Form **990**

For the 2018 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

D Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2018, and ending

Open to Public Inspection

| | X Ad | ddress change | AMERICANS FOR PE | ACE NOW, INC. | | | 13- | 3509 | 9867 |
|-------------------------|-----------|-----------------------|--|--|--------------------------|---------------|---------------------------------|-------------|--------------------------------|
| | Na | ame change | 1320 19TH STREET | | | | E Telepho | ne num | nber |
| | In | itial return | WASHINGTON, DC 2 | 0036 | | | 202 | -408 | 3-9898 |
| | Fir | nal return/terminated | | | | | | | _ |
| | Ar | mended return | | | | | G Gross re | eceipts | \$ 1,483,416. |
| | Ap | oplication pending | F Name and address of principal | officer: | | ` ' | a group retur | | H 163 F-1160 |
| | | | Same As C Above | | | H(b) Are all | subordinates ' attach a list | include | ed? Yes No |
| I | Tax- | exempt status: | X 501(c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(1) | or 527 | | | (| , |
| J | We | bsite: ► WW | W.PEACENOW.ORG | | | H(c) Group | exemption nu | ımber I | <u> </u> |
| K | | of organization: | X Corporation Trust | Association Other ► | L Year of format | tion: 198 | 8 M s | state of | legal domicile: MA |
| Pa | rt I | Summar | у | | | | | | |
| | 1 | | | on or most significant activities:T | | | | | |
| 9 | | | ARRY OUT PUBLIC DED STATES. | NFORMATION ACTIVITIES | ON THE | WTDDTF | E EAST | PEA. | CE ISSUES IN |
| Jan | | THE ONTI | ED SIMIES. | . – – – – – – – – – – – – | | | | | |
| Activities & Governance | 2 | Check this bo | ox ► ☐ if the organization | n discontinued its operations or di | snosed of m | ore than 2 | 5% of its | net as | |
| မ | | | | ning body (Part VI, line 1a) | | | | 3 | 32 |
| •ජ ග | | | | of the governing body (Part VI, I | | | | 4 | 32 |
| <u>i</u> | 5 | | | calendar year 2018 (Part V, line | | | | 5 | 8 |
| ÷ | 6 | | | necessary) | | | | 6 | 1 |
| Ă | | | | Part VIII, column (C), line 12 from Form 990-T, line 38 | | | | 7a 7b | 0. |
| | D | ivet unrelated | Dusiness taxable income | 10111 F01111 990-1, 1111e 38 | | | rior Year | /D | 0. Current Year |
| | 8 | Contributions | and grants (Part VIII line | 1h) | | | .,563,7 | 53 | 1,461,928. |
| ine | 9 | | | 2g) | | | ., 303, 1 | 55. | 1,401,720. |
| Revenue | | - | | x), lines 3, 4, and 7d) | | | -1,2 | 39. | -173. |
| æ | 11 | | - | ies 5, 6d, 8c, 9c, 10c, and 11e) | | | | | |
| | 12 | Total revenue | e – add lines 8 through 11 | (must equal Part VIII, column (A) | , line 12) | . 1 | .,562,5 | 14. | 1,461,755. |
| | 13 | Grants and si | imilar amounts paid (Part I | X, column (A), lines 1-3) | | | 227,0 | 44. | 194,000. |
| | 14 | Benefits paid | to or for members (Part IX | (, column (A), line 4) | | | | | |
| s | 15 | Salaries, other | er compensation, employee | e benefits (Part IX, column (A), lir | es 5-10) | | 968,4 | 20. | 1,063,643. |
| nse | 16a | Professional | fundraising fees (Part IX, c | | | | | | |
| Expenses | b | Total fundrais | sing expenses (Part IX, col | umn (D), line 25) ► | 115,069. | | | | |
| Û | 17 | Other expens | es (Part IX, column (A), lir | nes 11a-11d, 11f-24e) | | | 406,7 | 44. | 461,576. |
| | 18 | Total expense | es. Add lines 13-17 (must e | equal Part IX, column (A), line 25 | | . 1 | ,602,2 | | 1,719,219. |
| | 19 | Revenue less | expenses. Subtract line 18 | 3 from line 12 | | | -39,6 | | -257,464. |
| o o. Se o. | | | | | | | ng of Curren | t Year | End of Year |
| Assets Balanc | | | | | | | 417,1 | | 434,289. |
| | 21 | Total liabilitie | s (Part X, line 26) | | | | 34,7 | 45. | 309,324. |
| Fun | 22 | | | ne 21 from line 20 | | | 382,4 | 29. | 124,965. |
| Pa | rt II | Signatur | e Block | | | | | | |
| Unde | er penal | ties of perjury, I de | eclare that I have examined this reture (other than officer) is based on a | rn, including accompanying schedules and st all information of which preparer has any kno | atements, and to wledge. | the best of m | ny knowledge | and be | lief, it is true, correct, and |
| | | <u> </u> | | | | | | | |
| Cia | ın | Signatu | re of officer | | | Da | ite | | |
| Siç He | jii re | Δ1/Τ | VA MEYER | | | ACTI | NG CEO | | |
| | . • | | print name and title | | | ACIII | NG CLO | | |
| | | Print/Type p | reparer's name | Preparer's signature | Date | | Check | If | PTIN |
| Pa | id | DONAT.F | R. SANDLER CPA | DONALD R. SANDLER CP. | A | | self-employe | | P00280160 |
| | epare | | | | I . | | 1 | | |
| | e On | | | | | | Firm's EIN | - ∩4 | -3390751 |
| | | | | 02494 | | | Phone no. | | -455-1480 |
| May | the I | RS discuss th | | shown above? (see instructions). | | | | | X Yes No |
| | | | | · | | | | | |

| Pan | Check if Schedule O contains a response or note to any line in this Part III | X |
|------------|---|-------------------|
| 1 | Briefly describe the organization's mission: | |
| • | TO SUPPORT A STRONG AND SECURE ISRAEL AND TO CARRY OUT PUBLIC INFORMATION | ACTIVITTES |
| | ON THE MIDDLE EAST PEACE ISSUES IN THE UNITED STATES. | VCITATITES _ |
| | ON THE MIDDLE EAST PEACE ISSUES IN THE UNITED STATES. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior | |
| | Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services. | red by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported. | e total expenses, |
| | and revenue, if any, for each program service reported. | |
| /1 a | (Code:) (Expenses \$ 625,399. including grants of \$) (Revenue \$ | 1 |
| 4 a | DISTRIBUTION, DEVELOPMENT, AND PUBLICATION OF EDUCATIONAL MATERIALS, INCLU | IDTNC |
| | NEWSLETTERS, PROGRAM ANNOUNCEMENTS, BROCHURES, AND LETTERS. DISTRIBUTION, | |
| | AND PUBLICATION OF ACTION ALERTS, HANDBOOKS, AND ADVERTISEMENTS. WEBSITE M | |
| | PREPARATION AND DISTRIBUTION. APPROXIMATELY 200,000 PEOPLE SERVED. | WIEVIAT |
| | FREFARATION AND DISTRIBUTION. AFFROXIMATELI 200,000 FEOFLE SERVED. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4 b | (Code:) (Expenses \$ 411,150. including grants of \$) (Revenue \$ |) |
| | POLICY DEVELOPMENT, GOVERNMENT AFFAIRS, MEDIA DEVELOPMENT, SOCIAL MEDIA DE | VELOPMENT |
| | PODCASTS, ORGANIZED JEWISH COMMUNITY INVOLVEMENT. APPROXIMATELY 50,000 PEC | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4 c | : (Code:) (Expenses \$ 194,000. including grants of \$) (Revenue \$ |) |
| | GRANTS FOR EDUCATION, PROGRAM SERVICE, AND OPERATION TO SHA'AL, THE PEACE | NOW |
| | EDUCATION FUND IN ISRAEL. | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | Other program services (Describe in Schedule O.) See Schedule O | |
| | (Expenses \$ 127,642. including grants of \$) (Revenue \$ |) |
| 4 e | e Total program service expenses ► 1,358,191. | |

| | | | Yes | No |
|-------------|--|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| ā | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> | 11 a | | Х |
| ŀ | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | Х |
| C | I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| • | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Χ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| ŀ | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Χ |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ŀ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | Х | |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 17 | | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | Х |

