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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)

OMB No 1545-1150

2016

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.

B Context speakesses C Name of organization Priends for a Non-Visited World	A	For the	2016 calenda	ar year, or tax year beginning 01/01	, 2016,	and ending	_	12/31	, 20	0 16
Number endurger instant element (or P O. box, if mail is not delevered to street address) Room/suite E Telephone number	В	Check if ap	plicable			D Em		oyer ide	entification num	ber
Institution		Address cl	hange	Friends for a Non-Violent World	riends for a Non-Violent World					
Final teumoterminated Chay or teum, state or province, country, and ZiP or foreign postal code F Group Exemption Number Chay or teum, state or province, country, and ZiP or foreign postal code F Group Exemption Number Chay or teum, state or province, country, and ZiP or foreign postal code F Group Exemption Number Chay or teum	님		-	Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telepi					umber	
Amendate return City or town, state or province, country, and zill or foreign postal code F Group Exemption Number	님			1050 Selby Ave				65	1-917-0383	
Apostesine pending Saint Paul, MN, \$5104 Number	H			City or town, state or province, country, and ZIP or foreign postal code			F Grou	ıp Exer	mption	
Website: www fraw org Tax-exempt status (check only one) Soticic)(S 501(c) (S 401(nsert no.) 4947(a)(1) or 527 For organization. Corporation Trust Association Other	ŏ			Saint Paul, MN, 55104				•	=	
Website: www.finww.org Taxe-exempt status (check only one) Soticici 3 4947(a)(1) or 527 5 5 5 5 5 5 5 5 5	G	Account	ing Method	☐ Cash ☑ Accrual Other (specify) ▶		Н	Check I	→ □ r	f the organizat	on is not
Tax-exempt status (check only one)	1 1	Website	:▶ www	fnvw org					-	
K Form of organization. Corporation Trust Association Other	J 1	Tax-exem			947(a)(1) o	r				
L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [Part II] column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ										
Part II Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ 124,899			-	·		more, or if tota	assets			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Contributions, gifts, grants, and similar amounts received Contributions, gifts, grants, and similar amounts received Investment income Investment income Canno r (loss) from sale of assets other than inventory b Less: cost or other basis and sales expenses. Canno r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Canno r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Canno r (loss) from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraisi					·			▶ s		124 899
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 88.283 2 Program service revenue including government fees and contracts 2 8.050 3 Membership dues and assessments 3 0 4 Investment income 4 0 0 5a Gross amount from sale of assets other than inventory 5a 0 5b Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events 6 0 0 6 Gaming and fundraising events 6 0 0 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 6b 24,445 8 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 13,606 9 Ta Gross sales of inventory, less returns and allowances 7a 0 0 9 Other revenue (describe in Schedule O) See Schedule O, Statement I 1 0 0 10 Grants and similar amounts paid (list in Schedule O, Statement I 0 0 1 1 1 0 11 Benefits paid to or for members 0 0 0 0 0 12 Salaries, other compensation, and employee benefits 1 2 43,857 13 Professional fees and other payments to independent contractors 13 4,523 15 Printing, publications, postage, and shipping 16 0 0 0 0 16 Cher expenses (describe in Schedule O) See Schedule O, Statement 2 16 2,9176 17 100,498 17 Total expenses (describe in Schedule O) See Schedule O, Statement 2 16 2,9176 17 100,498 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 92,104 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 0 0 0 0 0 0 0	1	art I	Revenu	e. Expenses, and Changes in Net Assets or Fund	d Balanc	es (see the	instruc	tions	for Part I)	124,077
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2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 100 4 Investment income 5a Gross amount from sale of assets other than inventory 5		1						1		
4 unvestment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Gaming and fundraising events 6 Gaming and fundraising events 6 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7 Description (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Description (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Description (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Description (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 See Schedule O, Statement 1 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 114,060 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 19,582 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Other changes in net assets or fund balances (explain in Schedule O) 22 Other changes in the assets or fund balances (explain in Schedule O) 25 Other change	¥ 12	2		-				2		
