For Paperwork Reduction Act Notice, see the separate instructions.

end-of-year figure reported on prior year's return)

Salaries, other compensation, and employee benefits

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Other expenses (describe in Schedule O)

Professional fees and other payments to independent contractors

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

Benefits paid to or for members

.

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

11

12

13

14

15

16

17

Net Assets

Form 990-EZ (2016)

11

12

13

14

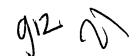
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19

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8,570

1,580

5,359

1,467

53,969

71,822

17,082

261,283

278,365

Form 990-EZ (2016) OMNI CENTER FOR PEACE J	USTICE & ECO		20	<u>-1247</u>	116 Page 2
Part II Balance Sheets (see the instructions for Part II)					· · · · · · · · · · · · · · · · · · ·
Check if the organization used Schedule O to res	pond to any questio	n in this Part	II	<u> </u>	<u></u> <u>.</u> . 🔲
•			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			114,27	7 22	136,102
23 Land and buildings		_	147,00	6 23	142,263
24 Other assets (describe in Schedule O)				0 24	0
25 Total assets			261,28	3 25	278,365
26 Total liabilities (describe in Schedule O)				0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree			261,28	3 27	278,365
Part III Statement of Program Service Accomplishme	•				Evanasa
Check if the organization used Schedule O to re	spond to any questic	on in this Par	tIII]	Expenses
What is the organization's primary exempt purpose? EDUCATION -	PEACE, JUSTICE,	ECOLOGY		- I '	quired for section
Describe the organization's program service accomplishments for eac	h of its three largest pro	ogram services	2	- 1	(c)(3) and 501(c)(4)
as measured by expenses. In a clear and concise manner, describe the	e services provided, th	e number of	·1		anizations, optional for
persons benefited, and other relevant information for each program titl	е		•	othe	
28 KPSQ LP FM RADIO HOLDS AN EDUCATIONAL NONI	PROFIT BROADCAS	T		_	
LICENSE. IT HAS COMPLETED ITS RECORDING S	STUDIO AND			_	
INCREASED ITS PRODUCER / DJ BASE TO OVER	15 VOLUNTEERS			_	
(Grants \$) If this amount in	cludes foreign grants, c	heck here .	. [] 28a	12,315
29 OMNI 350/CITIZENS CLIMATE LOBBY RAISED MOD	NEY TO SEND MEM	BERS			
TO THEIR NATIONAL CONVENTION AND TO DO IM	PORTANT OUTREAC	Н		_	
AROUND THE STATE.			.,	_	
(Grants \$) If this amount in	cludes foreign grants, c	heck here .	▶ [] 29a	28,161
30 JACOB GEORGE MEMORIAL PROJECT IS AN OUTREA	ACH OF LOVE IN				
MEMORY OF A MEMBER WHO WAS A MILITARY VET	·	10.		-	
ADVOCATE TO SEND CDS OF HIS MUSIC TO ANY V	ETERAN WHO WAN	TS		-	
	cludes foreign grants, c		▶ [ັ 30a	919
31 Other program services (describe in Schedule O)					
	cludes foreign grants, cl] 31a	,
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Empl					
Check if the organization used Schedule O to respond	•				· —
		(c) Reportable			
(a) Name and title	(b) Average hours per week	compensation	n contributions to e	mployee	(e) Estimated amount of
••	devoted to position	(Forms W-2/1099 (If not paid, ent			other compensation
STEVE HOLST		(ii iiot paia, oii	datatrea compo	ISUTON	
PRESIDENT	10.00		· d	d	0
KELLY MULHOLLAN			1		
VICE PRESIDENT	10.00		d	۵	0
RICHARD TIFFANY					
TREASURER	10.00		٩	٦	0
JOE NEWMAN	1		1		<u>_</u>
TRUSTEE	23.00		٨		0
JULIE THACKER	23.00			-	<u></u>
SECRETARY	10.00		٦	ا	•
GLADYS TIFFANY	10.00		<u> </u>	-4	0
EXECUTIVE DIRECTOR	60.00		400	ا	_
JEANNE NEATH	60.00		,400	— 4	0
				ا	_
TRUSTEE	5.00		q	9	0
CIAN KENNEFICK		1		ł	
YOUTH TRUSTEE	2.00		q	q	0
DAN MONTGOMERY	•			}	
YOUTH TRUSTEE	2.00		q	<u>q</u>	0
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	<u> </u>				F
EEA					Form 990-EZ (2016)