Form 990 (2018) AMERICANS FOR PEACE NOW, INC. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | Х | |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| ı | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| I | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ı | b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28b | | Х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an | | | |
| | officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ı | b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | · [_] |
| 1 | a Enter the number reported in Rev 3 of Form 1006. Enter 0, if not englished | | Yes | No |
| | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | b Enter the number of Forms W-2G included in line Ta. Enter -0- if not applicable | | | |
| (| (gambling) winnings to prize winners? | 1 c | Х | |
| BAA | | Form | | (2018) |

Form 990 (2018) AMERICANS FOR PEACE NOW, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------|--|------------|-----|-----|
| 2 8 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| | ments, filed for the calendar year ending with or within the year covered by this return 2a 8 | | V | |
| ŀ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 2. | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| | a bit dire organization have dimensive abusiness gross meetine or \$1,000 or more during the year. If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q | 3 b | | |
| | a 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)? | | | 3.7 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| (| : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | Х | |
| ł | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. | 6 b | Х | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| á | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | Х |
| ŀ | of Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | ., |
| | Form 8282? | 7 c | | Х |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7. | | Х |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e 7 f | | X |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | 21 |
| | as required? | 7 g | | |
| ŀ | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | 10 | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Ì | Note. See the instructions for additional information the organization must report on Schedule O. | .00 | | |
| ł | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 14 a | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| ŀ | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | 7.7 |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If 'Yes,' see instructions and file Form 4720, Schedule N. | 10 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | | ^ |

Form 990 (2018) AMERICANS FOR PEACE NOW, INC. 13-3509867 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 32 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 X Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

312

WOBURN MA 01801 617-686-2265

ROBERT MCCULLOCH 10 TOWER OFFICE PARK,

| Form 990 | (2018) | AMERICANS | $F \cap D$ | DEVCE | $M \cap M$ | TNC |
|-------------|--------|-------------|------------|-------|------------|-------|
| 1 01111 220 | (2010) | ULLELLACION | LOK | FEACE | INCOM. | TINC. |

13-3509867

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | (C) | | | | | | | | |
|-----------------------|---|-----------------------------------|-----------------------|---------|-----------------------------------|---|--|-------------------------------------|-----------------|--|
| (A) Name and Title | (B) Average hours per | thar | | | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) JEREMY BEN-AMI | 3 | | | | | | | | | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (2) DAVID BIRENBAUM | 33 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (3) ERNEST BOGEN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (4) MARTIN BRESLER | 3 | | | | | | | | | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (5) PETER EDELMAN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (6) AVIVA FUTORIAN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| _(7)_ DAN_FLESHLER | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (8) ROBERT FREEDMAN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (9) GEOFFREY LEWIS | 3 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) JIM GERSTEIN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (11) AVIVA MEYER | 5 | | | | | | | | | |
| VICE CHAIR | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| (12) DANNY GOLDBERG | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) THOMAS FELDMAN | 3 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (14) RICHARD GUNTHER | 3 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |

| Pa | t vii Section A. Officers, Directors, Tru | istees, | ney | Em | ipic | oye | es, | and | a Hignest Com | pensated Empi | oyees | š (conti | nued) |
|------------|--|---------------------------------|-----------------------------------|-----------------------|---------------|-----------------|---------------------------------|--------------|-------------------------------------|--|---------|--------------------------------------|-------|
| | | (B) | | | (C | C) | | | | | | | |
| | (A) Name and title | Average hours per week | box | , unles | heck ss pe | erson direct | e than is botl or/trus | h an tee) | (D) Reportable compensation from | (E) Reportable compensation from | amo | (F) stimated unt of ot | ther |
| | | (list any hours | or di | insti | Officer | Key | Highest co employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | f | npensation from the ganization | |
| | | for related | Individual trustee or director | institutional trustee | <u>e</u> | Key employee | Highest compensated employee | ner | | | an | id related anization | d |
| | | organiza - tions below | 2 2 | <u>ਹਿ</u> | | loye | mp | | | | J | | |
| | | dotted line) | stee | stsu" | | 0 | ensa | | | | | | |
| | | illic) | | Ö | | | ted | | | | | | |
| (15) | JAMES KLUTZNICK | 5 | | | | | | | | | | | |
| 3.2/_ | Chairman | 0 | X | | Χ | | | | 0. | 0. | | | 0. |
| (16) | VICTOR KOVNER | 3 | 1 | | | | | | 0.0 | | | | |
| | Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (17) | LUIS LAINER | 3 | | | | | | | | | | | |
| | Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (18) | JO-ANN MORT | 3 | | | | | | | | | | | |
| | Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (19) | MANDY PATINKIN | 3 | | | | | | | | | | | |
| | Director | 0 | X | | | | | | 0. | 0. | | | 0. |
| (20) | LETTY COTTIN POGREBIN | 3 | | | | | | | | | | | |
| | Director | 0 | X | | | | | | 0. | 0. | | | 0. |
| (21) | MARK_SILVERBERG | 5 | | | | | | | | | | | _ |
| (00) | Treasurer | 0 | X | | X | | | | 0. | 0. | | | 0. |
| (22) | _ <u>MARY_ANN_STEIN</u> | 3 | | | | | | | • | 0 | | | ^ |
| (23) | Director MARCIE SETLOW | 3 | X | | | | | | 0. | 0. | | | 0. |
| (23) | Director | 3 | Х | | | | | | 0. | 0. | | | 0. |
| (24) | SIDNEY TOPOL | 3 | | | | | | | 0. | 0. | | | |
| <u>()</u> | Director | 3 | Х | | | | | | 0. | 0. | | | 0. |
| (25) | JUDITH TULLER | 3 | 71 | | | | | | 0. | 0. | | | |
| | Director | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| 1 k | Sub-total | | | | | | | | 0. | 0. | | | 0. |
| c | Total from continuation sheets to Part VII, Section | on A | | | | | | | 398,874. | 0. | 2 | 77,5 | 553. |
| | Total (add lines 1b and 1c) | | | | | | | | 398,874. | 0. | | | 553. |
| 2 | Total number of individuals (including but not limited | to those I | isted | abov | /e) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensatio | n | |
| | from the organization > 3 | | | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, direct | tor, or tru | stee, | key | em | nplo | yee, | or h | nighest compensat | ed employee | 3 | | 37 |
| | on line 1a? If 'Yes,' complete Schedule J for suc | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greate | reportab | le co | mpe | nsa | ation | and | oth | er compensation to | from | | | |
| | such individual | | | | | | | | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accru | e comper | nsatio | n fro | om : | any | unre | late | ed organization or | individual | | | |
| | for services rendered to the organization? If 'Yes | s,' comple | te So | ched | ule | J fo | r suc | ch p | erson | | 5 | | X |
| <u>Sec</u> | tion B. Independent Contractors Complete this table for your five highest compen | catad ind | onon | dont | | ntra | otoro | tha | t raceived more th | on \$100 000 of | | | |
| • | compensation from the organization. Report compen | sation for | the c | alend | dar <u>y</u> | year | endi | ng v | vith or within the or | ganization's tax year. | | | |
| | (A) Name and business add | | | | | | | | (B) | | _ (| C) | |
| | Name and business add | ress | | | | | | | Description of | of services | Compè | nsatio | n |
| | | | | | | | | - | | | - | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractors (2001, P. 1) | اللهم المرادي | الممان | م الم | .0.2.1 | lict- | ا ماد ا | \(c\ | who received | than | | | |
| 2 | Total number of independent contractors (including the \$100,000 of compensation from the organization) | | neu (| U 1110 | ist l | ารเย(| a abo | ve) | who received more | uidii | | | |
| | 4.55,556 or compensation from the organization | U | | | | | | | | | | | |

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

AMERICANS FOR PEACE NOW, INC.

