**Exempt Organization Tax Return Prepared for:** 

Veterans For Peace, Inc. 216 South Meramec Avenue St. Louis, MO 63105

## Form 990

Department of the Treasury Internal Revenue Service

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

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2009)

For the 2009 calendar year, or tax year beginning and ending D Employer identification number Please C Name of organization Check if applicable: use IRS VETERANS FOR PEACE, INC. Address change label or 01-0415961 Name change print or type. Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return See 314-725-6005 216 SOUTH MERAMEC AVENUE Specific Termination 587,903 G Gross receipts \$ City or town, state or country, and ZIP + 4 Instruc-ST. LOUIS 63105 tions. Amended return F Name and address of principal officer: H(a) Is this a group return for Application pending affiliates? No Are all affiliates included? If "No," attach a list. (see instructions X 501(c) 527 ◀ (insert no.) 4947(a)(1) or Tax-exempt status: Website: ► N/A **H(c)** Group exemption number ▶ Type of organization: X Corporation Trust Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: STOP WAR AS A MEANS OF CONFLICT RESOLUTION. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 ..... Prior Year **Current Year** 447,975 Contributions and grants (Part VIII, line 1h) 391,563 173,095 168,836 9 Program service revenue (Part VIII, line 2g) 4,071 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 988 18,864 10,424 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 644,005 571,811 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 218,145 181,207 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 33,314 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 446,021 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 445,276 697,480 626,483 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -53,475-54,67219 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 317,885 262,610 20 Total assets (Part X, line 16) 12,024 21 Total liabilities (Part X, line 26) 12,628 305,257 250,586 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date THURMAN-SHINN CO Type or print name and title Preparer's identifying number Check if Preparer's Paid P00525635 signature GREGORA SHINN CPA 05/14/10 employed Preparer's THURMAN, SHINN & COMPANY 43-1936738 EIN Firm's name (or yours Use Only 315 N WASHINGTON if self-employed), address, and ZIP + 4 FARMINGTON, MO 573-760-9400 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1 0	Part III Statement of Program Service Ac	Comphoninonto	
1 S	1 Briefly describe the organization's mission: STOP WAR AS A MEANS OF CONFL	ICT RESOLUTION.	
	*		
2	2 Did the organization undertake any significant program s	services during the year which were not	listed on
			¥
	If "Yes," describe these new services on Schedule O.		
3		ant changes in how it conducts, any pro-	gram
3		ant changes in now it conducts, any pro-	Yes X No
	services?		Tes A No
	If "Yes," describe these changes on Schedule O.		
4	, , , , , , , , , , , , , , , , , , ,		
	Section 501(c)(3) and 501(c)(4) organizations and section		The state of the s
	allocations to others, the total expenses, and revenue, if	fany, for each program service reported	l.
S C I F W	SERVICE MEMBERS TO CALL ON CORANGE CAMPAIGN: RAISED AWAR IN VIETNAM; KOREAN PEACE CAMPECONCILIATION IN KOREA; IRA	ZING PETITION FOR A ONGRESS TO END THE ENESS ABOUT LINGERI PAIGN: PROMOTING Q WATER PROJECT: RE UTHERN IRAQ; IRAQ V PPORT FOR THIS 501(	WAR. AGENT NG EFFECTS BUILDING ETERANS C) (3)
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**Checklist of Required Schedules** 

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	and data for public office? If "Vee" complete Cabadula C. Dort I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		Х
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			х
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.5
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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.			
•	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.			
•	Did the organization report an amount for other assets related 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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		P)	
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	-		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forr	n <b>990</b>	(2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23		X
24a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		X
35				
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			٠,,
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,			37
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			v
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