OMNI CENTER FOR PEACE JUSTICE & ECO 20-1247116 Form 990-EZ (2016) Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Х 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 1 b Did the organization file Form 1120-POL for this year? 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes." complete Schedule L. Part II and enter the total amount involved 38h 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under , section 4912 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed 42 a The organization's books are in care of ▶ RICHARD TIFFANY Telephone no 479-935-4422 Located at ▶ 3274 LEE AVE, FAYETTEVILLE, AR ZIP + 4 > 72703 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Ĵ, completed instead of Form 990-EZ Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Х X c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an . 232 explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 9	90-EZ (2016) OMNI CENTER FOR	PEACE JUSTICE &	ECO		20-12	47116	F	age 4
						<u></u>	Yes	No
46	Did the organization engage, directly or indirectly,						- "."	
D	to candidates for public office? If "Yes," complete		<u></u>	<u></u>	<u>· · · · · ·</u>	. 46		X
Par	All section 501(c)(3) organizations		ions 47-49b and 52,	and complet	e the tat	bles for li	nes	
	50 and 51.	b. 1 1. O.		L: D1.70				
	Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI			<u>.</u>	<u>. L.</u>
	D d the control of th	h	.ld.a. m affaat d			F	Yes	No
47	Did the organization engage in lobbying activities of year? If "Yes," complete Schedule C, Part II					. 47	Х	
48	Is the organization a school as described in section					. 48		х
4 0 49а	Did the organization make any transfers to an exer					49a	_	X
	If "Yes," was the related organization a section 52		· · · · · · · · · · · · · · · · · · · ·					1
50	Complete this table for the organization's five higher	-						L
	employees) who each received more than \$100,00	•	·		-			
			(c) Reportable	(d) Health bene				
	(a) Name and title of each employee	(b) Average hours per week	compensation	contributions to en benefit plans, and		(e) Estimate other cor		
		devoted to position	(Forms W-2/1099-MISC)	compensation		00101 001	пропоск	
NONE	<u> </u>			<u> </u>				
				ļ				
	<u></u>							
	\$100,000 of compensation from the organization (a) Name and business address of each independent contri		(b) Type of service	e	(c)	Compensatio	n	
		· <u>.</u>						
NONI	3							
								
	Total number of other independent contractors each	th receiving over \$100,000	<u> </u>					
52	Did the organization complete Schedule A? Note	All section 501(c)(3) orga	anizations must attach a					
	completed Schedule A	<u> </u>	<u> </u>	<u> </u>	▶	X Yes		No
Under	penalties of perjury, I declare that I have examined this re	turn, including accompanying	schedules and statements,	and to the best of	my knowled	lge and belie	f, it is	
true, c	correct, and complete Declaration of preparer (other than	officer) of based on all informa	ation of which preparer has	any knowledge	s	,		
	Steve Por	M		6-1	2-18	5		
Sigr		•		Date				
Here		-						
	Type or print name and title Print/Type preparer's name	Preparer's signature	M Date			PTIN		
Paid	RICHARD TIFFANY	Richard FA	lung 6-12	Check self-en	mployed	P014820	84	
Prepa	arer Firm's name ► DIVERSIFIED EQU	ITIES SERVICES		Firm's EIN	<u> </u>			
Use C								
	Howard KS 67349			Phone no	620-3	74-2583		
	he IRS discuss this return with the preparer shown	above? See instructions		<u> </u>	<u></u>	X Yes		No
EEA						Form 99	W-EZ	(2016

SCHEDULE A

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.