Employler Identification number

13-3509867

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) | (B) | | | (0 | ;) | | | (D) | (E) | (F) |
|------------------------------------|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
| Name and Title | | Posi | tion (| | | hat app | ly) | | | Estimated |
| | Average hours per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| MICHAEL WALZER Director | 3 | Х | | | | | | 0. | 0. | 0. |
| <u>PETER_WEISS</u> Director | 3 | Х | | | | | | 0. | 0. | 0. |
| EDWARD WITTEN Director | 3 | Х | | | | | | 0. | 0. | 0. |
| STEVE KAPLAN Director | 3 0 | Х | | | | | | 0. | 0. | 0 |
| MIK MOORE | 3 | | | | | | | | | |
| Director SANDY WEINER | 3 | Х | | | | | | 0. | 0. | 0 . |
| Director KATHLEEN PERATIS | 3 | X | | | | | | 0. | 0. | 0 . |
| Director DEBRA DE LEE | 0 40 | Х | | | | | | 0. | 0. | 0 |
| PRESIDENT AND CEO MARK BILSKY | 0 40 | | | | Χ | | | 125,876. | 0. | 235,398 |
| DEPUTY CEO | 0 | | | | Χ | | | 171,028. | 0. | 34,879 |
| ORI NIR DIRECTOR OF COMMUNICATIONS | <u> 40</u> _ 0 | - | | | Χ | | | 101,970. | 0. | 7,276. |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | • | | | | | | | | |
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| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |

Form **990** Cont 2018

| | | FOR PEACE NOW | V, INC. | | | 13-3509867 | | | |
|---|---------------|---------------|---------|-----------------------------|--------------------------|------------|--|--|--|
| Part VIII State | ement of Reve | nue | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | |
| | | | | (A) Total revenue | (B) Related or | (C) | | | |

| | | | (A) Total revenue | (B) | (C) | (D) |
|---|---------|---|----------------------|----------------------|-----------------------|---------------------------|
| | | | Total Teveriue | Related or exempt | Unrelated business | Revenue excluded from tax |
| | | | | function revenue | revenue | under sections 512-514 |
| ts t | 1 a | Federated campaigns 1 a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | |
| S, G | С | Fundraising events | | | | |
| Sitta ar | | Related organizations | | | | |
| ini, | е | Government grants (contributions) 1 e | | | | |
| tio S | f | All other contributions, gifts, grants, and similar amounts not included above 1f 1 461 928 | | | | |
| ੜ੍ਹੋ | | 1/101/320: | | | | |
| 펄 | _ | Noncash contributions included in lines 1a-1f: \$ 21,661. | | | | |
| | h | Total. Add lines 1a-1f | 1,461,928. | | | |
| Program Service Revenue | 2 a | Business Code | | | | |
| ě | ∠a b | | | | | |
| e H | C | | | | | |
| eΣį | d | | | | | |
| Š | e | | | | | |
| grai | f | All other program service revenue | | | | |
| <u>6</u> | g | Total. Add lines 2a-2f ▶ | | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | | | |
| | | | 307. | | | 307. |
| | 4 | Income from investment of tax-exempt bond proceeds > | | | | |
| | 5 | Royalties | | | | |
| | 6 2 | Gross rents | | | | |
| | | Less: rental expenses | | | | |
| | | Rental income or (loss) | | | | |
| | | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | , u | assets other than inventory 21, 181. | | | | |
| | b | Less: cost or other basis | | | | |
| | | and sales expenses 21,661. | | | | |
| | | Gain or (loss)480. | | | | |
| | d | Net gain or (loss) | -480. | | | -480. |
| nue | 8 a | Gross income from fundraising events | | | | |
| /en | | (not including \$ of contributions reported on line 1c). | | | | |
| æ | | See Part IV, line 18 a | | | | |
| ē | b | Less: direct expenses b | | | | |
| Other Reve | | Net income or (loss) from fundraising events | | | | |
| _ | 9 a | Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | | Less: direct expenses b | | | | |
| | С | Net income or (loss) from gaming activities ▶ | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | h | and allowances | | | | |
| | | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11 a | | | | | |
| | b | | | | | |
| | С | | | | | |
| | | All other revenue | | | | |
| | | Total. Add lines 11a-11d | | | | |
| | 12 | Total revenue. See instructions▶ | 1,461,755. | 0. | 0. | -173. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------|--|-----------------------|------------------------------|-------------------------------------|----------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | 3 1 | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 194,000. | 194,000. | | |
| 4 5 | Benefits paid to or for members | 356,239. | 267,179. | 53,436. | 35,624. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 587,497. | 416,446. | 131,360. | 39,691. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 22,196. | 15,733. | 4,963. | 1,500. |
| 9 | Other employee benefits | 44,814. | 31,765. | 10,020. | 3,029. |
| 10 | Payroll taxes | 52,897. | 37,496. | 11,827. | 3,574. |
| 11 | Fees for services (non-employees): | | | | |
| ä | a Management | | | | |
| ı | b Legal | 2,069. | | 2,069. | |
| (| Accounting | 11,525. | | 11,525. | |
| | d Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| ç | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) | 124,931. | 124,931. | | |
| 12 | Advertising and promotion | 1,242. | 1,118. | | 124. |
| 13 | Office expenses | 1,915. | 1,533. | 191. | 191. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 107,361. | 85,889. | 10,736. | 10,736. |
| 17 | Travel | 13,059. | 11,753. | 653. | 653. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 107,689. | 96,921. | | 10,768. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). | 5,902. | 4,722. | 590. | 590. |
| á | Printing and Publications | 55,130. | 44,104. | 5,513. | 5,513. |
| _ | CREDIT CARD AND OTHER FEES | 19,772. | 15,816. | 1,978. | 1,978. |
| | TELEPHONE | 10,981. | 8,785. | 1,098. | 1,098. |
| (| d | | | | |
| • | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,719,219. | 1,358,191. | 245,959. | 115,069. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| 1 Cash – non-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 11 Investments – publicly traded securities. 12 Investments – other securities. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. | (B) nd of year 288,798. 123,805. |
|---|---|
| 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. b Less: accumulated depreciation. 11 Investments – publicly traded securities. 12 Investments – other securities. See Part IV, line 11. | |
| 3 Pledges and grants receivable, net | 123,805. |
| 4 Accounts receivable, net | |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | |
| 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges. 17,744. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a b Less: accumulated depreciation. 10b 11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | - |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 6,381. |
| b Less: accumulated depreciation | |
| 11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 | |
| 12 Investments – other securities. See Part IV, line 11 | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| 14 Intangible assets | |
| 15 Other assets. See Part IV, line 11 | 15,305. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 434,289. |
| 17 Accounts payable and accrued expenses 34,745. 17 | 309,324. |
| 18 Grants payable | 309,324. |
| 19 Deferred revenue 19 | - |
| 20 Tax-exempt bond liabilities | |
| | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | |
| 23 Secured mortgages and notes payable to unrelated third parties | |
| 24 Unsecured notes and loans payable to unrelated third parties | |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | |
| 26 Total liabilities. Add lines 17 through 25 | 309,324. |
| Organizations that follow SFAS 117 (ASC 958), check here \searrow and complete lines 27 through 29, and lines 33 and 34. | |
| 5 27 Unrestricted net assets | 124,965. |
| 28 Temporarily restricted net assets. 138,658. 28 | |
| 29 Permanently restricted net assets | |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 343,771. 27 138,658. 28 29 30 Sabata Sab | |
| 30 Capital stock or trust principal, or current funds | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | |
| 32 Retained earnings, endowment, accumulated income, or other funds | |
| 33 Total net assets or fund balances | 124,965. |
| 34 Total liabilities and net assets/fund balances | |

