16

17

18

# **Short Form Return of Organization Exempt From Income Tax**

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

2018

Open to Public

 $\frac{294921940304}{1}$ 

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

	epartment of the Treasury  lernal Revenue Service  Go to www.irs.gov/Form990EZ for instructions and the latest information.					. maheemon.	
A For the 2018 calendar year, or tax year beginning , 2018, and ending							, 20
В	Check if applicable C Name of organization D Employ			er ide	ntification number		
	Address change HOPE FOR NON-VIOLENCE 27-			1529	584		
	Name chan	ige	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telepho	ne nun	nber
	Initial return	1					
	Final return	/terminated	407 W JEFFERSON	В	(81	5) 72	6-7964
	Amended re	eturn	City or town state or province, country, and ZIP or foreign postal code	۲	F Group I	Exempt	tion
$\Box$	Application	pending	JOLIET, IL 60435	<i>O</i> 3	Numbe	r <b>&gt;</b>	
G	Accounti	ng Method	☐ Cash ☐ Accrual Other (specify) ►	Н	Check ▶	if th	he organization is not
1	Website	: ▶		_	required to	attach (	Schedule B
J	Tax-exe	mpt status (c	heck only one) - 🗶 501(c)(3) 🔲 501(c)( ) ◀ (insert no ) 🔲 4947(a)(1) o	527	(Form 990,	990-EZ	Z, or 990-PF)
K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other				
L.	Add lines	5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total a	ssets		
(Pa	ırt II, colu	ımn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	59,735
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balar	ices (see th	e instructio	ns for	Part I)
		Check if	the organization used Schedule O to respond to any question in t	his Part I			· · · · · · · · · · · · · · · · · · ·
_	1	Contributions	s, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts · · · · · · · · · ·			2	59,735
	3	Membership	dues and assessments			3	
	4	Investment in	ncome			4	
	5a	5a Gross amount from sale of assets other than inventory 5a					
	b	b Less cost or other basis and sales expenses · · · · · · · · · · · · · · · · · ·					
	С						
	6	Gaming and	Gaming and fundraising events				-CEIVED
	a	Gross incom	e from gaming (attach Schedule G if greater than		1~1	**************************************	マーラス
),te	1	\$15,000) •	6a	<u></u>	151	i "Ith	1 0 2 2010 19
Revenue	b	Gross incom	e from fundraising events (not including \$	of contribution	ns / L		- 0 5 CAIN [3]
æ		from fundrais	sing events reported on line 1) (attach Schedule G if the			Od	DEN, UT
		sum of such	gross income and contributions exceeds \$15,000) · · · · · · · 6b				DEN, UT
	C	Less direct e	expenses from gaming and fundraising events 6c			* * *	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act			
		•				6d	
	1		of inventory, less returns and allowances · · · · · · · · · · · · · · · · · · ·			1 1 3	
			goods sold			<u> </u>	
		•	or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · ·		1	7c	
	8	Other revenue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	59,735
	10		imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·		1	10	
	11	•	to or for members			11	· <del></del> ·
S			er compensation, and employee benefits · · · · · · · · · · · · · · · · · · ·			12	24,700
Expenses			fees and other payments to independent contractors			13	410
g	1		rent, utilities, and maintenance		1	14	10,502
ш	15	Printing, pub	lications, postage, and shipping			15	25

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

16,786 Form 990-EZ (2018)