1 6	otatements regarding other into rinings and rax compliance				T.v	T
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		I.		Yes	No
ıa	LLC Information Deturns Enter O if not confinely	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
Ū	gaming (gambling) winnings to prize winners?	abio		1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
Ja	this return?			3a		Х
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			1	
4u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account/2			4a		Х
h	15 "Mary" and a the many of the forcing according					
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban					
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 ?				X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
·	Doublibited Tour Challes Transportion 2	-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
ou	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of					
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls				
	and services provided to the payor?			7a		
b	If "N/-" did the appropriation with the description of the value of the scale of th			76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	-	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?				-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	-	
10	Section 501(c)(7) organizations. Enter:	1			1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	, 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445				
40-	amounts due or received from them.)	11b		42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a		-
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Sec	tion A. Governing Body and Management							
	Established with a second of the second of t		- 1	12	Г	-	Yes	No
1a	Enter the number of voting members of the governing body	12	_	13 12				
b	Enter the number of voting members that are independent	11	0	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							v
_	any other officer, director, trustee, or key employee?				····	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct							37
	supervision of officers, directors or trustees, or key employees to a management company or other person?				-	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	d?			-	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				-	5		X
6	Does the organization have members or stockholders?					6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members							
	of the governing body?					7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?					7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?					8a	X	
b	Each committee with authority to act on behalf of the governing body?					8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the In	tern	al					
Rev	enue Code.)							
							Yes	No
10a	Does the organization have local chapters, branches, or affiliates?					10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with those of the organization?					10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the							
	form?					11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				···· [			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				Γ	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				···· [			
	rise to conflicts?					12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this is done					12c		
13	Dogs the organization have a written which blower policy?				····	13		X
14	Does the organization have a written document retention and destruction policy?				····	14		X
15	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?							
а	The organization's CEO, Executive Director, or top management official					15a		Х
b	Other efficers or key employees of the erganization				1	15b		X
2	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				····	102		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
IVa	with a tayable entity during the year?				×	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				····	Iua		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard							
	the organization's exempt status with respect to such arrangements?					16b		
Sec	tion C. Disclosure		<u></u>			100		
17	List the states with which a copy of this Form 900 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on							
10	available for public inspection. Indicate how you make these available. Check all that apply.	ii y <i>)</i>						
	Own website Another's website X Upon request							
19	Learner Learne	. +						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	οl						
20								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   VIRGINIA DRUHE  216 SOUTH MERAMEC I		יידוו	7				
C F	organization: VIRGINIA DRUHE 216 SOUTH MERAMEC A  C. LOUIS MO 631		NOI		314-	72	5-6	005
5.	MO 6310	00			214-	14	0-0	000

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

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

- 1a 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

Check this box if the organization did not compensate any current officer, directly (A)  (B)  (C)  Name and Title  Average  Position (check all that apply)					- 1	<b>(D)</b> Reportable	(E) Reportable	(F) Estimated		
Name and Tide	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL MCPHEARSO	V.							40.050	0	0
EXECUTIVE DIRECTOR		X						49,850	0	
MIKE FERNER PRESIDENT		х		х				0	0	0
LEAH BOLGER VICE-PRES		x		х				0	0	0
KENNETH MAYERS TREASURER		x		х				0	0	0
GARY MAY SECRETARY		x		х				O	0	C
ANITA FOSTER DIRECTOR		x						0	0	C
MICHAEL UHL DIRECTOR		х						0	0	(
PATRICK MCCANN DIRECTOR		x						0	0	(
WILLIAM COLLINS DIRECTOR		x						0	0	(
ELLIOTT D.S. ADAM DIRECTOR	S	x						0	0	(
NATE GOLDSHLAG DIRECTOR		x						0	0	(
REV. SHARON KUFEL	DT	x						0	0	(
HART VIGES DIRECTOR		x						0	0	(
REV. PIERRE WILLI DIRECTOR	AMS	х						0	0	(
										Form <b>990</b> (200

Pai	t VII Section A. Officers,	Directors, Trus	tees	, Ke	y Em	plo	yees	, and	Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat a	oply)	(D) Reportable	(E) Reportable	_	( <b>F)</b> Estimate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor or a	mount of the other	tion e ion ed
• • • • •													
									40.050				
1b	Total					 E-4-		<u> </u>	49,850				
2	Total number of individuals (increportable compensation from			0	iose	liste	abo	ove)	who received more than \$1				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization and related organization listed on line 1a	complete Schedu  1a, is the sum or ganizations great a receive or accru	le J f reperent er th ue co	for s ortab an \$ 	uch i le co 150, 	indiv ompe 000? ion f	idual ensat P If "Y 	ion a es,"	and other compensation fro complete Schedule J for su unrelated organization for	m uch		3	Yes No X
	services rendered to the organ		com	plete	Sch	edul	e J fo	or su	ich person			5	X
1	ction B. Independent Contractor  Complete this table for your five compensation from the organize	e highest comper	nsate	ed inc	depe	nder	nt coi	ntrac	ctors that received more that	n \$100,000 of			
		(A) business address							Descrip	(B) tion of services		Com	(C) pensation
			and the second second										
	¥1								-				
2	Total number of independent c more than \$100,000 in comper						to th	nose	listed above) who received			0	000
DAA												Form	990 (2009