| | () Indicating for famous non, inc. | 0000 | v . | | - 3 - | |
|-----|--|-------|------------|---------------|--------------|-----|
| Par | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | | Ш |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1, | 461 | , 75. | 5. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 1, | 719 | ,21 | 9. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | - | -257 | ,46 | 4. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 382 | , 42 | 9. |
| 5 | Net unrealized gains (losses) on investments. | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | (| 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| _ | column (B)) | 10 | | 124 | , 96. | 5. |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | Υe | s N | lo |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a | , | Χ |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | 2 b | ζ | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | ate | | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | , | 2 | 2 c 2 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 | а | | Χ |
| b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 | b | | |
| BAA | TEEA0112L 08/03/18 | | Fo | rm 9 9 | 0 (20 | 18) |

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

2018

Open to Public Inspection

| vame | or the | eorganization | | | | | Employer identili | cation number | |
|---|------------|---|--|--|---------------------------------|---------------------|---|---|---------|
| AMI | ERI | CANS FOR PEACE NOW, | INC. | | | | 13-35098 | 67 | |
| Pai | tΙ | Reason for Public Cha | rity Status (All or | ganizations must o | comple | te this | part.) See instru | ctions. | |
| The | orga | nization is not a private found | lation because it is: (| For lines 1 through 12, | check o | nly one | box.) | | |
| 1 | | A church, convention of church | es, or association of ch | nurches described in sect | tion 1 70 (| b)(1)(A)(| i). | | |
| 2 | | A school described in section 1 | 70(b)(1)(A)(ii). (Attach | Schedule E (Form 990 or | 990-EZ |).) | | | |
| 3 | | A hospital or a cooperative h | ospital service organi | ization described in sec | ction 170 |)(b)(1)(A |)(iii). | | |
| 4 | | 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: | | | | | | | |
| 5 | | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a colle mplete Part II.) | ge or university owned | or oper | ated by | a governmental unit o | described in | _ |
| 6 | | A federal, state, or local gove | ernment or governme | ntal unit described in s | ection 1 | 70(b)(1) | (A)(v). | | |
| 7 | | An organization that normally r in section 170(b)(1)(A)(vi). | eceives a substantial p Complete Part II.) | art of its support from a | governm | ental uni | t or from the general p | ublic described | |
| 8 | | A community trust described | in section 170(b)(1)(| A)(vi). (Complete Part I | l.) | | | | |
| 9 | | An agricultural research organi | zation described in sec | tion 170(b)(1)(A)(ix) oper | ated in c | onjunctio | on with a land-grant col | lege | |
| | | or university or a non-land-gran | | | | | | | |
| | | university: | | | | | | | |
| 10 | X | An organization that normally r from activities related to its c investment income and unre June 30, 1975. See section 5 | exempt functions—sub lated business taxable | oject to certain exception in the community in the commun | ns, and | (2) no r | more than 33-1/3% of | its support from gross | s r |
| 11 | | An organization organized ar | nd operated exclusive | ly to test for public safe | ety. See | section | 509(a)(4). | | |
| 12 | | An organization organized ar or more publicly supported o | rganizations describe | d in section 509(a)(1) d | or sectio | n 509(a) | (2). See section 509(| a)(3). Check the box ir | ie า |
| á | ı 🗌 | lines 12a through 12d that de Type I. A supporting organization organization (s) the power to re | on operated, supervise | d. or controlled by its sur | ported o | rganizati | on(s), typically by givin | a the supported | |
| | _ | complete Part IV, Sections A | and B. | | | | | | |
| ŀ |) | Type II. A supporting organiz management of the supporting must complete Part IV, Secti | organization vested in | ontrolled in connection the same persons that co | with its ontrol or | support manage | ed organization(s), by the supported organization | having control or hation(s). You | |
| (| : [| Type III functionally integrated organization(s) (see instruction | | ion operated in connection | n with, a | nd functio | onally integrated with, its | s supported | |
| (| i | Type III non-functionally integrated. The c | rated. A supporting org | anization operated in cor | nection | with its s | supported organization(| s) that is not | |
| • | , <u> </u> | instructions). You must com Check this box if the organiz | plete Part IV, Section | s A and D, and Part V. | · | | | , | |
| | <u> </u> | integrated, or Type III non-fulter the number of supported (| nctionally integrated: | supporting organizatior | ١. | | 3, 3, 3, | pe in functionally | |
| | | ovide the following information | • | | | | | | |
| • | | ime of supported organization | (ii) EIN | (iii) Type of organization | (iva) | s the | (v) Amount of monetary | (vi) Amount of other | |
| | () | | (.,, = | (described on lines 1-10 above (see instructions)) | organizat in your g docur | ion listed overning | support (see instructions) | support (see instructions | s) |
| | | | | | Yes | No | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | _ |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| <u>-, </u> | | | | | | | | 1 | |
| | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | | | • | | |
|--------------|---|---|---|--|---|--|---------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | _ | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, th | nird, fourth, or fifth | tax year as a sectio | on 501(c)(3) | ▶ □ |
| Sec | tion C. Computation of Pul | olic Support P | ercentage | | | | |
| 14 | Public support percentage for 20 | 18 (line 6, columi | n (f) divided by li | ne 11, column (f)) | | 14 | % |
| 15 | Public support percentage from 2 | 2017 Schedule A, | Part II, line 14. | | | | % |
| 16a | 33-1/3% support test—2018. If the and stop here. The organization | | | | | | |
| b | 33-1/3% support test—2017. If th and stop here. The organization | e organization did qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, ch | neck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop her | re. Explain in Part ' | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-ad-circumstances' | and-circumstance test. The organiz | s' test, check this ation qualifies as | box and stop her a publicly support | re. Explain in Part ed organization | VI how the► |
| 18 | Private foundation. If the organiz | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see inst | ructions ► |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | Section A. Public Support | | | | | | | |
|-----|--|-------------------------|--------------------------|----------------------|----------------------|--------------------|------------------|--|
| | lar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 2,404,393. | 1 958 779 | 1 618 598 | 1,564,369. | 1 461 928 | 9,008,067. | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2,404,373. | 1,330,773. | 1,010,330. | 1,304,303. | 1,401,320. | 0. | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 0. | |
| - | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | |
| | Total. Add lines 1 through 5 Amounts included on lines 1. | 2,404,393. | 1,958,779. | 1,618,598. | 1,564,369. | 1,461,928. | 9,008,067. | |
| /a | 2, and 3 received from | | | | | | | |
| b | disqualified persons | 881,856. | 553,829. | 263,250. | 145,000. | 548,665. | 2,392,600. | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | 0. | 0. | 0. | 0. | 0. | 0. | |
| С | Add lines 7a and 7b | 881,856. | 553,829. | 263,250. | 145,000. | 548,665. | 2,392,600. | |
| | Public support. (Subtract line 7c from line 6.) | 332,333. | 000/0231 | 20072001 | 210,000 | 0 10 , 0 00 1 | 6,615,467. | |
| Sec | tion B. Total Support | | | | | | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| | Amounts from line 6 | 2,404,393. | 1,958,779. | 1,618,598. | 1,564,369. | 1,461,928. | 9,008,067. | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,033. | -347. | 992. | 209. | 307. | 2,194. | |
| С | Add lines 10a and 10b | 1,033. | -347. | 992. | 209. | 307. | 2,194. | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | =, ::::: | | | | | 0. | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 2.405.426. | 1.958.432. | 1.619.590. | 1,564,578. | 1.462.235. | 9,010,261. | |
| | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, o | or fifth tax year as | a section 501(c)(| 3) \Box | |
| | tion C. Computation of Pu | | | | | | | |
| | Public support percentage for 20 | • | • | • • • | • | | 73.42 % | |
| | Public support percentage from | | | | | 16 | 73.01 % | |
| | tion D. Computation of Inv | | | | | , , | | |
| | Investment income percentage f | • | | - | *** | | 0.02 % | |
| | Investment income percentage f | | | | | | 0.03 % | |
| | 33-1/3% support tests—2018. If is not more than 33-1/3%, check | this box and sto | p here. The orgar | nization qualifies a | as a publicly supp | orted organization | 1 ► <u>X</u> | |
| b | 33-1/3% support tests—2017. If the line 18 is not more than 33-1/3% | | | | | | | |
| 20 | Private foundation. If the organi | zation did not che | ck a box on line | | theck this box and | see instructions. | ▶ □ | |

BAA

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.)

