

Form **990**

Return of Organization Exempt From Income Tax

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Address change Doing Business As Dir-0415961 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (314) 725-6005 Terminated City or town, state or province, country, and ZIP or foreign postal code Arf 4, 423 Amended return Saint Louis, MO 63105-3504 F Name and address of principal officer: Patrick McCann Same as C above H(a) Is this a group return for subordinates included? Yes No Tax-exempt status:	Α	For the	2013 calend	dar year, or tax year beg	inning		, 2013,	, and en	ding		, 20			
Number of volunteers (earlier income) Program service receives (earlier) Progra	В	Check if a	applicable:	C Name of organization Vete	rans For Pe	ace Inc				0	Employer identification no.			
Name of charge Notes and states (pr.10. four hast is not delivered to Street authors) 12.6.8 Mercanes American 12.1.6.8 Mercanes American 12.1.6. Mercanes Amer	П	Address	change	Doing Business As							01-0415961			
Contraction 2.16 S. Meramoca Ave (3.14) 725-6005 474.423	$\overline{}$		-	Number and street (or P.O. bo	ox if mail is not delivere		Ĭ	Room/suite	E	Telephone number				
Transcissed Annexed reliable City or lever, year or provings, outry, and ZP or tessing product only APT 4, 423 City or provings City or lever, year or provings City or lever, year or year year or year or year year year year year year year yea	=		-	·							(314)725-6005			
Saint Louis, Mo 63105-3504 a Gross receipts S Plane and advisors of amongal officer. Part ick McCann Single as C above Single as C above						reign postal code								
Application purching F Name and across of principal efficial Patrick NCCann Same as C above Sa	二				•				G Gross receipts \$					
Same as C above Yes No Notes Same as C above Yes No Notes No	二													
Text-contributions	_								H(a) Is this a g	roup retu tes?	rn for Yes X No			
Weather		Tay-even	ant status: X	·····		4947(a)(1) or	527		_		ferrord house			
Prior tear progression Companion Trave Association Other L Year of formation. 1985 M State of legal devacie; MO									If "No," att	ach a lis	t. (see instructions)			
Briefly describe the organization's mission or most significant activities: Stop war as a means of conflict resolution						>	I Year of forms	ation: 19						
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2 2 Check this box	<u> </u>			<u> </u>	sion or most sian	ificant activities:	Stop war as	a mea	ans of con	flic	t resolution			
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Ta Total unrelated business revenue from Part VIII, column (O), line 12	₹			· •	•	•	•							
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Act													
Prior Year Current Year 455,250 397,494 459,250 397,494 459,250 397,494 459,250 76,108 100 Investment income (Part VIII, line 2g) 76,108 769 821 110 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 769 821 110 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 534,048 474, 423 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 534,048 474, 423 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 187,691 198,879 188 Forefessional fundratising fees (Part IX, column (A), lines 1-10) 187,691 198,879						, ,								
8 Contributions and grants (Part VIII, line 1h)		d	Net unrelate	d business taxable incom-	e from Form 990-	1, IIne 34				/ D				
9 Program service revenue (Part VIII, line 2g) 76,108 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 769 8.21 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 769 769 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7534,048 7474,423 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 700 700 700 700 700 700 700 700 700 70			0 13 6		41-1					0.50				
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16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid	d to or for members (Part I	X, column (A), lin	e 4)								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 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. Paid Pa	Ś	15	Salaries, oth	er compensation, employe	ee benefits (Part	IX, column (A), l	nes 5-10)		187	,691	198,879			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 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. Paid Pa	nse	16a	Professional	fundraising fees (Part IX,	column (A), line	11e)					0			
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19 Revenue less expenses. Subtract line 18 from line 12. 45,847 17,878	ñ	17	Other expen	ses (Part IX, column (A), li	ines 11a-11d, 11	f-24e)			300	,510	257,666			
Beginning of Current Year End of Year		18	Total expens	ses. Add lines 13-17 (mus	st equal Part IX, c	olumn (A), line 2	5)	٠	488	,201	456,545			
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 Signature of officer			Revenue les	s expenses. Subtract line	18 from line 12.				4.5	,847	17,878			
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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 Signature of officer	sets	20	Total assets	(Part X, line 16)					321	,116	332,236			
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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	Ž	22	Net assets o	r fund balances. Subtract	line 21 from line	20			308	,779	326,657			
Sign Here Signature of officer Date	Pa	irt II	Signatu	re Block										
Sign Here Signature of officer Date									owledge and belief,	it is				
Here Type or print name and title Print/Type preparer's name	true,	correct, a	na complete. Deci	aration of preparer (other than offic	er) is based on all into	mation of which prep	arer rias arry knowledge.							
Here Type or print name and title Print/Type preparer's name														
Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Preparer Preparer's signature Date Date Check if PTIN Self-employed P00644326 Preparer Firm's name Davis Associates CPAs Firm's EIN Phone no. Florissant MO 63034 314-653-0008	Sig	ın	Signatur	e of officer						Date				
Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Preparer Preparer's signature Date Date Check if PTIN Self-employed P00644326 Preparer Firm's name Davis Associates CPAs Firm's EIN Phone no. Florissant MO 63034 314-653-0008	He	re												
Paid Darlene M Davis CPA Davis Associates CPAs Firm's address Alignment			Type or	print name and title				***************************************						
Paid Darlene M Davis CPA Darlene M Davis CPA 01-12-2015 self-employed P00644326 Preparer Use Only Firm's address ► 4119 N Hwy 67 Florissant MO 63034 Phone no.	_		Print/Type pre	parer's name	Preparer's signature		Date		Check	if P	TIN			
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		,			-					14-6	53-0008			
	May	the IR	S discuss this											