OMB No 1545-0047

2016

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name	of the	organization					Employer identific	ation number
OMN	I C	ENTER FOR PEACE JUSTICE	ECO				20-12471	16
Pa	rt I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part) See instruction	S.
The	orga	nization is not a private foundation beca						
1	Ň	A church, convention of churches, or		•				Q_{i}
2	Ħ	A school described in section 170(b)						0
3	Ħ	A hospital or a cooperative hospital s						0
4	Ħ	A medical research organization ope	-				(1)(A)(iii). Enter the	1
7		hospital's name, city, and state	rated in conjunction	ii wikii a noopika oooonb			(1)(1)(11)(11)	1
_		An organization operated for the bene	fit of a college or u	invorety owned or oper	ated by a c	overnmen		
5	ш	_		iniversity owned or opera	aled by a g	JOVETHILE	ai unit described in	
_		section 170(b)(1)(A)(iv). (Complete			470/1 \/4\/			
6	님							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
		described in section 170(b)(1)(A)(vi). (Complete Part i	1)				
8	Ц	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II)				
9	Ц	An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll-	ege
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter the	e name, ci	ty, and stat	e of the college or	
		university						
10	X	An organization that normally receives	s (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	s
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	and unrelated but	siness taxable income (le	ess section	າ 511 tax) f	rom businesses	
		acquired by the organization after Jul	ne 30. 1975 See s	section 509(a)(2). (Com	plete Part	III)		
11	П	An organization organized and opera						
12	Ħ	An organization organized and operat	-	•				es
		of one or more publicly supported org	=	•			•	
		Check the box in lines 12a through 12						• •
	а	Type I. A supporting organization						
	a	the supported organization(s) the	• •	•	• •	-		ring
		•••			illy of the t	III ECIOIS OI	liusiees of the	
		supporting organization You mu	•					_
	b	Type II. A supporting organization						
		control or management of the sup			rsons that	control or r	nanage the supported	•
		organization(s) You must comp						
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in coi	nnection w	ith, and fu	nctionally integrated	with,
		its supported organization(s) (see	e instructions) You	u must complete Part l	V, Sectior	ıs A, D, ar	nd E.	
	d	Type III non-functionally integr	ated. A supporting	organization operated	ın connect	ion with its	supported organizat	ion(s)
		that is not functionally integrated	The organization g	jenerally must satisfy a d	stribution	requiremer	nt and an attentivenes	s
		requirement (see instructions) Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	non-functionally in	ntegrated supporting org	anızatıon			
	f	Enter the number of supported organi						
	g	Provide the following information about						
		i) Name of supported organization	(ii) EIN	(III) Type of organization	(rv) is the c	organization	(v) Amount of monetary	(vi) Amount of
	,	i) Name of supported organization	(II) CIN	(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum	nent?	instructions)	instructions)
			-		Yes	No	-	
(A)								
(B)					ŀ			
			_	<u> </u>	<u> </u>	<u> </u>		
(C)								
(0)								
(D)								
(D)								
<u> </u>								
(E)	,							
				· : \	7 . · 1	1,71.00		
T-4-				The sport with the second	10.00	[* , · · ·	1	

OMNI CENTER FOR PEACE JUSTICE & ECO 20-1247116 Page 2 Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2016/ Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2015 Schedule A, Part II, line 14 15 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the ffacts-and-circumstances" test. The organization qualifies as a publicly

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

instructions

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.)

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	1
received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 4 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from their than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from	
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	6,665
unrelated trade or business under section 513 . 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4,755
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge	
furnished by a governmental unit to the organization without charge	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,420
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	
c Add lines 7a and 7b 12,000 6,813 1 8 Public support. (Subtract line 7c from 2 <t< td=""><td></td></t<>	
8 Public support. (Subtract line 7c from	8,813
8 Public support. (Subtract line 7c from	8,813
	2,607
Section B. Total Support	
Calendar year (or fiscal year beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Tot	
9 Amounts from line 6	1,420
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,149
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	
c Add lines 10a and 10b	6,149
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	
13 Total support. (Add lines 9, 10c, 11, and 12)	7,569
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<u> </u>
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	_%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	%
19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
 b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶ 🏻

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

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III		<u> </u>	
Nam	e of organization			Employer i	dentification number
OM	NI CENTER FOR PEACE JUSTICE			20-124	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	s a section 527 orga	nization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV	(see instructions for	
	definition of "political campaign activities"	⁽)			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3	Volunteer hours for political campaign act	vivities (see instructions)			
Pa	rt I-B Complete if the organ	ization is exempt under section	on 501(c)(3).		· · · · · · · · · · · · · · · · · · ·
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	55	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sec	tion 4955	> \$	
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year?			. 🗌 Yes 🔛 No
4a	Was a correction made?				. 🗌 Yes 💹 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under section	on 501(c), exc	ept section 501(c)(3	5).
1	Enter the amount directly expended by the	e filing organization for section 527 exer	npt function		
	activities			▶ \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form 1	120-POL,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employe	er identification number (EIN) of all section	on 527 political org	janizations to which the filir	ng
	organization made payments. For each o	rganization listed, enter the amount paid	from the filing orga	anization's funds Also ente	Г
	the amount of political contributions recei	ved that were promptly and directly deliv	ered to a separate	e political organization, sud	ከ
	as a separate segregated fund or a politi	ical action committee (PAC) If additiona	space is needed,	provide information in Part	IV.
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
(2)					
(3)					
					