Section A. All Supporting Organizations

| | | | Yes | No |
|------------|---|-----|-----|----|
| 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 | | |
| 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 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | 3a | | |
| k | 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 | | |
| c | 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 | | |
| 4 a | 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 | | |
| t | 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 | | |
| c | 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 | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | 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? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 | | |
| c | 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 | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II 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 | | |

| Par | t IV | Supporting Organizations (continued) | | | |
|-----|-----------------------------------|---|--------|---------|----|
| | 11 4 | | | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization? | 11a | | |
| b | A fan | nily member of a person described in (a) above? | 11b | | |
| С | A 359 | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | or ele Part If the direct | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ext at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and the supported organization and what conditions or restrictions, if any, and the supported organizations are described to the supported organizations. | 1 | | |
| • | | ed to such powers during the tax year. | | | |
| 2 | that o | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ea | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | orgar year, | he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | orgar | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | orgar | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | | | | |
| 3 | voice all tin | eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| - | | E. Type III T directionally integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | · ∐ ⊤ | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b |) <u> </u> T | he organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | : [] T | he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | ารtruc | tions). | |
| 2 | Activi | ities Test. Answer (a) and (b) below. | ľ | Yes | No |
| а | suppo orgai | substantially all of the organization's activities during the tax year directly further the exempt purposes of the ordanization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was provided at the proposed that these activities constituted | | | |
| | | onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities. | 2a | | |
| b | the o | he activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the | | | |
| | | nization's involvement. | 2b | | |
| 3 | Parer | nt of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the each | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | anizat | ions | |
|-----|--|---------------------|--|--------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization | st on No ons mus | v. 20, 1970 (explain in t complete Sections A | n Part VI). See through E. |
| Sec | tion 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 | | |
| Sec | tion 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): | t | | |
| a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | 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 | | |
| Sec | tion 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-functionally int (see instructions). | tegrated | Type III supporting or | ganization |

Schedule A (Form 990 or 990-EZ) 2018

BAA

10 Line 8 amount divided by line 9 amount

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|-----|--|--|--|--|--|--|
| Sec | Section D — Distributions | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | | | |
| 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 purposes of supported organizations | | | | | |
| 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 the organization is responsive (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | | | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |
| PAA | | Schodulo A (Fo | rm 990 or 990 E7) 2019 |

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.) Part VI

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

| AMERICANS FOR PEACE NOW, INC | | 13-3509867 |
|---|--|---|
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \overline{X} 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not trea | ated as a private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated | as a private foundation |
| | 501(c)(3) taxable private foundation | · |
| | | |
| Check if your organization is covered by the Gene | ral Rule or a Special Rule. | |
| Note: Only a section 501(c)(7), (8), or (10) o | rganization can check boxes for both the General Rul | e and a Special Rule. See instructions. |
| General Rule | | |
| For an organization filing Form 990, 990- | EZ, or 990-PF that received, during the year, contribu- olete Parts I and II. See instructions for determining a | utions totaling \$5,000 or more (in money or a contributor's total contributions. |
| Special Rules | | |
| X For an organization described in section under sections 509(a)(1) and 170(b)(1)(A)(v received from any one contributor, during Form 990, Part VIII, line 1h; or (ii) Form | 501(c)(3) filing Form 990 or 990-EZ that met the 33-1 i), that checked Schedule A (Form 990 or 990-EZ), Part II g the year, total contributions of the greater of (1) \$5, 990-EZ, line 1. Complete Parts I and II. | /3% support test of the regulations I, line 13, 16a, or 16b, and that 000; or (2) 2% of the amount on (i) |
| during the year, total contributions of mo | 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re than \$1,000 <i>exclusively</i> for religious, charitable, so to children or animals. Complete Parts I (entering 'N I. | cientific, literary, or educational |
| during the year, contributions exclusively \$1,000. If this box is checked, enter here charitable, etc., purpose. Don't complete | 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that for religious, charitable, etc., purposes, but no such the total contributions that were received during the any of the parts unless the General Rule applies to table, etc., contributions totaling \$5,000 or more during \$5,000 or more during \$5.000 or | contributions totaled more than year for an <i>exclusively</i> religious, his organization because |
| | | |

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | | , , | | <i>,</i> , | _ | | | |
|----------------------|-----|-------|------|------------|---|--|--|--|
| Name of organization | | | | | | | | |
| AMERICANS | FOR | PEACE | NOW, | INC. | | | | |

Employer identification number

13-3509867

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|--------------------|---|-------------------------------|---|
| 1 | MORIAH FUND C/O AMERICANS FOR PEACE NOW | \$ 35,000. | Person X Payroll Noncash |
| | WASHINGTON, DC 20036 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | TOPOL FAMILY FOUNDATION INC | | Person X Payroll |
| | C/O AMERICANS FOR PEACE NOW | \$ <u>31,100.</u> | Noncash |
| | WASHINGTON, DC 20036 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | SAMUEL RUBIN FOUNDATION | | Person X Payroll |
| | C/O AMERICANS FOR PEACE NOW | \$35,000. | Noncash |
| | WASHINGTON, DC 20036 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | ERNEST & RITA BOGEN | | Person X Payroll |
| | C/O AMERICANS FOR PEACE NOW | \$38,750. | Noncash |
| | WASHINGTON, DC 20036 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total | (d) |
| | Nume, address, and Zn 1 4 | contributions | Type of contribution |
| <u>5</u> | MARTIN & SHIRLEY BRESLER | contributions | Type of contribution Person X |
| <u>5_</u> _ | | contributions | Type of contribution |
| <u>5</u> | MARTIN & SHIRLEY BRESLER | contributions | Person X Payroll |
| 5 (a) Number | MARTIN & SHIRLEY BRESLER C/O AMERICANS FOR PEACE NOW | contributions | Person X Payroll Noncash (Complete Part II for |
| | MARTIN & SHIRLEY BRESLER C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 | \$42,990. | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X |
| (a) Number | MARTIN & SHIRLEY BRESLER C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 Name, address, and ZIP + 4 | \$42,990. | Type of contribution Person X Payroll |

| value of organization | | | | | | | | |
|-----------------------|-----|-------|------|-----|--|--|--|--|
| AMERICANS | FOR | PEACE | NOW. | TNC | | | | |

Employer identification number

13-3509867

| Part I | Contributors (see instructions). | Use duplicate copies of Part I | if additional space is needed. |
|--------|----------------------------------|--------------------------------|--------------------------------|
|--------|----------------------------------|--------------------------------|--------------------------------|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 7 | FOUNDATION FOR MIDDLE EAST PEACE C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 | \$30,000. | Person X Payroll Noncash (Complete Part II for |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | LEE AND LUIS LAINER FAMILY FOUNDATI C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | MARY ANN STEIN C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 | \$39,100. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10_ | JEWISH COMMUNITY FOUNDATION OF L.A. C/O AMERICANS FOR PEACE NOW WASHINGTON, DC 20036 | \$35,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

AMERICANS FOR PEACE NOW, INC.