14,908

50,545

9,190

7,596

16

17

18

19

20

Form 990-EZ (2018) HOPE FOR NON-VIOLENCE			27-:	1529	584 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	spond to any questio	n in this Part II			· · · · · · · · · · · · · · · · · · ·
•			Beginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·			7,596	22	16,786
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			. 0	24	0
25 Total assets			7,596	25	16,786
26 Total liabilities (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree w			7,596	27	16,786
Part III Statement of Program Service Accomplishme					Expenses
Check if the organization used Schedule O to re			<del></del>	(Red	quired for section
What is the organization's primary exempt purpose? DOMESTIC V	IOLENCE/ANGER M	IGMT COUNSE	ING	501(	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				orga	nizations, optional for
as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title	•	number of		othe	rs)
28 PROVIDING CONSULTATION AND EDUCATION FOR I AGENCIES THROUGH GROUP COUNSELING SESSIONS		HODS			
ON THE ISSUES RELATING TO DOMESTIC VIOLENCE					
	cludes foreign grants, c	heck here · ·	▶ 🗍	28a	50,545
29					
(Grants \$ ) If this amount in	cludes foreign grants, c	heck here · ·	<sub>.</sub> . ▶ 🔲	29a	
30					
	cludes foreign grants, c			30a	
, , , , , , , , , , , , , , , , , , ,			_	1	
	cludes foreign grants, c			31a	<del></del>
32 Total program service expenses (add lines 28a through 31a)	•			32	
	•	•			
Check if the organization used Schedule O to respond to	any question in this Fa	T	(d) Health benefit	—т	
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	contributions to emp	,	(e) Estimated amount of
(b) Hame and the	devoted to position	(Forms W-2/1099-MI			other compensation
MATTHEW G ZATKALIK		(if not paid, enter	-0-) deferred compensa	auon	
DIRECTOR	5.00		o	٥	0
GINA SIPICH				7	
DIRECTOR	5.00		o	o	0
SHERRI L MARCUM-HEETEL		STMA03			
EXECUTIVE DIRECTOR/PRESIDENT	25.00	24,7	700	0	0
ROBYN BALCAITIS MARKHAM					
SECRETARY/TREASURER	5.00		0	0	0
SAMANTHA MOSHER-CARNEVALE					
DIRECTOR	5.00		0	0	0
		ļ. <u>-</u>			
				ľ	
				l	
	<del> </del>	-			
		1			
					<del></del>
					<del></del>
				1	
	<del> </del>		<del>                                      </del>		
EEA	<u></u>	l		<del>- 1</del>	Form <b>990-EZ</b> (2018)

Form 9	990-EZ (2018) HOPE FOR NON-VIOLENCE 27-1529	584	F	age 3
<b>Pa</b>	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			<del>-</del> ; .
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. $\square$
`	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			<u> </u>
•	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1	$\vdash$	,
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		l v
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	<del>                                     </del>	X
33 a	· • • • • • • • • • • • • • • • • • • •	250		· v
<b>.</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	├	X
	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		<del>                                     </del>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			١.,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	ļ	X.
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	Appures Group	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	here's E	X
∙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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · · · · · · · ·			
39	Section 501(c)(7) organizations Enter			
а				
40 a	Section 501(c)(3) organizations   Enter amount of tax imposed on the organization during the year under			
-	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
, p	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		Х
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,			8.94
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	202000	X
41	List the states with which a copy of this return is filed   IL	•		
42 a	The organization's books are in care of SHERRI L MARCUM-HEETEL Telephone no 815-7	26-7	964	
	Located at ▶ 13646 PHEASANT CIRCLE, HOMER GLEN, IL ZIP+4 ▶ 60491			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	eranie i	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<b>MALE</b>	CALLED .	38214
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a	E138622	X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		Â
J	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	13-terminano		
_	Did the organization receive any payments for indoor tanning services during the year?	44b		X
		44c	€Z PER	
u	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
AE -		44d		17
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	angile Mi	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ See instructions	45b		Χ