Form 990 (2013) Veterans For Peace Inc

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			٦,
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Α,
	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,"			37
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	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 temporarily restricted	4.0		7.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а		44-	v	
	complete Schedule D, Part VI	11a	X	
b		446		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С		11c		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		
d		11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 22
f	the organization's separate of consolidated linaridal statements for the tax year include a localidate diagrams the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	' ' '		73
12a		12a		Х
L-	20 K 11 V and 15 K	124		- 11
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
i4a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	The state of the s	20a		Х
20a b	reme to the control of the control o	20b		
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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Χ Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 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 Χ 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a Χ 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? Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Χ 38

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	Check if Schedule O contains a response or note to any line in this Part V			_ [_]
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	7		37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	100000000000000000000000000000000000000	300000000000000000000000000000000000000	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
L	If "Yes," enter the name of the foreign country:	+a		Z\
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	100,000,000	Χ
5а ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	f		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			11
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			T
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		L
9	Sponsoring organizations maintaining donor advised funds.			
а	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		#1000000000
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)	42-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		E0000000000000000000000000000000000000
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
I -	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of receives the organization is required to maintain by the states in which			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand	+		
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		
	payments in the production of the produc			

Form 990 (2013) Veterans For Peace Inc Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Νo Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Χ Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? 8a Χ Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С Χ describe in Schedule O how this was done 12c Χ 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- 18
 - X Own website
- X Another's website
- ☑ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20
 - ▶Virginia Druhe (314)725-6005, 216 South Meramec Avenue, Saint Louis, MO 63105

01-0415961

age 7

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for				ore th	nan one both an		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	of Individual trustee or director	Institutional trustee	a dire Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Margaret Stevens Member	2.00	Х							0	0
(2) April Adams Member	2.00	Х							0	0
(3) Ken Dalton Member	2.00	X							0	0
(4) Tarak Hauff Member	2.00	X						(0	0
(5) Mike Prysner Member	2.00	Х						(0	0
(6) Willie Hager Member	2.00	Х							0	0_
(7) Barry Ladendorf Member	2.00	Х							0	0
(8) Tom Palumbo Member	2.00	X							0	0
(9) Gerry Condon Vice President	2.00			Х					0	0
(10)Patrick McCann President	2.00			Х				(0	0
(11)Mark Foreman Treasurer	2.00			Х					0	0
(12)John Heuer Secretary	2.00			X					0	0
(13)										
(14)										

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	ot che unless er and	Pos eck m s pers	ition ore the	an one		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	oth compen	ated nt of er isation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and re organiz	zation lated
<u>(15)</u>												
<u>(16)</u>				***************************************								
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u> _												
(20)												
<u>(21)</u>												
<u>(22)</u>												
(23)												
(24)												
(25)												
1b c d	Sub-total	on A .					• • •	•	0	(0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those lis	sted at	ove	e) wh	o re	ceived	om t	re than \$100,000)	
											Ye	s No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule										3	Х
4	For any individual listed on line 1a, is the sum of reportanization and related organizations greater than											
_	individual										4	X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	•		-			-				5	Х
	on B. Independent Contractors	for all local controls	1 1 -	1			-1			000 - 6		-
1	Complete this table for your five highest compensa compensation from the organization. Report compensation.	•										
	(A) Name and business address								(B) Description of	services	(C) Compens	ation
							,					
		I. 1 42 **				. ,	. 1			F.		
2	Total number of independent contractors (including received more than \$100,000 of compensation from				e IIS	ed a	above)	, who)			