Name of organization

13-3509867

| Part II | Noncash Property | (see instructions). | Use duplicate copies | of Part II if additional | space is needed. |
|---------|------------------|---------------------|----------------------|--------------------------|------------------|
| | • | | | | |

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if add | ditional space is needed. | |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| AA | | Schedule B (Form 990, 990-E | |

Name of organization
AMERICANS FOR PEACE NOW, INC.

Employer identification number 13-3509867

| Part III | or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., | | | | | | |
|---------------------------|--|---|---|--|--|--|--|
| | Use duplicate copies of Part III if additional | | e instruction | s.) | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | N/A | | - | | | | |
| | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | |
| | | | · – – – – - · – – – – - | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | - | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | f gift Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | |
| | | | · – – – – - · – – – – - | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | · | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | |
| | | | | | | | |
| | l . | | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | xy Tax) (see separate instruc Section 501(c)(4), (5), or (6) o | tions), then organizations: Complete Part III. | | | |
|-------------|--|---|--------------------------|--|--|
| | | IS FOR PEACE NOW, INC. | | Employer identific | ation number |
| | | · | | 13-350986 | |
| | - | rganization is exempt under section | | _ | zation. |
| 1 | | organization's direct and indirect political con of 'political campaign activities') | campaign activities in | Part IV. | |
| 2 | Political campaign activity ex | xpenditures (see instructions) | | ▶\$ | } |
| 3 | Volunteer hours for political | campaign activities (see instructions) | | | |
| | | rganization is exempt under section | , , , , | | |
| 1 | | sise tax incurred by the organization under | | | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | ▶\$ | 0. |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| ŀ | f 'Yes,' describe in Part IV. | | | | |
| Pai | rt I-C Complete if the o | rganization is exempt under section | on 501(c), excep | t section 501(c)(3). | 1 |
| 1 | Enter the amount directly ex | pended by the filing organization for section | on 527 exempt function | n activities ►\$ | |
| 2 | Enter the amount of the filin 527 exempt function activities | g organization's funds contributed to other | organizations for sec | tion ····· ▶ \$ | <u> </u> |
| 3 | Total exempt function expendine 17b | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | ▶\$ | ; |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| 5 | amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the all so received that were promptly and directly deal action committee (PAC). If additional spaces | livered to a separate po | olitical organization, such | as a separate |
| | (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) | | | | | |
| <i>(</i> 6) | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

| A Check ► if the filin | ig organization belongs | | | | | | | | | |
|--|---|---|------------------------------|----------------------------------|------------------------------------|--|--|--|--|--|
| | | to an affiliated group (and | list in Part IV each affilia | ted group member's name, | , | | | | | |
| address, | address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | | | |
| B Check ► if the fili | ng organization check | ked box A and 'limited cor | ntrol' provisions apply. | | | | | | | |
| (The term | Limits on Lobbyir 'expenditures' mean | ng Expenditures is amounts paid or incurr | red.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | |
| 1 a Total lobbying expendit | ures to influence pub | lic opinion (grass roots lo | bbying) | 33,860. | | | | | | |
| b Total lobbying expendit | | 42,764. | | | | | | | | |
| c Total lobbying expendit | | | - | 76,624. | 0. | | | | | |
| | • | es 1c and 1d) | <u> </u> | 1,642,595. | | | | | | |
| | • | • | T T | 1,719,219. | 0. | | | | | |
| f Lobbying nontaxable ar both columns | | unt from the following tab | | 235,961. | | | | | | |
| If the amount on line 1e, col | <u> </u> | The lobbying nontaxable a | | 233,301. | | | | | | |
| Not over \$500,000 | | 0% of the amount on line 1e. | | | | | | | | |
| Over \$500,000 but not over \$1 | | 100,000 plus 15% of the excess | | | | | | | | |
| Over \$1,000,000 but not over \$ | | 175,000 plus 10% of the excess | | | | | | | | |
| Over \$1,500,000 but not over \$ | | 225,000 plus 5% of the excess o | ver \$1,500,000. | | | | | | | |
| Over \$17,000,000 | <u>.</u> | 1,000,000. f line 1f) | | F0.000 | ^ | | | | | |
| • | • | enter -0 | <u> </u> | 58,990. 0. | <u> </u> | | | | | |
| - | | enter -0 | <u> </u> | 0. | 0. | | | | | |
| j If there is an amount othe | er than zero on either li | ine 1h or line 1i, did the org | anization file Form 4720 | reporting | □Yes □No | | | | | |
| Section 4511 tax for this | | | | | 165 140 | | | | | |
| (Son | e organizations that | -Year Averaging Period U made a section 501(h) eloow. See the separate instr | ection do not have to c | | | | | | | |
| | | ing Expenditures During | | | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | | | | | |
| 2a Lobbying nontaxable amount | 247,538 | . 241,110. | 230,110. | 235,961. | 954,719. | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,432,079. | | | | | |
| c Total lobbying expenditures | 98,707 | . 87,312. | 60,153. | 76,624. | 322,796. | | | | | |
| d Grassroots nontaxable amount | 61,884 | . 60,278. | 57,528. | 58,990. | 238,680. | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 358,020. | | | | | |
| f Grassroots lobbying expenditures | 48,377 | . 41,950. | 27,640. | 33,860. | 151,827. 990 or 990-EZ) 2018 | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| (election under section 501(n)). | | | | | | |
|---|---------------|----------|----------------|--------------|------|----|
| | (a |) | | (b) |) | |
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | es | No | | Amo | unt | |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | 7 | | | | |
| d Mailings to members, legislators, or the public? | \dashv | | | | | |
| f Grants to other organizations for lobbying purposes? | _ | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | $\frac{1}{1}$ | | | | | |
| j Total. Add lines 1c through 1i | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred 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) section 501(c)(6). | (5), | , or | | | | |
| | | | | | 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 price | | | | 3 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Pa answered 'Yes.' | rt I | II-A, li | ection ne 3 | n 50 , is | 1(c) | |
| 1 Dues, assessments and similar amounts from members | ٠. إ | 1 | | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | | |
| a Current year. | 1 | 2 a | | | | |
| b Carryover from last year. | ٠. ا | 2 b | | | | |
| c Total | ٠. ا | 2 c | | | | |
| 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | | |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