Form 9	90-EZ (20	HOPE FOR NON-VIO	OLENCE	<del></del>		27-1	.52958	4		age 4
46	Did the	area a section and a section as and a settle as a		b-b-lf-f			Г		Yes	No
40		organization engage, directly or indirectly, in plates for public office? If "Yes," complete So					ļ	46	<u></u>	
Par		Section 501(c)(3) Organizations			<del>· · · · · · · · · · · · · · · · · · · </del>		· · L	46		X
<u> </u>	2_2_	All section 501(c)(3) organizations		ons 47 - 49b and 5	2 and cor	nolete the	tables	for	lines	2
		50 and 51	made anotto, quode		<u>_</u> , and oo.	inpicto tiro	· tubicc	, 101	mics	,
		Check if the organization used Sch	edule O to respond	to any question in	this Part V	1				. П
		<u></u>		to any quodicin				Ť	Yes	No
47	Did the	organization engage in lobbying activities or l	have a section 501(h) ele	ction in effect during the	tax				103	
		"Yes," complete Schedule C, Part II	• •	J				47		!
48	-	rganization a school as described in section						48		Х
49a		organization make any transfers to an exemp					_	49a		
b		was the related organization a section 527 o		-				49b		
50		ete this table for the organization's five highes	_				L.,			
		ees) who each received more than \$100,000				-				
			-	(c) Reportable	(d) Health					
		(a) Name and title of each employee	(b) Average hours per week	compensation	contributions benefit plans.	to employee			d amour	
			devoted to position	(Forms W-2/1099-MISC)	comper		our our	er cor	npensat	ion
NONE	1.									
		imber of other employees paid over \$100,000			_					
51	Comple	te this table for the organization's five highest	t compensated independe	ent contractors who each	received mo	re than				
	\$100,00	00 of compensation from the organization If t	there is none, enter "Non-	e"						
	(a)	Name and business address of each independent contract	tor	(b) Type of service	•		c) Comper	cation		
	,	The second secon		(b) Type of service			c) Comper	sallor		
NONE										
							•			
			<del>-</del>							
	Total									
		mber of other independent contractors each	•		<del></del>					
52		organization complete Schedule A? Note: All				_	. 57	.,	О.	
		ed Schedule A	·			· · · · · · ·		Yes		No
		of perjury, I declare that I have examined this return				f my knowledg	e and bel	ıef, ıt	IS	
true, co	orrect, an	d complete Declaration of preparer (other than offi	cer) is based on all informati	on of which preparer has an	y knowledge					
Sign	. 1	Signature of officer	<u> </u>		Date	06-03-	-2019			
Here		, i		- /	Date					
11010		SHERRI L MARCUM-HEETEL, EX	XECUTIVE DIRECTO	R/PRESIDENT			<del></del>			
		21 1	reparer's signature	Date	Т_	п.	PTIN			
Paid			10 chiller		1	hecktf elf-employed				
	arer	Stephen F Ver Halen	lan CD2	p6-03-20	<u> </u>		P000	<u>059</u>	31	
•	Only	Firm's name Stephen F Ver Ha			Firm's El	N P				
JJE	Orny	Firm's address 1444 N Farnswort	n Ave		<b>-</b> -		A== -:			
Marth	a IDS 4	Aurora IL 60505 scuss this return with the preparer shown ab	ove? See instructions		Phone n	630-	978-30 ✓		П.	
	ie iko u	isouss this return with the preparer shown ab	over See instructions		<del></del>			Yes		No
EEA							Forn	n <b>99</b> (	)-EZ (2	∠U18)

#### **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.

OMB No 1545-0047

2018

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection 3

Name of the organization Employer identification number HOPE FOR NON-VIOLENCE 27-1529584 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having . control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

						•	
	lule A (Form 990 or 990-EZ) 2018 HOPE	FOR NON-VIO	LENCE	-4: 470(b	V4V4V6V6-A	27-1529584	Page :
Ľа	rt:   Support Schedule for Or						
	(Complete only if you chec						unaer
2-0	Part III If the organization	ialis to quality t	inder the tests	listed below,	please comple	le Pail III ) /	
	tion A. Public Support				1 247	T 1100/10 T	
ale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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	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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del>-</del>
	each person (other than a					N. Commission	
	governmental unit or publicly		7		1/	10000	
	supported organization) included on				Variation of	3.12	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			30000			
6	Public support. Subtract line 5 from line 4 · ·	<b>然后。这种人们的</b>	影響和為語	認動的無效的	n (chiasolatina	<b>教育发码和测</b>	
Sec	ction B. Total Support			7			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201⁄6	(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 carned 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	THEFT	A###12551/35				
12	Gross receipts from related activities, etc. (s	ee instructions)	/			12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u></u> . / ′	,	` ' '	3)	▶ 🗍
	tion C. Computation of Public Su					<del></del>	<del></del> -
14	Public support percentage for 2018 (line 6, c						%
15	Public support percentage from 2017 Sched		1				%
l6a	33 1/3% support test - 2018. If the organiza		1				
	box and stop here. The organization qualifie		, -				▶ ⊔
þ	33 1/3% support test - 2017. If the organiza		1				, n
	this box and stop here. The organization qu		. <i>1</i> ·				· · · · ▶ ⊔
I7a	10%-facts-and-circumstances test - 2018.	<u> </u>	1				•
	10% or more, and if the organization meets to		1	•	•		
	Part VI how the organization meets the "fact	.s-anu-circumstance	es rest ineorgani	zation qualifies a	s a publiciy support	cu	
b	organization 10%-facts-and-circumstances test - 2017.	If the organization	did not check a box	on line 13 16a	16h or 17a and lin		
J	15 is 10% or more, and if the organization m	- 1				~	

Explain in Part VI how the organization meets the "facts-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 ......