TETERANS FOR E			1-0415961		
990 (2009) VETERANS FOR P	EACE, INC.			(C)	(D)
rt VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1 Faderated campaigns 1a					
1a Federaled Campaigns					
b Membership dues 1b					
c Fundraising events 1c d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants,					
and similar amounts not included above 1f	391,563				
g Noncash contributions included in lines 1a-1f:	\$	391,563			
h Total. Add lines 1a–1f		391,303			
	Busn. Code	127,301	127,301		
2a MEMBERSHIP DUES b CONVENTION c d e f All other program service revenue		41,535	41,535		
b CONVENTION					
c					
d					
e f All other program service revenue					
g Total. Add lines 2a–2f		168,836			
3 Investment income (including divid	ends, interest, and	988	988	1.	
U r similar amounts)		988			
4 Income from investment of tax-exe	empt bond proceeds				
5 Royalties					
(i) Real	(ii) Personal				
6a Gross Rents		1			
<b>b</b> Less: rental exps.					
c Rental inc. or (loss) d Net rental income or (loss)	<b>→</b>				
d Net rental income of (loss)	(ii) Other			3	
sales of assets					
other than inventory <b>b</b> Less: cost or other					
basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events	i				
(not including \$					
of contributions reported on line 1c).	3				
See Part IV, line 18	b				
(not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundra	ising events	•			
9a Gross income from gaming activities.					
See Part IV, line 19	a				
h Less: direct expenses	b				
c Net income or (loss) from gamir	ng activities	>			
10a Gross sales of inventory, less	24.2	46			
returns and allowances					
b Less: cost of goods sold		8,25	8,2	54	
c Net income or (loss) from sales	Of inventory	ode		7.0	
CTA		2,1	70 2,1	70	
b					
		2,1	70		
d All other revenue					0

## 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			8	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 501	14 700	
7	Other salaries and wages	147,223	132,501	14,722	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		10	0 470	
9	Other employee benefits	21,755	19,579	2,176	
10	Payroll taxes	12,229	11,006	1,223	
11	Fees for services (non-employees):				
а	Management				
b			2.057	1 000	
С		10,094	9,085	1,009	(t
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			4.7.6	
g	Other	14,763	13,287	1,476	
12	Advertising and promotion	1,422	1,280	142	
13	Office expenses	78,781	70,903	7,878	
14	Information technology				
15	Royalties				
16	Occupancy	27,801	25,021	2,780	
17	Travel	9,369	9,369		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,114	50,114		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	809	809		
23	Insurance	7,405	7,405		
-					
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	020 040	000 040		
а	PROJECT EXPENSES	232,843	232,843		
b	CONTRACTED SERVICES	11,875	11,875		
c					
d	* *************************************				
e	All altimorphisms				
f	All other expenses	606 400	E 0 E 0 2 2	21 400	
25	Total functional expenses. Add lines 1 through 24f	626,483	595,077	31,406	
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

VETERANS FOR PEACE, INC.

