	 		
5							
6							
7	···						
8					1		-
9							
10							
Total		<u> </u>		<u> ▶</u>			
3	List all states in which the org	anızatıon ıs regi:	stered or lic	ensed to s	solicit contributions	or has been notif	ed it is exempt from
	registration or licensing.						

P	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 HOLIDAY FAIR	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	19,943			
	2	Less Charitable contributions	0			
	3	Gross income (line 1 minus line 2)	19,943			
	4	Cash prizes	0			
	5	Noncash prizes	0			-
enses	6	Rent/facility costs	0			
Direct Expenses	7	Food and beverages	674			
Direc	8	Entertainment	0			
	9	Other direct expenses .	7693			
	10	Direct expense summary. Ad				(8367)
	11	Net income summary. Combi				11,576
Fe	rt III	Gaming. Complete if the than \$15,000 on Form 99		rea "Yes" to Form 99	O, Part IV, line 19, 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))
_ Re	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5_	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		(
	8	Net gaming income summary	/. Combine line 1. colur	nn d. and line 7		
10	a Is b If '	nter the state(s) in which the org the organization licensed to op "No," explain:	perate gaming activities	in each of these states		
		"Yes," explain:				

Schedu	ule G (Form 990 or 990-EZ) 2011		P	age 3
11	Does the organization operate gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ا ن∟		.40
_	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Y	es 🗌	No
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 > \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).	line 2 mplet	b, e this	
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number FRIENDS FOR A NON-VIOLENT WORLD, INC 41-1403496 PART I, LINE 8: Other revenue includes the following: Rent from other peace organizations, 1700; Admin fees from fiscally-sponsored organizations, 1112; Insurance claim payment, 598; Copies/stamps reimbursements, 128. PART I, LINE 16. Other expenses includes the following: Staff training, 150; Dues, 125; Office Supplies, 1162; Misc program exp, 210; People Camp, 11,273; Fundraising, 74; Nonviolence in the Islamic Tradition conference, 8069; Equipment, 140; IT, 7573; Insurance, 2252; Travel, 27; Bank charges, 2196; Misc., 104; Depreciation, 1407 PART I, LINE 20: The Fund Balances of projects sponsored by FNVW had been recorded as liabilities and are now correctly recorded as Fund Balance accounts. PART II, LINE 24: Other assets include the following: Security Deposit, \$3000; Accounts Receivable, \$1008; Prepaid Insurance, \$2320 PART II, LINE 26: Liabilities include the following: Deferred Salary, \$4296; Payroll Liabilities, \$2276; Accounts Payable, \$2125. PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: more detail PEACE EDUCATION AND ADVOCACY educates our members, the broader community and public officials on the transforming power & practice of nonviolence, and on vital national and international issues concerning peace and justice. In 2011 over 200 people attended the Non-Violence in Islamic Traditions conference for a greater understanding of nonviolence and Islam, & about 30 people learned about the role of nonviolence in the freedom struggles in Syria in a separate speaker event. 4 newsletters were published & distributed to 269 people. 18 electronic newsletters were distributed to 2,547 people. The FNVW website, a letter writing campaign, 12 Nonviolent Communications Study Group meetings and 10 South Asia Book Group meetings reached many others FNVW engaged 450 people via Facebook About 25 participants in the Minnesota Peace Project regularly communicated with members of MN Senate and Congressional delegations PEOPLE CAMP is a week-long experience of cooperation, community living, peace-making, & the exploration of ideas and issues. It's a family-friendly summer experience that features a warm, supportive community, with 3 challenging workshops (20 hours)& lots of recreation

in a camp setting. 93 people attended in 2011.

Name of the organization FRIENDS FOR NON-VIOLENT WORLD, INC	Employer identification number 41-1403496
The ALTERNATIVES TO VIOLENCE PROJECT serves inmates of Minnesota co	rrections facilities, residents of county jails, as well as
members of the general public, by teaching non-violent conflict resolution & comp	passionate communication In 2011, 426 incarcerated
people participated or facilitated workshops, with 57 community volunteers	
PATHWAYS TO PEACE arose from the need for personal transformation to s	support people in the spiritual foundation for our work.
We practice meditation, creative visualization and intention in order to nourish no	nviolence in ourselves and in our world Three volunteers
have led bi-weekly sessions for a total 46 hours in 2011. This program incurred no	o expenses.
PEACE IN THE PRECINCTS is no longer an active program.	
	······
	·