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line 6c) 7a Gross sales of inventory, less returns and allowances		_		· · · · · · · · · · · · · · · · · · ·		d 6b and su				
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16 Other expenses (describe in Schedule O) See Schedule O, Statement 2	Se	13		all fees and other navments to independent contractors.		· · · · · · · · · · · · · · · · · · ·	- 1		·	
16 Other expenses (describe in Schedule O) See Schedule O, Statement 2	ĕ	14				W. UT		-		
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Total expenses. Add lines 10 through 16	_			.,	ont 2		• •			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			Total ave	anses Add lines 10 through 16	sill Z .	<u></u>				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_	40	Evenes or	(deficit) for the year (Subtract line 17 from line 0)	<u> </u>		<u> </u>			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 105,726	ets	19						-"		13,562
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 105,726	SS							10		02 14 4
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 105,726	¥	20		- · · · · · · · · · · · · · · · · · · ·				 		
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Pai	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	y question in this		<u></u>	🗸
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			87,974		103,952
23 24	Land and buildings			0 4,861	23	4,068
24 25	Other assets (describe in Schedule O) See Sche	edule O, Statement 3.	 	92,835		108,020
26	Total liabilities (describe in Schedule O) See Sc	hedule O. Statement	<u> </u>		26	2,294
27	Net assets or fund balances (line 27 of column			92,164		105,726
Par						
	Check if the organization used Schedule				/~	Expenses
What	is the organization's primary exempt purpose?	Creating non-violent	solutions to social	problems		uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	services provided	d, the number of	orga	nizations; optional for rs)
28	ALTERNATIVES TO VIOLENCE PROJECT serves inn	•				
	county jails, and members of the general public by to (Continued on Schedule O, Statement 5)					
		ıncludes foreign gra			28a	21,431
29	PEOPLE CAMP is a week-long, intergenerational, far					
	community living, peacemaking and the exploration	of ideas and issues r	elated to an annual	theme. In 2016,		
	(Continued on Schedule O, Statement 6) (Grants \$ 0) If this amount	includes foreign gra	nts check here	▶ □	29a	9,578
30	BRIDGING THE DIVIDES POLICING THAT WORKS F				254	7,378
-	development phase The goal of this program is to fi					
	(Continued on Schedule O, Statement 7)					
		ıncludes foreign gra	ints, check here .	. <u>.</u> . > 🗆	30a	9,035
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	26,462
	Total program service expenses (add lines 28a				32	66,506
Par	,,,,,,				nstruc	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	ː :	<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)			Estimated amount of other compensation
Jim	Bruener	1		0	0	0
Boa	d Member				_	·
	Decker	1	1	o (0	0
	d Member				_	
	n Friedley] 1	'	0	0	0
	etary Para Gerten	2		0	0	0
	surer	-]	o,	٦	U
	Gordon	1	 	0	0	0
	d Member	1				
Jeni	Hamrick	32	17,46	0	0	0
Exe	cutive Director (Apr-Dec)				_	
Rob	ert Nechal	30	4,20	0	0	0
	cutive Director (Jan-Mar)	ļ 		<u> </u>	_	
	Rode	.} 2		0	0	0
Cler	<u> </u>		 		+-	
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	$\overline{}$	كير
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		Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		~
	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	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		V
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		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 10,172			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	 	/
39	Section 501(c)(7) organizations. Enter:	ĺ		
а	Initiation fees and capital contributions included on line 9]	ÌÌ
þ	Gross receipts, included on line 9, for public use of club facilities		1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 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		V
41	List the states with which a copy of this return is filed ► MN			
42a	· · · · · · · · · · · · · · · · · · ·	651-21		
		55126		
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 account)? If "Yes," enter the name of the foreign country:	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~
43	If "Yes," enter the name of the foreign country: ► 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	No
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		~
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	-	~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	-	+-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	15h		