Part	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
1	1 (	Cash—non-interest bearing				1	
2	2 5	Savings and temporary cash investments			201,637	2	219,188
3	3 F	Pledges and grants receivable, net				3	
4	4 /	Accounts receivable, net	50,000	4	17,871		
5	5 F	Receivables from current and former officers, directors, to	ustees, key				
	e	employees, and highest compensated employees. Comp	lete Part II of				
		Schedule L				5	
l e	6 F	Receivables from other disqualified persons (as defined u					
		4958(f)(1)) and persons described in section 4958(c)(3)(l					
		Part II of Schedule L				6	
3   7		Notes and loans receivable, net				7	
	8 I	nventories for sale or use			21,883	8	22,356
	9 F	Prepaid expenses and deferred charges			42,157	9	1,070
		_and, buildings, and equipment: cost or	TT				
"			10a	5,864			
	hl	other basis. Complete Part VI of Schedule D _ess: accumulated depreciation	10b	3,739	2,208	10c	2,125
11		nvestments—publicly traded securities				11	
12	2 1	nvestments—publicly traded securities  nvestments—other securities. See Part IV, line 11				12	
1:	2 1	nvestments—program-related. See Part IV, line 11				13	
14						14	
1:	4 1 5 (	ntangible assets				15	
10		Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34			317,885	16	262,610
-		Accounts payable and accrued expenses			12,628	17	12,024
- 1				22/020	18		
18		Grants payable Deferred revenue				19	
19		- 11 LP LPP				20	
20		Tax-exempt bond liabilities				21	
		Escrow or custodial account liability. Complete Part IV of				21	
		Payables to current and former officers, directors, trustee					
2		employees, highest compensated employees, and disqua				22	
-	1	persons. Complete Part II of Schedule L				23	
		Secured mortgages and notes payable to unrelated third				24	
		Unsecured notes and loans payable to unrelated third pa				25	
2		Other liabilities. Complete Part X of Schedule D			12,628		12,024
_		Total liabilities. Add lines 17 through 25			12,020	20	12,02
e l		Organizations that follow SFAS 117, check here	and				
Balances		complete lines 27 through 29, and lines 33 and 34.			284,696	27	229,668
g 2		Unrestricted net assets			20,561	28	20,918
1 2	8	Temporarily restricted net assets			20,301		20,510
25	9 I	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he	re 🕨 📗				
5		and complete lines 30 through 34.					
2 3	0 (	Capital stock or trust principal, or current funds				30	
3	1 1	Paid-in or capital surplus, or land, building, or equipment	tund			31	
4		Retained earnings, endowment, accumulated income, or		ALTERNATION OF A STATE OF THE S	205 257	32	250 504
3		Total net assets or fund balances			305,257	33	250,586
- 3	4	Total liabilities and net assets/fund balances			317,885	34	262,610

Form **990** (2009)

Page 11

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3a		
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.	3b		
		Forn	990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VETERANS FOR PEACE. INC.

Employer identification number 01 – 041 5961

			VETERAND FC	IN LEACH, INC.					77	041	JJ 01		
Pa	rt I	Reas	on for Public Charit	y Status (All organization	s must c	omplete	e this p	art.) S	See ins	structio	ons.		
The o	rgar	nization is not	a private foundation becau	se it is: (For lines 1 through 11, cl	neck only o	ne box.)							
1		A church, co	nvention of churches, or as	sociation of churches described i	n section '	170(b)(1)(	A)(i).						
2	П	A school des	cribed in section 170(b)(1	(A)(ii). (Attach Schedule E.)									
3	П			vice organization described in sec	tion 170(b	)(1)(A)(iii)	).						
4	П			ed in conjunction with a hospital d				)(A)(iii).	Enter th	he hospi	tal's name,		
		city, and stat											
5	П			of a college or university owned	or operated	by a gove	ernment	al unit de	escribed				
•		_	(b)(1)(A)(iv). (Complete Pa		or operated	b) a gov			30011200				
6	П			governmental unit described in <b>s</b> e	ection 170	(b)(1)(A)(s	<b>(</b> )						
7	H			substantial part of its support fro				n the ae	neral ni	ıblic			
,			section 170(b)(1)(A)(vi). (		iii a goveii	micrital a	111 01 1101	ii iiic gc	norui pe	abilo			
8				170(b)(1)(A)(vi). (Complete Part	11.)								
9	X			(1) more than 33 1/3 % of its supp	(6)	ontribution	s memb	nershin f	ees an	d arnes			
3	**			mpt functions—subject to certain									
				and unrelated business taxable in	•								
		• • •		30, 1975. See <b>section 509(a)(2).</b>			i i tax) ii	om bus	11103303				
10	П		0	exclusively to test for public safe			2)(4)						
11	H			exclusively for the benefit of, to p	•			carny or	ıt the				
		•		rted organizations described in se						rtion			
				the type of supporting organization		, , ,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		a Type		c Type III–Function			d d		e III–Ot	her			
0				ganization is not controlled directl	, ,		or more			. i i c i			
C	Ш	, ,		s and other than one or more pub	•					ction			
		•	section 509(a)(2).	o and other than one of more pub	noiy dappo	tou organ	iizationo	4000115	50 III 60	011011			
f				ermination from the IRS that it is	a Tyne I Ty	vne II or T	Tyne III s	unnortir	na				
'			check this box	erimiation from the fixe that it is	a Type I, I	ype II, oi	Type III 3	арроги	19				
		_		ation accepted any gift or contribu	tion from a	ny of the							
g		following per		ation decepted any gift of contribu	illori il orii a	ny or the							
				controls, either alone or together v	with pareon	e describe	nd in (ii)					Yes	No
				of the supported organization?							11g(i)	1.00	110
			member of a person descr								11g(ii)	<b>-</b>	
				described in (i) or (ii) above?							11g(iii		
h				the supported organization(s).							[119(111		
	Vame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	[ (vi)	le the	(vii) Am	ount of	
(-)		anization	(") = "	(described on lines 1–9		sted in your		nization in		Is the tion in col.	(vii) Am supp		
				above or IRC section	governing	document?		of your oort?		zed in the S.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					100	110	103	110	103	140			
									-				
		W			<b>—</b>								
					<del></del>						****		
Γotal													