Partilla 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 lf the organization fails to qualify under the tests listed below, please complete Part II.)

3 Giss received from activities that are not a summarized trade or business under section 513  4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended expensions without charge to a secret paid to the control of the paid to the control of the paid to the control of the paid to the pa	Se	ction A. Public Support	1		5.5.1, p. 6.6.6		,	
recovered (Do not include any "unusual grants")  Gross recognition and assessors, extended to the companies of a services performed, or it shallest be companied to a services performed, or it shallest be companied to the compan		<del></del>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 Cross recepts from admissions, merchandles for middles recept politics of middles in any activity that a resided to the organization to execute politics of middles in any activity that a resided to the organization to execute politics of middles in the organization to execute politics of the activities and activities		Gifts, grants, contributions, and membership fees		<u> </u>				
4 Tax revenues invest for the organization strength and either paid to or expected on its behalf and either paid to or expected on its behalf and either paid to or expected on its behalf and either paid to or expected on its behalf and either paid to or expected on its behalf and either paid to or expected on its behalf and either paid to or expected on its behalf and expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its or and a received its most expected on its order its most expected	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	69,506	82,346	72,430	64,476	59,735	348,493
or openation to its behalf and effere paid to or expended on this behalf to or expended on the shalf to or expended on the shalf to or expended on the shalf to the organization without change or expended on the shalf to the organization without change or expended on the shalf to the organization without change or expended on the shalf to	3	•		•				
turnshed by a governmental unt to the organization without charge in organization in which is a secure of the displayed in the property of the organization in the property of the organization is designed in the property of the organization is designed in the property of th	4	organization's benefit and either paid to			-			<del></del>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons 1 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7 and 7 b  8 Public support. (Subtract line 7 c from line 6 )  8 Public support. (Subtract line 7 c from line 6 )  8 Public support (Subtract line 7 c from line 6 )  9 Amounts from line 6	5	furnished by a governmental unit to the						
treetwed from disqualified persons  b. Amounts included on lines 2 and 3 received from Other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c. Add lines 7½ and 70  8. Public support. (Subtact line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)    9. Amounts from line 6  (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9. Amounts from line 6  (b) 2018 (f) Total 9. Amounts from line est. (d) 2018 (f) Total 9. Amounts from line est. (d) 2018 (f) Total 9. Amounts from line est. (e) 2018 (f) 2018 (f) Total 9. Amounts from line est. (e) 2018 (f) 2018	6	Total. Add lines 1 through 5	69,506	82,346	72,430	64,476	59,735	348,493
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. C. Add lines 7a and 7b.  8 Public support. (Subtract line 7c from fine 6).  8 Public support. (Subtract line 7c from fine 6).  9 Amounts from line 6	7a							
Section B. Total Support  Section B. Total Support  Calendar year (or fiscal year beginning in)    A mounts from line 6		received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6  Gey 506  Begin and income from interest, dividends, payments received on securities loans, rents, royalties, and income from smilar sources  b Unrelated business travable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business acquired after June 30, 1975  c Add lines 10a and 10b  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2017 Schedule A, Part III, line 15  Public support percentage from 2017 Schedule A, Part III, line 15  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income per		Public support. (Subtract line 7c from						348,493
9 Amounts from line 6	Se	ction B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalbies, and income from smillar sources 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cal	endar year (or fiscal year beginning in) 🕒	(a) 2014	( <b>b</b> ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
payments received on securities loans, rents, royalbes, and income from similar sources 1 1 1 1 2 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4	9	Amounts from line 6 · · · · · · · · · · ·	69,506	82,346	72,430	64,476	59,735	348,493
section 511 taxes) from businesses acquired after June 30, 1975	10a	payments received on securities loans, rents, royalties, and income from similar sources	1	1				2
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)	þ	section 511 taxes) from businesses						·
activities not included in line 10b, whether or not the business is regularly carried on	C	Add lines 10a and 10b · · · · · · · · · · ·	1	1				2
loss from the sale of capital assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)	11	activities not included in line 10b, whether						
and 12)	12	loss from the sale of capital assets						
Section C. Computation of Public Support Percentage  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	13	· ·	_69,507	82,347	72,430	64,476	59,735	348,495
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))		organization, check this box and stop here	<u> </u>	<u> </u>			<u> </u>	▶ □
16 Public support percentage from 2017 Schedule A, Part III, line 15	Se	ction C. Computation of Public Su	pport Percent	tage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	15		• • • • • • • • • • • • • • • • • • • •					100.00 %
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) · · · · · · · · 17					· · · · · · · · ·	· · · · · · · · · · · ·	16	100.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17 · · · · · · · · · · · · · · · · · ·		<del></del>						
19a 33 1/3% support tests - 2018. 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				-			<del></del>	
17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		· -	· ·			•		0.00 %
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		17 is not more than 33 1/3%, check this box	and <b>stop here</b> . The	organization qualif	es as a publicly su	pported organizatio	n	▶ 🏻
		line 18 is not more than 33 1/3%, check this i	oox and stop here.	The organization q	ualifies as a publicl	y supported organia	zation	=