orm 99	90 (20	13) Veterans	For Peac	e I	inc			01-04159	61 Page
Part '	VIII	Statement of Revenu	ue						
		Check if Schedule O conta	ins a response	e or r	ote to any line in	this Part VIII			[
			,		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
SS	1a	Federated campaigns		1a					
au	b	Membership dues		1b	154,941				
שַּׁבַּע	C	Fundraising events	-	1c		1			
ifts ar A	d	Related organizations		1d		1			
<u>a</u> .≝	e	Government grants (contribu	-	1e	241,882				
Sir	f	All other contributions, gifts, g				1			
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inclu		1f	671				
ĘĘ.	a	Noncash contributions includ	ـــ -led in lines 1a	1f: \$		_			
auc	h	Total. Add lines 1a-1f				397,494			
					Business Code				
Jue	2a	Educational and Pro	mote	İ	611710	24,621	24,621	_	
evel	b	Project management			541900	2,847	2,847		
Ge A	С	Convention			900099	48,640	48,640)	
Program Service Revenue	d			[
am	е			_					
<u>ī</u>	f	All other program service reve	nue	[
	g	Total. Add lines 2a-2f			· · · · · >	76,108			
	4	Investment income (including and other similar amounts) . Income from investment of tax Royalties		prod	ceeds ▶	821	821		
			(i) Real		(ii) Personal				
	6a	Gross rents							
		Less: rental expenses							
	l .	Rental income or (loss)							
		Net rental income or (loss) .		• • •					
		Gross amount from sales of	(i) Securities		(ii) Other				
		assets other than inventory							
		Less: cost or other basis	Anno						
		and sales expenses							
		Gain or (loss)	L						
Δ		- · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
eun		Gross income from fundraising events (not including \$	3						
Še		events (not including \$ of contributions reported on lin	ne 1c)	-					
Other Revenue		See Part IV, line 18	•	a					
즂	l .	Less: direct expenses		_ F					
-	l .	Net income or (loss) from fund		_					
	l .	Gross income from gaming ac		Ì					
		See Part IV, line 19		a					
	l .	Less: direct expenses		_ F					
	l .	Net income or (loss) from gam		_					
	10a	Gross sales of inventory, less returns and allowances		a					
	1	Less: cost of goods sold		***					
	С	Net income or (loss) from sale	s of inventory		<u></u>				
	<u> </u>	Miscellaneous Revenue			Business Code				
	11a			_ }					
	b								
	C								
	d	All other revenue		.				1	

76,929

474,423

e Total. Add lines 11a-11d

12 Total revenue. See instructions

01-0415961

Part IX Statement of Functional Expenses

Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in 2 the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 49,035 39,955 181,612 92,622 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 4,662 3,799 8,806 17,267 10 Fees for services (non-employees): 11 а 9,440 9,440 С Professional fundraising services. See Part IV, line 17. е f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 300 300 12 13 27,250 20,815 6,435 17,818 11,582 1,782 4,454 14 15 5,798 5,798 23,190 11,594 16 3,999 3,999 18,123 10,125 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 50,365 19 Conferences, conventions, and meetings 50,365 20 21 220 Depreciation, depletion, and amortization 220 22 14,805 14,805 23 29,610 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 33,734 Project Expenditures 33,734 2,240 2,240 b Donations c Educational and Promotional 16,619 16,619 Dues and Subscriptions 13 13 10,100 All other expenses 28,744 9,768 8,876 283,388 105,052 68,105 Total functional expenses. Add lines 1 through 24e 456,545 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🗌 if

following SOP 98-2 (ASC 958-720)

Form 990 (2013) 01-0415961 Page 11 Veterans For Peace Inc Part X **Balance Sheet** (A) (B) Beginning of year End of year 305,399 1 309,085 1 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 7 Assets 10,941 8 15,855 9 4,452 9 5,933 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7.494 324 10c 1,363 11 11 12 12 13 13

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and

	1			4.000.000.000	4
Liabi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	12,337	26	5,579
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Balances		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	263,787	27	272,612
Bal	28	Temporarily restricted net assets	44,992	28	54,045
<u>_</u>	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
o ç		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
let Asse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	-00	Total and according to found belonged	300 770	22	226 657

326,657

332,236

5,579

14

15

16

17

18

19

20

21

33

34

308,779

321,116

321,116

12,337

14

15

16

17

18

19

20 21

22

33

34

ilities

2c

3a

3b

Form 990 (2013)

Χ

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

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

Schedule O.

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization Employer identification number Veterans For Peace Inc 01-0415961 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 4 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 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). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I **c** Type III-Functionally integrated d Type III-Non-funtionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (iv) Is the organization (vi) Is the (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the support? U.S.? (see instructions)) Yes No Yes No No Yes (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organization	fails to qualify u	nder the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Sec	tion B. Total Support		W				
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	e					▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2013 (line 6	` '	-			***************************************	%
15	Public support percentage from 2012 Sch						%
16a	33 1/3% support test - 2013. If the organi	zation did not chec	k the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization qual						▶ ⊔
b	33 1/3% support test - 2012. If the organi	zation did not chec	k a box on line 1	3 or 16a, and line 1	5 is 33 1/3% or m	ore,	
	check this box and stop here. The organiz	zation qualifies as a	a publicly support	ed organization			▶ ