Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

9204426023

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inte	mai Heve	nue Service	Go to www.iis.gov/Poinis	SOLE TO THIS GOLD IN	and the le	itest informatio								
A	For the	2019 calend	r year, or tax year beginning	January	, 2019,	and ending		ember , 20 19						
В	Check if a	pplicable	C Name of organization 24				D Employ	ployer identification number 3						
	Address o	change	Friends For a Nonviolent World Inc.					41-140349						
	Name cha	ange	Number and street (or P.O. box if mail is not	delivered to street address	s) ?;	Room/suite	E Telepho	elephone number						
닏	Initial retu		393 N Dunlap St Suite 307					651-917-0383						
H		m/terminated	City or town, state or province, country, and	ZIP or foreign postal code)	20	F Group	Exemption						
H	Amended	n pending	Saint Paul,MN 55104				Numbe							
닏		ting Method:	☐ Cash	fv) >	· · · · · · · · · · · · · · · · · · ·			if the organization is not						
	Website	_		.,,, -				attach Schedule B						
			ck only one) - 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4	40.47(a)(1) a			, 990-EZ, or 990-PF).						
_		 	<u></u>		4947(a)(1) or ☐ Other	r ∐32/ (i	Om 330	, 330-12, 01 330-1 7).						
			✓ Corporation ☐ Trust 7b to line 9 to determine gross receipts.			more or if total s	ecete	 						
			500,000 or more, file Form 990 instead of				133013	•						
_							4 4 !	\$ (D+ 1) 						
	Part I		e, Expenses, and Changes in N											
_			the organization used Schedule O											
) [2	_ I		ns, gifts, grants, and similar amount				-	1 88,028						
?	_ 1		ervice revenue including government					2 12,953						
?		Membersh	p dues and assessments					3						
?	4	Investment	income					4						
	5a	Gross amo	unt from sale of assets other than in	ventory	. <u>5a</u>									
	Ь	Less: cost	or other basis and sales expenses .		. 5b									
	C	Gain or (los	s) from sale of assets other than inv	entory (subtract line	5b from li	ne 5a)	5	ic						
	6	Gaming an	d fundraising events:											
	а	Gross inc	ome from gaming (attach Schedu	ule G if greater th	nan									
9	1	\$15,000) .			. 6a		ł							
ē	Ь	Gross inco	me from fundraising events (not incl	udina \$	01	contributions								
Revenue		from fundr	- 1											
ш			h gross income and contributions ex			2	2,132							
	c		t expenses from gaming and fundrai	· · · · · ·	. 6c		7,818							
	ď		e or (loss) from gaming and fundrai											
		line 6c) .	or (1000) none gamming and tandra				ļ · -	id 14,314						
1	7a	•	s of inventory, less returns and allow	ancee	. 7a	1	-	11,011						
•	'a		-6		. 7b									
ó			or goods sold		<u> </u>	<u> </u>								
	C		t or (loss) from sales of inventory (su tue (describe in Schedule O)				├ ─	C 1,321						
	8						` ⊢-							
_	10		THE Add lines 1, 2, 3, 4, 5c, 6d, 7c,		· · · ·	· · · · ·		9 116,616 10 0						
			similar amounts paid (list in Schedu				` -	 						
	11	Bergents pe	ild to of for more					0 51 007						
968	12	Salaries, or	her compensation and employee be	enetits 🔐	<u>.</u>		· ·	51,907						
Ë	13	Protession	itees and other payments to independent utilities, and maintenance	endent contractors			·]	426						
Expenses	. 14			18,909										
W	1	Printing, pu		101										
	16	•	nses (describe in Schedule O) 🌃 .		47,210									
_	17	Total expe	nses. Add lines 10 through 16	<u> </u>	<u></u>			118,553						
9	18		deficit) for the year (subtract line 17					-1,937						
8	19		or fund balances at beginning of y											
Net Assets		-	r figure reported on prior year's retu					66,763						
<u></u>	20	Other chan	ges in net assets or fund balances (e	explain in Schedule	0)		. [2	292						
Z	21	Net assets	or fund balances at end of year. Cor	mbine lines 18 throu	gh 20 .		▶ 2	66,471						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

om **990-EZ** (2019



Pa		lance Sheets (see the instructions	•		S							
	Ch	eck if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year					
22	Cash sa	vings, and investments		<u> </u>	63,699	22	66,409					
23		buildings				23	0					
24		sets (describe in Schedule O)			5,465	-	47					
25		sets			69,164	_	66,456					
26					2,851	-	<u>(}16</u>					
27		ets or fund balances (line 27 of column		n line 21)	66,313		66,472					
		tement of Program Service Accom										
- 1	_	eck if the organization used Schedule	•		•		Expenses					
Wha	t is the orga	nization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)					
		ganization's program service accomply expenses. In a clear and concise n				orga	anizations; optional for ers.)					
	ons benefit	ed, and other relevant information for e	ach program title.				, 					
28		s to Volence Project (AVP) offers creative										
	facilities. I	n 2019 Implemented new bl-monthly gath	ering for people invol	ved in AVP Had 2 co	ommunity basic							
_	workshops						1					
?;	(Grants \$		includes foreign gra			288	21,992					
29		np is a weeklong experience in communa										
		kills. In 2019 we had 58 attenders. All of		well attended. We im	plemented							
		that went well and will become part of th					10.440					
	(Grants \$		includes foreign gra			298	19,610					
30 Bridging the Divides: Policing that Works for Everyone advocates for policing that is characterized by												
equity and partnerships with the community. In 2019 activity cconsisted of policing research work.												
	(Cuamba &	\	inchides fersion are	man abaak basa		30a	17.420					
24	(Grants \$	ram services (describe in Schedule O)	includes foreign gra		· · · • •	30a	17,620					
31	(Grants \$		includes foreign gra			31a	.]					
32	<u> </u>	ram service expenses (add lines 28a				32						
***************************************		of Officers, Directors, Trustees, and Ke										
		eck if the organization used Schedule										
		on it also organization does contour.	(b) Average	(c) Reportable ?	(d) Health benefits,							
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	6	Estimated amount of other compensation					
*	nd Barrett		. 2									
	ard Treasure Birbilis	r	. 	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	9	0					
	ard Member		1				0					
	Friedley		 			4-	<u> </u>					
	ard Secretar		1	,		0	0					
	Gordon	<u></u>		· · · · · · · · · · · · · · · · · · ·	 	4	_					
	ard Member		1			0	0					
	ole Gray		<u> </u>			1	······································					
	ard Member		· 1	0		٥	0					
	nda Hawkins		 			╁						
	rd Chair		2	٥ .		۵	0					
	Robinson					+						
	unteer Coor	dinator	16	12,480		0	0					
	Rubel	<u> </u>				+	········					
	ard Member		1	o		0	0					
	lie Shaw					+	<u>_</u>					
	ard Member		1	n		o	n					
		nder Woude	<u> </u>			+						
	cutive Direc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40	35,360		0	n					
			 	00,000		+						
			1									
	· ·· · · · · · · · · · · · · · · · · ·		 		 	+						
	*************	***************************************	•		1	-1						



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		mendendres for that 4./ Check is the digastization deed coneddie O to respond to any question in the	o i ai	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		,	1
	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)?				
	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	35a 35b		~	
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	1
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-	.	لبــا	
	b	Did the organization file Form 1120-POL for this year?	37b	 	~	
	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~	1
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		†	<u> </u>	1
	39	Section 501(c)(7) organizations. Enter:	7			
	а	Initiation fees and capital contributions included on line 9	4			
	b 40a	Gross receipts, included on line 9, for public use of club facilities	1			
	40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1			
	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			1
	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				
	đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_		
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶				
	b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.55	~	
		If "Yes," enter the name of the foreign country ▶				
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c	Li		
	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	► □ 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		V	
	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		~	
	d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	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-EZ. See instructions	45b		/	

Form 990-l	EZ (20	019)						P	age 4		
,	<u>`</u>			· · · · · · · · · · · · · · · · · · ·				Yes	No		
		ne organization engage, directly or inc							لـــا		
		ndidates for public office? If "Yes," co		Parti	• • •		46	ļ			
Part VI		Section 501(c)(3) Organizations All section 501(c)(3) organizations		otione 47_49h ar	nd 52 an	d complete the	ablae f	or lin	96		
		All section 50 H(c)(3) organizations 50 and 51.	must answer que	S(10115 47-49D a)	iu 52, an	d complete the	ables i	01 1111	63		
		Check if the organization used Sch	edule O to respond	to any guestion i	n this Par	+ VI			П		
		Check if the organization used con-	edulo O to respond	to any quodion	in timo i ai		······································	Yes	No		
47 D	oid th	he organization engage in lobbying a	activities or have a	section 501(h) elec	ction in ef	fect during the ta	× [
		If "Yes," complete Schedule C, Part					47	~			
48 Is	s the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedu	le E	48		~		
		ne organization make any transfers to					49a	L	~		
b If	f "Ye	s," was the related organization a sec	ction 527 organization	on?			49b		~		
50 C	Comp	plete this table for the organization's t	five highest compen-	sated employees (other than	officers, directors	s, truste	es, an	d key		
е	mple	oyees) who each received more than	\$100,000 of comper	nsation from the or			enter i	vone.			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	Health benefits, utions to employee (eplans, and deferred compensation) Estimate other con				
None			· · · · · · · · · · · · · · · · · · ·								
			<u>,</u>								
					İ						
											
											
		number of other employees paid ove									
51 C	Comp Cann	plete this table for the organization's ,000 of compensation from the organ	s five nignest compe nization. If there is no	ensated independe one. enter "None."	ent contra	ctors who each r	eceivea	more	tnan		
<u>~</u>				(b) Type of	008/100	(a) C	mpensat				
	(a)	Name and business address of each independe		(b) Type of	301 1100	(0,0					
											
			···				 				
]							
			······································	L							
		number of other independent contract			. ▶						
		the organization complete Schedul bleted Schedule A	e A? Note: All se	ection 501(c)(3) o	rganizatioi		a ·☑ Yes	. 🗖 .	Na		
	<u> </u>	of perjury, I declare that I have examined this re	turn including accompan	ving schedules and stat	tements and						
true, correc	ct, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any k	nowledge.	go a	2 20			
		Robert Rout	₩			76/20					
Sign		Signature of officer	· · · · · · · · · · · · · · · · · · ·			Date					
Here	?*	Roland Barrett Treasurer									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Lift self-employed	PTIN				
Prepar		Firm's name ▶	I	· · · · · · · · · · · · · · · · · · ·	L	Firm's EIN ▶	1				
Use O	niy	Firm's address >		Phone no.							
May the	IRS	discuss this return with the preparer	shown above? See i	instructions	· · ·		☐ Yes		No		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Friends for a Nonviolent World Inc. 41-140349 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church. convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12
a	Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the
	supporting organization. You must complete Part IV Sections A and R

acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

	supporting organization. Tourniust complete Fait 14, secuons A and 5.
)	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s) You must complete Part IV. Sections A and C.

	organization(v). To a made domptoto fact by dodatono A and dr
C	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E.

	10 0 0 pp - 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.	

		-	-	-				_	_						
f	Enter the number of supported organizations														
	The second of the first term of the second o	 		•	41	- 1 - 1									

g Provide the following informati	on about the su	pported organization(s)	•				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
<u> </u>			Yes	No			
(A)							
(B)							
(c)							
(D)							
(E)							
Total	 		 				

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 A. Public Support

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

Section	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	·
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")	2,40098,295	88,283	64,777	52,567	88,028	2,400391,950
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	98,295	88,283	64,777	52,567	88,028	391,950
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						10.070
_	shown on line 11, column (f)						12,272
<u>6</u>	Public support. Subtract line 5 from line 4						379,678
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	98,295	88,283	64,777	52,567	88,028	391,950
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,400	2,400	2,400	400	0	7,600
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	o	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,766	23,377	17,988	21,980	28,588	121,699
11	Total support. Add lines 7 through 10						521,249
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he					· · · ·	· · > 🖸
Section	on C. Computation of Public Suppor	t Percentage	3	···			
14	Public support percentage for 2019 (line 6					14	73 %
15	Public support percentage from 2018 Sch	nedule A, Part I	I, line 14			15	68 %
16a	331/3% support test—2019. If the organi						
L	box and stop here. The organization qual 331/3% support test—2018. If the organization						
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	and-circumstaumstaumstances" te	ances" test, ch st. The organia	leck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	circumstancos" stances" test.	test, check the creation the creation to the c	this box and son qualifics as	a publicly ▶ □
18	instructions						
							

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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)(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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox) hen	/ Tax) (see separate	instructions) or Form 990	-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	tification number
Friend	ls for a Nonviolent World In	c.			41-140349
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 (organization.
1	definition of "political car				IV. (see instructions for
2		y expenditures (see instructions)			0
3		cal campaign activities (see instruc			0
Part		e organization is exempt und			· · · · · · · · · · · · · · · · · · ·
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			0
2	527 exempt function acti	filing organization's funds contrib		▶ \$	0
3		expenditures. Add lines 1 and 2		on Form 1120-POL,	0
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes 🗸 No
5	organization made payme the amount of political co	ses and employer identification nul ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount property	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

f Grassroots lobbying expenditures

SCHO	2016 C (1 (5111) 330 Of 330-122) 2018					raye =
Par	t II-A Complete if the organizati section 501(h)).	on is exempt u	nder section 5	01(c)(3) and filed	d Form 5768 (ele	ction under
A (Check ► ☐ if the filing organization below address, EIN, expenses, and				liated group memb	er's name,
B (Check > if the filing organization che	cked box A and "	limited control" pr	ovisions apply.		
		bying Expenditu	ıres		(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to influence	e public opinion	(grassroots lobby)	na)	1,500	0
	b Total lobbying expenditures to influence a legislative body (direct lobbying)			0	0	
		•	• •		1,500	0
	d Other exempt purpose expenditures				117,053	
	Total exempt purpose expenditures (a				118,553	
1	Lobbying nontaxable amount. Enter columns.		•		23,411	
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 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 o	ver \$1,500,000.	ŀ	
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter a	25% of line 1f)			5,853	
H	Subtract line 1g from line 1a. If zero or	less, enter -0-			0	
i	Subtract line 1f from line 1c. If zero or	less, enter -0-			0	
. j	If there is an amount other than zer reporting section 4911 tax for this yea	_	1h or line 1i, did	•]Yes ☐ No
	4-\	ear Averaging F	Period Under Sec	tion 501(h)		
	(Some organizations that made a s	ection 501(h) ele	ction do not hav	e to complete all	of the five column	s below.
	See th	ie separate instr	uctions for lines	2a through 2f.)		
	Lobbyir	g Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
28	Lobbying nontaxable amount	20,100	21,054	18,393	23,411	64,009
	Lobbying ceiling amount (150% of line 2a, column (e))					96,014
	Total lobbying expenditures	10,172	8,964	2,100	1,500	22,756
	Grassroots nontaxable amount	5,025	5,263	4,598	5,853	20,739
e	Grassroots ceiling amount				ľ	

0

150

2,100

Schedule C (Form 990 or 990-EZ) 2019

1,500

31,109

3,750 -

Part l	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled i	Form	1 5768	<u>.</u>	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	<u> </u>		(b)	
descri	otion of the lobbying activity.	Yes	No	_ ^	mount	·
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:					
	Volunteers?			1		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					-
_	Mailings to members, legislators, or the public?					
d e	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?			<u> </u>		-
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					····
	Other activities?					
	Total. Add lines 1c through 1i					
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part I	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction		
	501(c)(6).				,	,
					Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1		ļ
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		ļ
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				L	L
Part I	II-B 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."	(5), ((b)	Part	III-A,	ine 3	3, is
1	Dues, assessments and similar amounts from members		1	L		
	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	<u></u>		
þ	Carryover from last year		2b	<u> </u>		
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			·····
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			1		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			ł		
	and political expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5	l		
Part			. D-	4 11 A		
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	ısıı qı	(); Pa	π II-A, I	ines i	and
	•					
					,	

chedule C (Form 990 or 990-EZ) 2019 Part IV Supplemental Information (continued)				
Part IV	Supplemental Information (continued)			
	······································			
	•			
••••••				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer Identification number

Friends for a Nonviolent World Inc	41-140349
990 EZ Part 1	
Line 8 Other Revenue \$1,321 (Service Fee Revenue \$1,067, Honoraria \$150, Miceellaneous Income \$104)	
Line 16 Other Expenses \$47,210 (Worker Comp -\$56, Training \$701, Office Supplies \$2,736, Holiday Fair \$1	71, Program Supplies \$604, Pcople
Camp \$3,716, Telecommunications \$2,267, fundralsing \$40, Event Exp \$111, Equipment \$167, IT \$6,295, L	iability & D&O Insurance \$5,126,
Travel \$5, Bank Charges \$1,155, Project Admin Fees \$201, Food & Refreshment \$2,774, QVS Exp \$13,118,	TCNV Exp \$6,776, Msc Exp -\$61,
Reconcilliation Exp \$1,239	
Line 20 other changes in net assets or fund balances -\$5,418 (Accounts Rec, Prepaid Expense, Accounts	Pay, Payroll Pay, TCNV Payables,
Fund balances)	
990 EZ Part 2	
Line 24 Other Assets -\$5,418 (Prepaid Expenses -\$5,569, Accouts Rec \$104, Equipment & Furniture \$47)	
Line 26 Total Liabilities -\$2,867 (Acct Pay -\$61, Payroll Pay -\$11, TCNV Pay -\$2795)	