rm 99)-EZ (20	16)							age 4
_							<u> </u>	Yes	No
6		e organization engage, directly or ir didates for public office? If "Yes," o							<u> </u>
art \		Section 501(c)(3) organizations		, raiti			46		<u></u>
art		All section 501(c)(3) organization		stions 47-49b and	52, and cor	nplete the	tables f	for line	es
		50 and 51.	o maor anovor que		- - ,				
		Check if the organization used Scl	hedule O to respond	to any question in	this Part VI		· · ·_ ·		
								Yes	No
17		e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election			1	~	
18		organızation a school as described ıı					. 48	ļ	~
19a		e organization make any transfers t	•	_					~
p		s," was the related organization a se							disor
50		lete this table for the organization's yees) who each received more than							
	emplo	yees, who each received more than	,	,	(d) Health		, crittor 1	vonc.	
	(a) N	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions t	o employee	(e) Estimat		
			devoted to position	(Forms W-2/1099-MISC	compen		Other Cor	препза	1011
lone	-								
						}			
				 	 				
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						ł			
					 				
f	Total	number of other employees paid ov	er \$100,000	▶					
51		plete this table for the organization			t contractors	who each	received	d more	than
	\$100,	000 of compensation from the orga	anization. If there is n	one, enter "None."					
	(a) I	Name and business address of each indepen-	dent contractor	(b) Type of se	rvice	(c)	Compensa	tion	
 lone				 					
				- 1					
				 					
				 					
	-			-1					
d	Total	number of other independent contr	actors each receiving	over \$100,000 .	. ▶				
52		he organization complete Sched leted Schedule A	ule A? Note: All s	ection 501(c)(3) org	anizations m	ust attacl	n a . ▶ ☑ Ye	s 🗌	No
	enalties	of perjury, I declare that I have examined this d complete Declaration of preparer (other than							, it is
	$\neg \top$	· Parlara der	ten		7	124/1	7		
ign		Signature of officer			Dat	1			
lere	1	Barbara Gerten, Treasurer							
		Type or print name and title	Preparer signature	7 17	Datel		PTIN		
Paid	ļ	Print/Type preparer's name Gillian Martin	Preparer signature	tu !	7/11/17	Check self-emplo	l If	014647	707
)ran	OVOV	Cancil Mai III				, 22 Simple	,~~ r	~ I TUT !	//

Paid

Preparer

Use Only

Gillian Martin

Firm's name ► Clarity Bookkeeping LLC

Firm's address > 270 Cottage PI, Shoreview, MN 55126

May the IRS discuss this return with the preparer shown above? See instructions

P01464797

20-5142594

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

iame (of the organization				1	Employer identification	number	
	ds for a Non-Violent World			41-1403496				
Par							ns	
he o	rganization is not a private founda		,	•	,	,		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
	A school described in section		•			• •		
	A hospital or a cooperative hos							
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	ntai desci	ibed in s	ection 1/U(b)(1)(A)(iii). Enter the	
5	An organization operated for t	***************************************	college or unweresty	owned o	operate	d by a government	l unit described in	
	section 170(b)(1)(A)(iv). (Comp		conege of university	OWINEG O	operate	d by a government	ar drift described in	
6	☐ A federal, state, or local govern	•	mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
	✓ An organization that normally						the general public	
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				-	
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete f	Part II.)				
9	An agricultural research organi	zation described	in section 170(b)(1)	(A)(ix) ope	erated in	conjunction with a la	and-grant college	
	or university or a non-land-grai	nt college of agr	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or	
10	university: An organization that normally r	occuros: (1) mor	a than 331,004 of its or	innort fro	m contrib	autione memberchir	foor and gross	
	receipts from activities related	to its exempt fui	nctions—subject to co	ertain exc	eptions.	and (2) no more than	n 33¹/₃% of its	
	support from gross investment acquired by the organization a	income and uni	related business taxal	ole incom	e (less se	ection 511 tax) from	businesses	
11	An organization organized and					•		
	☐ An organization organized and	•		•			ry out the purposes	
	of one or more publicly suppo	rted organizatio	ns described in secti	on 509(a	(1) or se	ection 509(a)(2). See	section 509(a)(3).	
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganızatıd	on and complete line	s 12e, 12f, and 12g.	
а	☐ Type I. A supporting organ							
	the supported organization supporting organization. Ye					he directors or truste	ees of the	
b	☐ Type II. A supporting organ		· ·				(-) h him	
D	control or management of t							
	organization(s). You must				porcorio	triat obrittor or mane	ago ano oupportou	
С	☐ Type III functionally integ	rated. A support	ting organization oper	ated in co	onnection	n with, and functiona	ally integrated with,	
	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.		
d								
	that is not functionally integ						d an attentiveness	
_	requirement (see instruction	•	-					
е	Check this box if the organ functionally integrated, or T						e II, Type III	
f	Enter the number of supported of	-		_	-	on.	[
g		•						
	(i) Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
		:	(described on lines 1-10 above (see instructions))	listed in you docur		support (see instructions)	other support (see instructions)	
	j	1:	"			,	,	
				Yes	No			
(A)				\ \				
				 - -				
(B)								
(C)								
(D)								
			-	 				
E)			1	1				
Tota		1 2 m 1 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	Catholic Control	 . 	2			

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.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,214	78,636	66,766	98,295	88,283	402,194
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	
4	Total. Add lines 1 through 3	70,214	78,636	66,766	98,295	88,283	402,194
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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v	
^	shown on line 11, column (f)					 	68,219
6 Section	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>		L		<u> </u>	333,975
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	70,214	78,636	66,766	98,295	88,283	402,194
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,400	2,400	2,400	2,400	2,400	12,000
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0		0		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	28,262	30,403	30,583	29,766	23,377	142,391
11	Total support. Add lines 7 through 10						556,585
12	Gross receipts from related activities, etc		•			12	0
13	First five years. If the Form 990 is for the	•			•		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · • □
	on C. Computation of Public Support			 			
14	Public support percentage for 2016 (line					14	60 %
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ					21-0/ 27 72 72	61 76 %
104	box and stop here. The organization qua						
b	331/3% support test—2015. If the organ						
~	this box and stop here . The organization						
17a	10%-facts-and-circumstances test – 2			_			
174	10% or more, and if the organization meets the forganization	eets the "facts "facts-and-circ	-and-circumst umstances" te	ances" test, chest. The organi	neck this box a zation qualifie	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	015. If the organication meets the "factors of the "factors of the "factors of the	anization did r e "facts-and-c ts-and-circum: 	not check a bo circumstances' stances" test.	x on line 13, 1 test, check The organizat	16a, 16b, or 17 this box and s ion qualifies as	a, and line stop here. a publicly
18	Private foundation. If the organization d instructions						

Schedu	le A (Form 990 or 990-EZ) 2016						Page 3
Part	:	tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th				nızation failed	to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			l		į į	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	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			Ţ			
	line 6.)		<u></u>	<u> </u>		<u> </u>	
	on B. Total Support	() 22/2	<u> </u>	T	1 2 2 2 2 2	1 1 2 2 4 2	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			n, or fifth tax y		
Sect	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8						%
_16	Public support percentage from 2015 Sch			<u></u>	<u> </u>	. 16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (%
18	Investment income percentage from 2015	Schedule A,	Part III, line 17	,		. 18	%

19a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

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

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			age C
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	
ь	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		<u> </u>	<u></u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.		nstruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes." describe in Part VI</i> the role played by the organization in this regard.	3a 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>ani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izatı	st on Nov. 20, 1970 (expons must complete Sec	laın in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III suppor	ting organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	nızations				
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1_	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
<u>a</u>						
<u>b</u>				<u> </u>		
<u> </u>	From 2013			·		
d	From 2014					
	From 2015			· · · · · · · · · · · · · · · · · · ·		
<u>f</u>	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
<u>i</u> _	Carryover from 2011 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2016 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.			<u> </u>		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
_ _	<u> </u>					
b	Excess from 2013					
c	Excess from 2014					
d	Excess from 2015					
e	Excess from 2016					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - Schedule A, Part II, Line 10 - Holiday Fair income, \$13,606 (net); Program Receipts, \$8050; Administration
fees for fise	cally-sponsored projects, \$1720
	······································
	······································
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Department of the Treasury

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

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

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

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

Open to Public

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

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

· Section 527 organizations: Complete Part I-A only.