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.)

	tion A. Public Support						(f) Total				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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 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										
	tion B. Total Support		(1-) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(6) 2007	(u) 2000	(6) 2000	(1)				
7 8	Amounts from line 4 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 IV.)										
11 12	Gross receipts from related activities, etc. (	see instructions)				12					
13	First five years. If the Form 990 is for the d						•				
	organization, check this box and stop here	-									
Sec	tion C. Computation of Public Su	pport Percen	tage								
14	Public support percentage for 2009 (line 6,			(f))		14	%				
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	%				
16a	33 1/3 % support test—2009. If the organi	zation did not ched	k the box on line 13	3, and line 14 is 33	1/3 % or more, ch	eck this box					
	and stop here. The organization qualifies a	s a publicly suppo	rted organization								
b 33 1/3 % support test—2008. 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 <b>stop here</b> . The organization qualifi										
17a	10%-facts-and-circumstances test—2009										
	more, and if the organization meets the "fac			-							
h	organization meets the "facts-and-circumsta		-		-						
b		10%-facts-and-circumstances test—2008. 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 IV how the									
	organization meets the "facts-and-circumsta						<b>.</b>				
18	Private foundation. If the organization did	not check a hov or	yanızanon quannes 1 line 13 162 166	as a publicly supp 17a or 17h check	this how and see in	nstructions					
				CITECK	una box and see II						

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	458,380	249,994	1,210,028	574,364	518,864	3,011,630
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	120,329	44,902	129,945	95,465	68,051	458,692
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	578,709	294,896	1,339,973	669,829	586,915	3,470,322
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	_1 -1					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	114,538	39,902	116,455	88,726	62,172	421,793
С	Add lines 7a and 7b	114,538	39,902	116,455	88,726	62,172	421,793
8	Public support (Subtract line 7c from line 6.)						3,048,529
	tion B. Total Support			T		4 ) 0000	(D. T1-1
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	578,709	294,896	1,339,973	669,829	586,915	3,470,322
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408	1,041	9,008	4,071	988	15,516
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	408	1,041	9,008	4,071	988	15,516
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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	579,117	295,937	1,348,981	673,900	587,903	3,485,838
14	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, se			, , ,		▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, c			)		15	87.45%
16	Public support percentage from 2008 Sched	ule A. Part III. line 1	5	/		16	83.99%
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (line			umn (f))		17	%
18	Investment income percentage from 2008 S	chedule A, Part III, I	: 47			40	%
19a	33 1/3 % support tests—2009. If the organi						
h	17 is not more than 33 1/3 %, check this box 33 1/3 % support tests—2008. If the organi	and <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organiza	tion	<b>&gt;</b> X
b	line 18 is not more than 33 1/3 %, check this						<b>L</b>
20	Private foundation. If the organization did r		-				
	realization in the organization did t	JIIOON A DON OIT II	11, 100, 01 100,	SHOOK WIIS DON ALL	a coo mondonono		

		TO	D DEACE	TNC	01-0415961	Page 4
Schedule A (F	Form 990 or 990-EZ) 2009	VETERANS FOR	this part to n	rovide the ex	-terations required by Part II, line 10;	
Part IV	Supplemental Info	rmation. Complete	e 12 Provide	e any other a	planations required by Part II, line 10; dditional information. See instructions.	
	Part II, line 17a or	1/b; and Part III, IIII	5 12. 1 10 tide			
		_				
					***************************************	
			,,,,,,,,,,,,,,,,,,		***************************************	
					Schedule A (Form 990	or 990-EZ) 20

#### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

01-0415961

Employer identification number Name of the organization

VETERANS FOR	PEACE, INC.	01-0415961
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated 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 <b>Note</b> . Only a section 501(c) instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	ial Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (ione contributor. Complete Parts I and II.	in money or
Special Rules		
sections 509(a)(1) a	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rand 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor, during the year, a contributor, of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comp	bution of the greater
the year, aggregate	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scienties, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
the year, contribution aggregate to more the year for an exclusive applies to this organi	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one come for use exclusively for religious, charitable, etc., purposes, but these contributions than \$1,000. If this box is checked, enter here the total contributions that were received ely religious, charitable, etc., purpose. Do not complete any of the parts unless the Grazation because it received nonexclusively religious, charitable, etc., contributions of	s did not red during the General Rule \$5,000 or more
Caution. An organization tha 990-EZ, or 990-PF), but it mu	at is not covered by the General Rule and/or the Special Rules does not file Schedule sust answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form	e B (Form 990, of its Form

DAA

Name of organization
VETERANS FOR PEACE, INC.

Employer identification number 01-0415961

Contributors (see instructions)   Complete Part II filters is a noncash contributions   Complete Part II filters is a noncash contribution   Complete Part II filters is a noncash contrib	VETER	ANS FOR PEACE, INC.		
No.	Part I	Contributors (see instructions)	(c)	
UNITARIAN UNIVERSALIST SERVICE COMM.   130 PROSPECT STREET	(a)		Aggregate contributions	Type of detrains
(a) Name, address, and ZIP + 4  COLOMBE FOUNDATION 101 UNIVERSITY DRIVE AMHERST MA 01002-2385  (b) Aggregate contributions No. Name, address, and ZIP + 4  THOMAS J. SAGER B LATRO AVENUE ROLLA  (a) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  Aggregate contributions No. SAGER B LATRO AVENUE ROLLA  (c) (d) Type of contribution  (d) Type of contribution  Person Payroll Aggregate contributions  (c) (d) Type of contribution  Person Payroll Aggregate contributions  (complete Part II if there is a noncash contribution)  (a) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  (c) (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (e) Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)		UNITARIAN UNIVERSALIST SERVICE COMM. 130 PROSPECT STREET	Ψ	Payroll Noncash (Complete Part II if there is
(a)   Name, address, and ZIP + 4   Aggregate contributions   Type of contribution   Payroll   Noncash   Complete Part II if there is a noncash contribution   Name, address, and ZIP + 4   THOMAS J. SAGER   8 LAIRD AVENUE   ROLLA   Mo 65401-3716   S. 35,800   Noncash   Complete Part II if there is a noncash contribution   Name, address, and ZIP + 4   Aggregate contributions   S. 35,800   C. (c)   (d)   Type of contribution   Name, address, and ZIP + 4   THOMAS J. SAGER   S. LAIRD AVENUE   S. 35,800   (e)   (f)   (f)			(c)	
No. Name, address, and ZIP+4  2 COLOMBE FOUNDATION 101 UNIVERSITY DRIVE AMHERST MA 01002-2385  (a) (b) (c) Aggregate contributions  NEW YORK COMPANY TRUST 909 3RD AVE FL 22  NEW YORK NY 10022-4752  (b) Aggregate contributions  (c) (d) Type of contribution  (a) No. Name, address, and ZIP+4  THOMAS J. SAGER 8 LAIRD AVENUE ROLLA MO 65401-3716  (a) No. Name, address, and ZIP+4  TERMAN OF SAGER 8 LAIRD AVENUE 8 Aggregate contributions  (b) Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (a) No. Name, address, and ZIP+4  Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (a) No. Name, address, and ZIP+4  Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (b) Aggregate contributions Payroll Noncash (Complete Part II if there is a noncash contribution)  (a) No. Name, address, and ZIP+4  (b) Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (c) (d) Type of contribution  Payroll Noncash (Complete Part II if there is a noncash contribution)  (a) No. Name, address, and ZIP+4  (b) Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution)	(2)		Aggregate contributions	Type of contribution