| | AMERICANS FOR PEACE NOW, INC | • | | 13-3509867 | |
|-----|---|--|-----------------------------------|---|-------------------|
| Par | t Organizations Maintaining Donor A | Advised Funds or Othe | r Similar Fund | ds or Accounts. | |
| | Complete if the organization answe | red 'Yes' on Form 990, | Part IV, line 6 | D. | |
| | | (a) Donor advised fu | ınds | (b) Funds and other acco | ounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor are the organization's property, subject to the organization's | advisors in writing that the a ganization's exclusive legal c | ssets held in don | nor advised funds | No |
| 6 | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impormissible private benefit? | the donor or donor advisor. | or for any other p | ourpose conferring | □No |
| | impermissible private benefit? | | | 165 | INO |
| Par | | rad Waal on Farm 000 | Dort IV/ line - | 7 | |
| | Complete if the organization answe Purpose(s) of conservation easements held by the | | | / . | |
| | | | _ | a historically important land on | |
| | Preservation of land for public use (e.g., recr | eation or education) | | a historically important land ar | ea |
| | Protection of natural habitat Preservation of open space | L | Trieservation of | a certified historic structure | |
| 2 | | 11161 - 1 | | -f | |
| 2 | Complete lines 2a through 2d if the organization held last day of the tax year. | a qualified conservation contr | ibution in the form | of a conservation easement on ti | ne |
| | , | | | Held at the End of th | e Tax Year |
| a | a Total number of conservation easements | | | . 2a | |
| ŀ | Total acreage restricted by conservation easement | nts | | . 2b | |
| (| Number of conservation easements on a certified | historic structure included in | n (a) | . 2c | |
| | Number of conservation easements included in (| c) acquired after 7/25/06, and | d not on a historic | c | |
| | structure listed in the National Register | | | | |
| 3 | Number of conservation easements modified, transfetax year ► | rred, released, extinguished, o | r terminated by the | e organization during the | |
| 4 | Number of states where property subject to conserva | tion easement is located ► | | | |
| 5 | Does the organization have a written policy regar | | | | — |
| | and enforcement of the conservation easements | | | —— | No |
| 6 | Staff and volunteer hours devoted to monitoring, insp | ecting, handling of violations, | and enforcing cons | servation easements during the ye | ear |
| 7 | Amount of expenses incurred in monitoring, inspectin | ng, handling of violations, and | enforcing conserva | ation easements during the year | |
| 8 | Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)? | ne 2(d) above satisfy the req | uirements of sect | tion 170(h)(4)(B)(i) | □No |
| 9 | In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to t | nservation easements in its re | venue and expense | e statement, and balance sheet, a | and |
| | conservation easements. | ne organization s iniancial st | atements that de | scribes the organization's acco | diffing for |
| Par | Organizations Maintaining Collecti Complete if the organization answe | ons of Art, Historical Tred 'Yes' on Form 990, | reasures, or (Part IV, line 8 | Other Similar Assets. 3. | |
| 1 a | If the organization elected, as permitted under SI art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia | for public exhibition, education, | or research in fur | ue statement and balance shee therance of public service, provid | et works of e, |
| ŀ | If the organization elected, as permitted under SI historical treasures, or other similar assets held for p following amounts relating to these items: | oublic exhibition, education, or i | research in furthera | ance of public service, provide the | orks of art, e |
| | (i) Revenue included on Form 990, Part VIII, line | | | • | |
| | (ii) Assets included in Form 990, Part X | | | | |
| 2 | If the organization received or held works of art, histo amounts required to be reported under SFAS 116 | orical treasures, or other simila (ASC 958) relating to these | r assets for financi items: | ial gain, provide the following | |
| a | a Revenue included on Form 990, Part VIII, line 1. | | | ▶\$ | |
| ŀ | Assets included in Form 990, Part X | | | ▶ \$ | |

| Part III Organizations Maintai | ining Collec | ctions of Art | , Historic | al Treasures, or | Otner Similar Ass | ets (continu | iea) |
|--|--------------------|-----------------------------|------------------------|--------------------------------|------------------------------|----------------|-------------|
| 3 Using the organization's acquisition items (check all that apply): | , accession, an | d other records, | _ | · · | a significant use of its | collection | |
| a Public exhibition | | d | Loan or ex | change programs | | | |
| b Scholarly research | | е | Other | | | | |
| c Preservation for future gener | ations | | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collection | ons and explain I | now they furt | her the organization's | exempt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | nan to be mair | ntained as part | of the orgar | nization's collection? | | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | amount on | ents. Comple Form 990, P | ete if the art X, line | organization ans 21. | wered 'Yes' on Fol | rm 990, Pai | rt IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodiar | or other intern | nediary for o | contributions or other | assets not included | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII ar | nd complete the | following t | able: | • | | |
| | | | | | | Amount | |
| c Beginning balance | | | | | . 1c | | |
| d Additions during the year | | | | | . 1 d | | |
| e Distributions during the year | | | | | . 1e | | |
| f Ending balance | | | | | . 1f | | |
| 2a Did the organization include an a | mount on Fori | m 990, Part X, | line 21, for | escrow or custodial a | account liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. C | theck here if the | e explanatio | n has been provided | on Part XIII | | |
| Part V Endowment Funds. C | omplete if t | he organizat | ion answ | ered 'Yes' on For | m 990. Part IV. lir | ne 10. | |
| | (a) Current | | Prior year | (c) Two years back | (d) Three years back | (e) Four year | rs back |
| 1 a Beginning of year balance | | ,, | , | 1 ,, , | ,,,,, | ,,,,, | |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentage | e of the currer | - | ınce (line 1ç | j, column (a)) held a | S: | | |
| a Board designated or quasi-endowm | | % | | | | | |
| b Permanent endowment ► | ~% | | | | | | |
| c Temporarily restricted endowmer | nt ► | % | | | | | |
| The percentages on lines 2a, 2b, ar | nd 2c should ed | ual 100%. | | | | | |
| 3 a Are there endowment funds not in t organization by: | | | | | | Yes | No |
| (i) unrelated organizations | | | | | | 3a(i) | <u> </u> |
| (ii) related organizations | | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the rela | - | | • | | | 3b | |
| 4 Describe in Part XIII the intended | duses of the c | rganization's e | ndowment f | unds. | | | |
| Part VI Land, Buildings, and I Complete if the organi | | | n Form 9 | 90, Part IV, line | 11a. See Form 99 | 0, Part X, li | ne 10. |
| Description of property | | (a) Cost or other | r basis (| b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book va | |
| 1 a Land | | (| 7 | (2.1.0.) | 2.2 2.22.0000 | | |
| b Buildings | - | | | | | | |
| c Leasehold improvements | H- | | | | | | |
| d Equipment | | | | | | | |
| e Other | <u> </u> | | | | | | |
| Total. Add lines 1a through 1e. (Colum | | ual Form 990 F | Part X colu | mn (B) line 10c) | > | | 0. |
| BAA | (4) 111431 69 | IIII 550, I | a , coiui | (2), IIIIC 100.) | | ule D (Form 99 | |

Schedule D (Form 990) 2018

| | | | | e Form 990, Part X, line 1 |
|--|---|---|----------------------------|----------------------------------|
| | egory (including name of security) | (b) Book value | (c) Method of valuation: | Cost or end-of-year market value |
| · | | | | |
| | sts | | | |
| 3) Other | | _ | | |
| <u>A)</u> | | _ | | |
| B) | | _ | | |
| <u>) </u> | | _ | | |
| <u>-,</u> | | _ | | |
| <u>=)</u> | | | | |
| F <u>)</u> G) | | | | |
| 1) | | | | |
| <u>'</u> | | | | |
| otal. (Column (b) must equal Form S | 990 Part X column (R) line 12) | • | | |
| Part VIII Investments - | | | N/A | |
| Complete if th | e organization answere | d 'Yes' on Form 99 | 0, Part IV, line 11c. Se | e Form 990, Part X, line 1 |
| (a) Description of | f investment | (b) Book value | (c) Method of valuation: C | cost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| | | | | |
| (8) | | | | |
| (8) (9) | | | | |
| (8) (9) (10) | 200 D 11/2 1 (D) 1 10 1 | | | |
| (8) (9) (10) Total. (Column (b) must equal Form 9 | 990, Part X, column (B) line 13.) • | | | |
| (8) (9) (10) Total. (Column (b) must equal Form Separt IX Other Assets. | | N/A | 0, Part IV, line 11d. Se | e Form 990, Part X, line 1 |
| (8) (9) (10) Total. (Column (b) must equal Form Separt IX Other Assets. | le organization answere | N/A | 0, Part IV, line 11d. Se | e Form 990, Part X, line 1 |
| (8) (9) (10) fotal. (Column (b) must equal Form (complete if the complete if t | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form s Part IX Other Assets. Complete if th (1) (2) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | 0, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form s Part IX Other Assets. Complete if th (1) (2) (3) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | 0, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form 5 Part IX Other Assets. Complete if th (1) (2) (3) (4) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | 0, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form 5 Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) (otal. (Column (b) must equal Form 5) (Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form 5 Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form 5 Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form (complete if the complete if th | le organization answere | N/ <i>I</i> d 'Yes' on Form 99: | D, Part IV, line 11d. Se | |
| (8) (9) (10) (otal. (Column (b) must equal Form (complete if the complete if t | le organization answere | N/Ad 'Yes' on Form 99 escription | 0, Part IV, line 11d. Se | |
| (8) (9) (10) otal. (Column (b) must equal Form (complete if the complete in th | al Form 990, Part X, column | M/A 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. Se | (b) Book value |
| (8) (9) (10) (otal. (Column (b) must equal Form (complete if the complete if t | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) (otal. (Column (b) must equal Form (complete if the displayed form) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (Column (b) must equal form (complete if the orm) (a) Description (column (complete if the orm) (a) Description (column (colu | al Form 990, Part X, column | M/A 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) (4) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) (4) (5) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) (4) (5) (6) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) (4) (5) (6) (7) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (c) Part IX Other Assets. Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Complete if the or (a) Descrip (1) Federal income taxes (2) (3) (4) (5) (6) | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (complete if the complete if th | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form (complete if the displayed form) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal form (complete if the organization (complete if the organiza | al Form 990, Part X, column es. ganization answered 'Yes' on | N/A id 'Yes' on Form 99 escription (B) line 15.) | 0, Part IV, line 11d. See | (b) Book value |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref | turn. | |
|--|--------------|------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 1,461,755. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 1,461,755. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,461,755. |
| | | · |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F | Retur | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Financial | Retur | · |
| | Retur | · |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. | | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). | 1 | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 2 e | 1,719,219. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | 1 2 e | 1,719,219. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b | 1 2e 3 | 1,719,219. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | 1 2 e | 1,719,219. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICANS FOR PEACE NOW, INC.