Inspection

		that have filed Form 5768 (election und					
		that have NOT filed Form 5768 (election					
	organization answered "Yes ee separate instructions), th	," on Form 990, Part IV, line 5 (Proxy nen	Tax) (see separate	instructions)	or Form 990-	·EZ, Part V, line (35c (Proxy
	ection 501(c)(4), (5), or (6) orga						
	of organization	zanovor ocuproto rare un		Er	nployer iden	tification numbe	r
Friend	Is for a Non-Violent World				41-1403496		
Part	-A Complete if the	e organization is exempt unde	er section 501(c	c) or is a sec	tion 527 o	rganization.	
1		the organization's direct and inc					ctions for
2	Political campaign activity	y expenditures (see instructions) .			▶ \$		10,172
3		cal campaign activities (see instruc					500
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955	▶ \$		0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955	▶ \$		0
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?		🔲 Yes	✓ No
4a						🗌 Yes	✓ No
b	If "Yes," describe in Part						
Part		e organization is exempt und				(c)(3).	
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt	function		
					•		
2		filing organization's funds contributies					
3	•	expenditures. Add lines 1 and 2.					
4	Did the filing organization	n file Form 1120-POL for this year	?			Yes	No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- fund or a political action committe	mber (EIN) of all se enter the amount mptly and directly	ection 527 pol paid from the delivered to a	itical organiz filing organiz a separate p	zations to which zation's funds. olitical organiza	Also enter tion, such
	(a) Name	(b) Address	(c) EIN	(d) Amount filing organ funds If non	nization's	(e) Amount of contributions rec promptly and delivered to a political organinone, ente	eived and directly separate zation, If
(1)							
(2)							
(3)							
(4)							

(5)

(6)

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sched	ule C (Form 990 or 990-EZ) 2016					Page 2
	II-A Complete if the organization section 501(h)).					
A C	heck if the filing organization beloname, address, EIN, expense	ongs to an affil	liated group (and	lıst ın Part IV e ying expenditur	ach affiliated groes).	up member's
вС	Sheck $ ightharpoonup$ if the filing organization che		· ·	- '		
=	Limits on Lobby			<u> </u>	(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1a		<u>_</u>		na)	150	
b		•	•		10,022	
C		•	• •		10,172	
d		•			90,326	
e					100,498	
f	Lobbying nontaxable amount. Enter t			table in both		
•	columns.				20,100	
	If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount	is:	207.00	
	Not over \$500,000	20% of the amo				
	Over \$500,000 but not over \$1,000,000		15% of the excess o	ver \$500,000.]	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			Í
	Over \$1,500,000 but not over \$17,000,000		% of the excess ov]	
	Over \$17,000,000	\$1,000,000.	770 01 1110 020000 01	<u>σι ψτίσσσίσσο:</u>		!
g					5,025	
h	•	Subtract line 1g from line 1a. If zero or less, enter -0				
i	Subtract line 1f from line 1c. If zero or les		0			
i		her than zero on either line 1h or line 1i, did the organization file Form 4720				
,	reporting section 4911 tax for this year?					
		ar Averaging P	eriod Under sect	ion 501(h)		ns below.
			ections for lines			
_	Lobbying	Expenditures I	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
28	Lobbying nontaxable amount	21,019	20,000	15,975	20,100	77,094
i	Lobbying ceiling amount (150% of line 2a, column (e))					115,641
	Total lobbying expenditures	1,880	9,691	8,135	10,172	29,878
	Grassroots nontaxable amount	5,255	5,000	3,994	5,025	19,274
	Grassroots ceiling amount				1	