COLOMBE FOUNDATION   101 UNIVERSITY DRIVE		Name, address, and ZIP + 4	- 33	<b>X</b>
(a)   Name, address, and ZIP + 4   NEW YORK COMPANY TRUST   909 3RD AVE FL 22   NEW YORK   NY 10022-4752   NEW YORK   NY 10022-4752   S		101 UNIVERSITY DRIVE	\$ 50,000	Payroll Noncash (Complete Part II if there is a noncash contribution.)
Name, address, and ZIP + 4   Aggregate Contributions   Aggregate Contribution   Aggregate Cont			(c)	
No.  Name, address, and ZIP + 4  NEW YORK COMPANY TRUST 909 3RD AVE FL 22  NEW YORK  NY 10022-4752  NEW YORK  NY 10022-4752  NEW YORK  NY 10022-4752  NEW YORK  NY 10022-4752  S 40,000  (c) Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (a) No. Name, address, and ZIP + 4  SAN FRANCISCO  CA 94122-2308  (b) Name, address, and ZIP + 4  Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)	(a)		Aggregate contributions	Type of contribution
(a) No. Name, address, and ZIP + 4  THOMAS J. SAGER  8 LAIRD AVENUE  ROLLA  (b) Aggregate contributions  (c) Person Name, address, and ZIP + 4  (c) ROLLA  (d) Type of contribution  (c) (d) Type of contribution  (d) Aggregate contributions  (c) (d) Type of contribution  (d) Type of contribution	No.	NEW YORK COMPANY TRUST 909 3RD AVE FL 22	\$ 40,000	Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.   Name, address, and ZIP + 4   Aggregate Contributions   Aggregate Contributions   Person   X   Payroll   Noncash   (Complete Part II if there is a noncash contribution.)		(6)		
THOMAS J. SAGER 8 LAIRD AVENUE  ROLLA  MO 65401-3716  (c) Aggregate contributions  No. No. Name, address, and ZIP+4  SAN FRANCISCO  (a) No.  (b) Aggregate contributions  SAN FRANCISCO  (c) Aggregate contributions  (complete Part II if there is a noncash contribution)  (c) Person Payroll Payroll Noncash (Complete Part II if there is a noncash contribution)  (c) Aggregate contributions  (c) Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution.)  (e) Aggregate contributions  (complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)	(a)		Aggregate contributions	Type of conemizer
(a) (b) Aggregate contributions  Name, address, and ZIP + 4  5 CRAIGSLIST CHARITABLE FUND 1381 NINTH AVE  SAN FRANCISCO  (b) Aggregate contributions  (c) Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  (c) (d) Type of contribution  Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (c) (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)		THOMAS J. SAGER 8 LAIRD AVENUE MO. 65401-3716	\$ 35,800	Payroll Noncash (Complete Part II if there is
(a) No. Name, address, and ZIP + 4  5 CRAIGSLIST CHARITABLE FUND 1381 NINTH AVE  SAN FRANCISCO  (b) (c) (d) Type of contribution  (complete Part II if there is a noncash contribution.)  (a) No. Name, address, and ZIP + 4  San Francisco  (c) (d) Type of contribution.  Person (Complete Part II if there is a noncash contribution.)  Person (Complete Part II if there is a noncash contribution.)			(c)	
SAN FRANCISCO  (a) No.  (b) Name, address, and ZIP + 4  San Francisco  (c) Aggregate contributions  San Francisco  (c) Aggregate contributions  (c) Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  Person Payroll Noncash (Complete Part II if there is a noncash contribution)	(a)		Aggregate contributions	Type of contribution
(a) No. Name, address, and ZIP + 4  No. Name, address, and ZIP + 4  Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		CRAIGSLIST CHARITABLE FUND 1381 NINTH AVE	Ψ	Payroll Noncash (Complete Part II if there is
(a) Name, address, and ZIP + 4  No. Name, address, and ZIP + 4  Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			(c)	
No. Name, address, and ZIF 14  Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	(a)			Type of contribution
Schedule B (Form 990, 990-EZ, or 990-PF) (200	No	Name, address, and Zir 1 4		Payroll Noncash (Complete Part II if there is
			Schedul	e B (Form 990, 990-EZ, or 990-PF) (2009