### Part V 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

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- 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
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 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)
- 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
- **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**
- 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**
- 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, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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)

	Yes	No
1	-	223.03
	£928-646.	- September
2		
(\$),d	i vice	
3a	22.45.00	TAXABARA
	45.50	Carried Services
	ALC:	
3b		
<b>在提</b> 在		
3с		
A PETERS		
4a	23430432	200.24
	\$**5600 BB	MET 125174
	1000 C	
4b		
4c	200	45000
	(+ 1C) «	723455v653
W. C. W.		17.5
	7 IV	
5 4 2 4 4 (6 6 4 4 4		
5a		
70 hr	13.64	HAN I
5b	مفاتك فعضعه	البغيثة
5c		
41600	74346.28c	3727 C.W
	泛流	開業
6		
7	se stici	DECEMBER
Silver of		
8	JERSKKAN.	V2.387~40
9a		
	<u> </u>	機器
9b	الانتشاب	THE STATE OF
	, <sup>(5</sup> , (5, 1 <sub>9</sub> ) <sub>28</sub>	SMFCsM
FRE	i Air	
9с		
10a	and the Market.	ACTUAL SECTION
		<b>1811</b>
10b	تكلكم	Mark 1
	J	
m 990 a	- 000 F	71 2040

Pa	artive Supporting Organizations (continued)			
44	North constant of the first of the second of	, xrein	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
. a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	b A family member of a person described in (a) above?	11a	+	┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P		$\vdash$	+
	ction B. Type I Supporting Organizations	27.07		
		· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		2037	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during t			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised,	or 💢		
	· controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	rted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	T CERTIFICATION	Profession and	i Crassaal
2	Did the organization operate for the benefit of any supported organization other than the supported			140
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	art		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	, ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contri	13,790,60		
	or management of the supporting organization was vested in the same persons that controlled or manage the supported organization(s)	See Market		Sali
Sec	ction D. All Type III Supporting Organizations	1	<u> </u>	<u> </u>
	out of the type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e Bee		CEA
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provi	ded? 1		- Particular State of the State
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppor	ted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
	the organization maintained a close and continuous working relationship with the supported organization(		1.000	Like Sales
3	By reason of the relationship described in (2), did the organization's supported organizations have a	# T.	750	3633
	significant voice in the organization's investment policies and in directing the use of the organization's			300
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	economic de la constanta de la	
Sec	ction E. Type III Functionally Integrated Supporting Organizations	<del></del>	<del></del>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instruc	tions	<del>,                                    </del>
а				
b	The second secon			
C		ent entity (see ır		<del></del>
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes	्र <u>जिल्ला</u>	Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purpose	100 V 2 KVS 1		
	how the organization was responsive to those supported organizations, and how the organization determine		400	
	that these activities constituted substantially all of its activities	2a	SECULIA	MARKAN
b		nore	e de la companya de l	100
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI to			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	g and the second of the second			
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	CANAGES DE	<del>1889</del> 383 18
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this rega			1000
			, ,	i.