Employer identification number

13-3509867

| | on Form 990, Par | rt IV, line 14b. | | · | | |
|------|---|--|---|---|--|---|
| 1 | For grantmakers. Does the the grantees' eligibility for | e organization mai the grants or assi | ntain records to s stance, and the s | substantiate the amount of its election criteria used to award | grants and other assista the grants or assistance | nce, e? X Yes No |
| 2 | For grantmakers. Describe in United States. | n Part V the organiz | zation's procedures | s for monitoring the use of its gra | ints and other assistance | outside the |
| 3 | Activities per Region. (The | following Part I, I | ine 3 table can b | e duplicated if additional space | e is needed.)Part V | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| | MIDDLE EAST & N. | | | | | |
| (1) | AFRICA | | | GRANT MAKING | GRANTS | 194,000. |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
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| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| | a Subtotal | | | | | 194,000. |
| ı | b Total from continuation sheets to Part I | | | | | |
| | C Totals (add lines 3a and 3h) | 0 | 0 | | | 194 000 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant Part V | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|-------------|------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|--|
| | | | MIDDLE EAST | PART V | 194,000. | PART V | | | |
| | | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

BAA Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|---------------------------------|---------------------------------|----------------------------------|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
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| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| BAA | 1 | l | | l | l | Schedule F | (Form 990) 2018 |

| | edule F (Form 990) 2018 AMERICANS FOR PEACE NOW, INC. | 13-3509867 | Page 4 |
|---|---|----------------|--------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations (see Instructions for Form 5471). | Certain Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). | _ | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). | | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (some structions for Form 5713; don't file with Form 990) | see <u> </u> | X No |

BAA Schedule F (Form 990) 2018 TEEA3505L 11/02/18

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I - Additional Supplemental Information

SCHEDULE F, PART II, LINE 1(D), PURPOSE OF GRANT:

GRANTS FOR EDUCATION, PROGRAM SERVICE, GENERAL SUPPORT, AND OPERATIONS.

SCHEDULE F, PART II, LINE 1(F), MANNER OF CASH DISBURSEMENT:

WIRE.

Part II, Line 1 - Additional Supplemental Information

SCHEDULE F, PART II, LINE 1(D), PURPOSE OF GRANT:

GRANTS FOR EDUCATION, PROGRAM SERVICE, GENERAL SUPPORT, AND OPERATIONS.

BAA TEEA3504L 11/02/18 Schedule F (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICANS FOR PEACE NOW, INC.

Employer identification number 13-3509867

| Parl | t I Questions Regarding Compensation | | | |
|------|---|-----|-----|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain | 1 b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4 a | | Χ |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4 b | | Χ |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4 c | | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0 | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| а | The organization? | 5 a | | Χ |
| b | Any related organization? | 5 b | | Χ |
| | If 'Yes' on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| а | The organization? | 6 a | | Χ |
| b | Any related organization? | 6 b | | Χ |
| | If 'Yes' on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III | 8 | | Χ |
| | If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations | | | |
| _ | section 53.4958-6(c)? | 9 | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| - | (B) Breakdown o | of W-2 and/or 1099-MIS | SC compensation | (C) Dating and | (D) Namtavahla | (E) Total of | (E) Commonation |
|--------------------------|-----------------------|-------------------------------------|---|--|-------------------------|-------------------|---|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| DEBRA DE LEE (i) | 125,876. | 0. | 0. | 235,398. | 0. | 361,274. | 0. |
| 1 PRESIDENT AND CEO (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MARK BILSKY (i) | 171,028. | 0. | 0. | 6,841. | 28,038. | 205,907. | 0. |
| 2 DEPUTY CEO (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | L | | | L | | L | |
| 3 (ii) | | | | | | | |
| (i) | | | | | | | |
| 4 (ii) | | | | | | | |
| (i) | | | | | | | |
| 5 (ii) | | | | | | | |
| (i) | | | | | | | |
| 6 (ii) | | | | | | | |
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| 7 (ii) | | | | | | | |
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| 8 (ii) | | | | | | | |
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| 9 (ii) | | | | | | | |
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| 10 (ii) | | | | | | | |
| (i) | | | | L | | | |
| 11 (ii) | | | | | | | |
| (i) | | | | | | | |
| 12 (ii) | | | | | | | |
| (i) | | | | | | | |
| 13 (ii) | | | | | | | |
| (i) | | | | | | | |
| 14 (ii) | | | | | | | |
| (i) | | | | <u> </u> | | L | |
| 15 (ii) | | | | | | | |
| (i) | | | | <u> </u> | | L | |
| 16 (ii) | | TEE //102 10/20 | 110 | | | | I (Form 000) 2019 |

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Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICANS FOR PEACE NOW, INC.

Employer identification number

13-3509867

Form 990, Part III, Line 4d - Other Program Services Description

FORUM SPEAKERS, CONFERENCES, WORKSHOPS, EXPOSITIONS, FESTIVALS, MEMBERSHIP, MISSION TO ISRAEL. APPROXIMATELY 20,000 PEOPLE SERVED.

Form 990, Part VI, Line 11b - Form 990 Review Process

A COPY OF THE 2018 FORM 990 WAS PROVIDED TO EACH BOARD MEMBER BEFORE IT WAS FILED WITH THE IRS. HOWEVER, THE BOARD WILL NOT REVIEW THE FORM 990 BEFORE OR AFTER IT IS FILED AS PART OF ITS BOARD ACTIVITIES.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A compensation committee is chosen amongst the board members and one person is appointed chairperson. Comparability data is gathered and given to the chairperson. The committee is charged to meet periodically to deliberate and determine the compensation for the CEO and top executives of the organization.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

MA CA CT FL GA HI IL LA ME MD MI MN MO NH NJ NM NY NC ND OH PA RI VI WA WI

Form 990, Part VI. Line 19 - Other Organization Documents Publicly Available

AVAILABLE IN ORGANIZATION'S OFFICE UPON REQUEST.