1,720

570

330

Schedule C (Form 990 or 990-EZ) 2016

150

28,911

2,770

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).			
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	the first the second of the se	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		[
b	If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or sec	tion
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			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," Of answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If 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			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par	\			 _
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t), Parl	II-A, lines 1 and
	dule C, Part I-A, Line 1 - 1 There were 51 e-letters (electronic action alerts) in 2016 of which 11 could conce			
	in lobby language. Assuming 1 hour preparation time, and 1 hour formatting and sending, the average co			
	\$15) calculates to be \$330 of associated cost 2 6 of the 11 e-letters included calls to action on specific le			
	x \$15 = \$180) in direct lobbying expense. The remaining amounted to \$150 in indirect lobbying expense 3			
4 Tot	al had no contact with public officials or their staff. Administrative Manager Reid Grano had no contact wit al Revenue - \$114,060 5. FNVW is the fiscal sponsor for the Minnesota Peace Project (MPP) MPP's revenu	e for	2016 w	as \$20955;
	ximately 18% of FNVW's revenue. Their primary mission is to provide education to public officials about o			
	pers meet with legislators and provide an active website with reports on votes as a citizen education mech	nanisr	n MPP	spent \$9537 on
direct	lobbying (travel to Wash DC) and another \$305 (estimate) on materials		-	-

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ds for a Non-Violent World						1403496
Parl		•	-		vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are						
1	Indicate whether the organizati	on raised funds t			_		
а	☐ Mail solicitations		e [on of non-govern	•	
b	Internet and email solicitation	ons	f		on of government	-	
С	☐ Phone solicitations		g 🗆] Special f	undraising events	i	
d	In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forr	n 990, Part VII) o	r entity in co	onnection v	with professional f	undraising services	? 🗌 Yes 🗌 No
b	If "Yes," list the 10 highest par compensated at least \$5,000 b			draisers) pu	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	<u> </u>		
1							
2							
3	· · · · · · · · · · · · · · · · · · ·			 	-		
	_ ,						
4							
5							
6							
7							
8	·						
9]				
10							
			<u> </u>	L			
<u>rotal</u>	List all states in which the org			· · · -	a digut a antribution	o or has been notif	ind it is avament from
3	registration or licensing.	janization is regi	stered or iid	censea to s	SOlicit Contribution	is or has been noun	led it is exempt from
	-						

		•					
				-			
				-			
				·			
						•••	

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraising							
		gross receipts greater tha	n \$5,000.	and gross income on	TOTTI 990-LZ, irres Tar				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			Holiday Fair			(add col (a) through col (c))			
е			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	24,445			24,445			
Rev									
	2	Less: Contributions	. 0			0			
	3	Gross income (line 1 minus line 2)	24.445			24 445			
_	-		24,445			24,445			
	4	Cash prizes	0			0			
		·							
	5	Noncash prizes	0			0			
es	6	Rent/facility costs	0		1	0			
ens		Herioracinty costs		· · · · · · · · · · · · · · · · · · ·		0			
Direct Expenses	7	Food and beverages	0			0			
ect		_				-			
۵	8	Entertainment	0		0	0			
	9	Other direct expenses .	10.830			10,839			
		Other direct expenses .	her direct expenses10,839						
	10	Direct expense summary. Ad	10,839						
	11	Net income summary. Subtra			<u> ▶</u> [13,606			
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or i	reported more			
ω		11411 410,000 0111 01111 0		(b) Pull tabs/instant	(a) Other parts	(d) Total gaming (add			
enn			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))			
Revenue	_								
_	_1_	Gross revenue	<u> </u>	······································					
ģ	2	Cash prizes							
Direct Expenses	_	Guoir pri200							
xbe	3	Noncash prizes							
E E		-							
Oire	4	Rent/facility costs		·					
_	5	Other direct expenses .							
		<u> </u>	☐ Yes %	☐ Yes %	☐ Yes %				
	6	Volunteer labor	☐ No	☐ No	□ No				
	_								
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summar	v. Subtract line 7 from I	ine 1. column (d)					
									
9		nter the state(s) in which the or	-						
		Is the organization licensed to conduct gaming activities in each of these states?							
	b If	"No," explain:							
10	a W	ere any of the organization's g	gaming licenses revoked	d, suspended, or termin	nated during the tax year	? . 🗌 Yes 🗍 No			
		"Voc " ovolain:	-	•					

Criedui	e G (r Gilli 330 0) 330-E2) 2016
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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?
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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
·•••	
- 	
- 	
	

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

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.

Open to Public Inspection

Friends for a Non-Violent World	41-1403496
Form 990-EZ, Part I, Line 10 - Scholarships for People Camp	
•	
•••••••••••••••••••••••••••••••••••••••	

•	
•	
•••••••••••••••••••••••••••••••••••••••	