Sched	ule A (Form 990 or 990-EZ) 2018 HOPE FOR NON-VIOLENCE		27-1529	9584 Pag	jе
Pa	rt Val Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (explai	n ın Part VI). <b>See</b>	_
	instructions. All other Type III non-functionally integrated supporting organiz	zatio	ns must complete Section	s A through E	,
500	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea	r
Sec -	tion A - Adjusted Net Income		(A) Filol Teal	(optional)	
1	Net short-term capital gain	1			
	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	T			
CO	llection of gross income or for management, conservation, or				
m	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7		· <del>-</del>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			Π
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	r
1	Aggregate fair market value of all non-exempt-use assets (see				Ž,
ins	structions for short tax year or assets held for part of year)				,
	Average monthly value of securities	1a		37 43.44	
	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				4
	actors (explain in detail in Part VI)				
	Acquisition indebtedness applicable to non-exempt-use assets	2		A STATE OF THE PARTY OF THE PAR	0.45
	Subtract line 2 from line 1d	3	<u> </u>		_
4	Cash, deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1	· · · · · · · · · · · · · · · · · · ·		_
se	e 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			_
	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	1			_

ر. <b>م</b> :	<u> </u>						
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
` 2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		· · ·			
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions				
4	Amounts paid to acquire exempt-use assets						
_5_	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·					
<u>6</u>	Other distributions (describe in <b>Part VI</b> ) See instructions		<u> </u>				
<del>-7</del> 8	Total annual distributions. Add lines 1 through 6	<u> </u>					
0	Distributions to attentive supported organizations to which th (provide details in <b>Part VI</b> ) See instructions	e organization is respon	sive				
9	Distributable amount for 2018 from Section C, line 6	<del>-</del>					
10							
<del></del>	Line o amount divided by Line o amount	<u> </u>	(ii)	(iii)			
5	Section E - Distribution Allocations (see Instructions)	(i)	Underdistributions	Distributable			
		Excess Distributions	Pre-2018	Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			7 20			
2	Underdistributions, if any, for years prior to 2018		145 TO THE PARTY OF THE PARTY O				
	(reasonable cause required - explain in Part VI) See						
	ınstructions						
3	Excess distributions carryover, if any, to 2018						
	From 2013			LANGUE SECURITION			
	From: 2014		<b>清楚的人的</b>				
	From 2015	PERCENT AND CONTRACT	THE PARTY OF THE PARTY.	<b>经公司的基础的</b>			
	From 2016						
	From 2017	Catalian or the Sala					
	Total of lines 3a through e	Manage Drug Telegraphy Spring					
	Applied to underdistributions of prior years		TERRET LITERATE WARRENCE AND RESSAURCE, 2020-				
	Applied to 2018 distributable amount			military and the same became to the control of the control of			
	Carryover from 2013 not applied (see instructions)  Remainder Subtract lines 3g, 3h, and 3i from 3f	<del> </del>					
4	Distributions for 2018 from						
4	Section D, line 7 \$						
a	Applied to underdistributions of prior years		ENTERNANCE OF THE PROPERTY OF				
	Applied to 2018 distributable amount						
	Remainder Subtract lines 4a and 4b from 4	ACCOLUMN SECTION TO THE PARK THAT THE PROPERTY OF THE					
5	Remaining underdistributions for years prior to 2018, if		The at a water and which the water of a fact that the standing the state of				
	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			The state of the s			
	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						
	Breakdown of line 7						
	Excess from 2014			THE STATE OF THE PARTY OF THE			
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
е	Excess from 2018	1208/2019/EFDERGED//EFYCESSES	AND THE RESERVE OF THE PARTY OF	*************************************			

## 'SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

27-1529584 HOPE FOR NON-VIOLENCE 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT INSURANCE 2,114 3,610 OFFICE SUPPLIES PAYROLL TAXES 1,958 PROGRAM EXPENSE 1,272 TELEPHONE 3,468 BANK CHARGES PAYROLL PROCESSING 1,555 930 TRAVEL