(4)					
			·	 	
(5)					1
		 			
(6)					

_		FOR PEACE JUS		a\/2\ a = d 4:1 a d	Earm 5769 (alos	
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt un	der section 501(c)(3) and filed	Lotu 2/98 (6160	unaer
		an affiliated group	and list in Part IV each	n affiliated group me	emher's	
A	Check ► ☐ if the filing organization belongs to name, address, EIN, expenses, ar	=		r annated group in	erriber 3	
_	Check → ☐ if the filing organization checked b					
<u> </u>		bying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	Total lobbying expenditures to influence public of					·
b						
c						
d						
e	Total exempt purpose expenditures (add lines 1			·		
f	Lobbying nontaxable amount. Enter the amount					
	columns	· ·			İ	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount i	s:	* '.	
	Not over \$500,000	20% of the am	ount on line 1e		, , , , , , , , , , , , , , , , , , ,	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess ov	er \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess ov	er \$1,000,000	, i.e.	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove	r \$1,500,000	\\	1995年7月東道海
	Over \$17,000,000	\$1,000,000			no to	.,,
ç	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
r	Subtract line 1g from line 1a If zero or less, ent	er -0				
i	Subtract line 1f from line 1c If zero or less, ente	r-0				
j	If there is an amount other than zero on either lin	ne 1h or line 1i, did th	e organization file For	m 4720		
	reporting section 4911 tax for this year?		<u> </u>		<u> </u>	∐ Yes ∐ No
	(Some organizations that made a s		ng Period Under s		of the five columr	ıs below.
			structions for line			
				- David		
_	Lobb	ying Expenditures	During 4-Year Averag	ging Period	Ī	
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
2 a	Lobbying nontaxable amount					
t	Lobbying ceiling amount	, , ,	4			
	(150% of line 2a, column (e))	30 E	* * * *	* { *	· , · , · , · , · , · , · , · , · , · ,	
_	Total lobbying expenditures					
ď	d Grassroots nontaxable amount			•		
-	Grassroots ceiling amount (150% of line 2d, column (e))	. 222	, , ,	*, *, ., .,		

EEA

Schedule C (Form 990 or 990-EZ) 2016

	(election under section 501(h)).	T .				
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	<u> </u>	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ;	
-	legislation, including any attempt to influence public opinion on a legislative matter or		,		-55 }	
	referendum, through the use of	Ĭ. · ·	3.3	20	وا در روارت	:
а	Volunteers?	X		\$	- 15.	1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		{s:	
C	Media advertisements?		Х	1	·	
d	Mailings to members, legislators, or the public?		Х			
e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?	X				150
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Х			
i	Total Add lines 1c through 1i		. کیو			15
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	' -	X	*	Zálás	
b	If "Yes," enter the amount of any tax incurred under section 4912	** - '	ا الْمَوْدُ ا	1 ~	W. 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	-+ ×
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1.5° (*			_
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	. 44.	~ 6.85	1.5	£ 2 463	. W.
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), (or se			
<u></u>	501(c)(6).	/\- <i> </i> ,				
	33.(3)(4)				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 prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				line 3	. is
	answered "Yes."	(,		•		•
1	Dues, assessments and similar amounts from members	-	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).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		447.57			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			.)		
	and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
_	rt IV Supplemental Information	<u> </u>				•
	ide 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			
	e instructions), and Part II-B, line 1. 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.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

OMNI CENTER FOR PEACE JUSTICE & ECO 20-1247116 01. List of grants and similar amounts paid (Part I, line 10) VARIOUS 501C3 ORGANIZATIONS ACTIVITY THUOMA 877 02. Description of other expenses (Part I, line 16) DESCRIPTION TRUOMA DEPRECIATION FROM 4562 4,743 BANK PAYPAL CREDIT CARD FEES 56 DUES AND SUB 1,205 FOOD 1,044 OTHER EXP 882 PROGRAM EXP 29,268 2,401 RE TAX AND INS SUPPLIES 1,283 12,127 TRAVEL WEBSITE AND EMAIL 960