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization

V	ETERANS FOR PEACE, INC.		01-0415961
	art I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or A	Accounts. Complete if
	the organization answered "Yes" to Form 990, P		T
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	portant land area
	Protection of natural habitat	Preservation of certified historic s	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conserva	ation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a			
b			2b
С	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d			2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organizatior	n during
	the taxable year		
4	Number of states where property subject to conservation easement is loc	ated ▶	
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	r
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year	
•	\$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the org the organization's accounting for conservation easements.	anization's financial statements that desc	cribes
Pa	art III Organizations Maintaining Collections of Art, H	listorical Transuras or Other S	Similar Aparta
	Complete if the organization answered "Yes" to F	Form 990 Part IV line 8	ommar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in i		works of
	art, historical treasures, or other similar assets held for public exhibition, e		
	provide, in Part XIV, the text of the footnote to its financial statements that		blic scrvice,
b	If the organization elected, as permitted under SFAS 116, to report in its re		ks of art
	historical treasures, or other similar assets held for public exhibition, educa-		
	provide the following amounts relating to these items:	ation, or research in farther affect of public	service,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or oth	er similar assets for financial gain, provid	e the
	following amounts required to be reported under SFAS 116 relating to these		0 010
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>S</b>
	*****************************		'

•							
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the						
	organization by:		Yes	No			
	(i) unrelated organizations	3a(i)					
	(ii) related organizations	3a(ii)					
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b					
4	Describe in Part VIV/the intended was after any institute and was after any						

4 D	escribe in rail XIV the interided uses of the or	garlization's endowment fur	lus.						
Part	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
	Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value				
		(investment)	basis (other)	depreciation					
1a La	and								
<b>b</b> B	uildings								
c Le	easehold improvements								
d E	quipment		5,864	3,739	2,125				
<b>e</b> O	ther								
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)									

Schedule D (Form 990) 2009

Part VII	Investments—Other Securities. See Form 990	, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
Financial deriv	atives			
Closely-held ed	quity interests			
Other				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 990			
	(a) Description of investment type	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.		T	(b) Book value
	(a) Description			(4)
		The second secon		
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X, line 25			
1.	(a) Description of liability	(b) Amount		
Federal incom	e taxes			
			_	
Total (O-1	(h) must sound [5 000 ]			
	(b) must equal Form 990, Part X, col. (B) line 25.)	tion!o finer-i-1-1	that are also if	

organization's liability for uncertain tax positions under FIN 48.

		CT TNC	01-0415961	Page <b>5</b>
Schedule D (Form 990	2009 VETERANS	FOR PEACE, INC.		
Part XIV Sup	olemental Information	(continued)		
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	<b>-</b>			
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			Sc	hedule D (Form 990) 2

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 01-0415961 VETERANS FOR PEACE, INC. FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEW WILL BE DONE PRIOR TO MAILING. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE TO THE PUBLIC UPON REQUEST

01-0415961

## Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5 6 7 8 9 10	Depreciation: Office Furniture Office Furniture TV & Telecom Office Furniture Computer Dell Computer E Machine Computer T5048 E Machine Computer T5216 E Machine Computer T5048 Computer Total Other Depreciation	4/01/90 2/01/92 2/01/92 3/01/97 9/27/02 1/30/06 11/29/06 12/13/06 6/17/09	40 50 450 120 799 1,974 505 600 600 726 5,864	-	40 50 450 120 799 1,974 505 600 600 726	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	40 50 450 120 799 761 210 250 250 0	0 0 0 0 0 395 101 120 120 73
	Total ACRS and Other Depres	ciation =	5,864	=	5,864	=	2,930	809
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	5,864 0 0 5,864	- -	5,864 0 0 5,864	-	2,930 0 0 2,930	809 0 0 809

01-0415961

# **Federal Statements**

# Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

	Form 990, Part IX, Line 11g - Otner F	ees for Service (Item sa		Fund
Description	Total Expenses	Program Service	Management & General 983	Fund <u>Raising</u> ş
COMPUTER SERVICES INTERNET SERVICES	\$ 9,832 4,931 5 14,763	\$ 8,849 4,438 s 13,287	\$ 493 \$ 1,476	\$ 0
TOTAL	\$ 14,763	Т		

## **Federal Statements**

# Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
2009 2008 2007 2006 2005 TOTAL	\$ 68,051 95,465 129,945 44,902 120,329 \$ 458,692	\$ 62,172 88,726 116,455 39,902 114,538 \$ 421,793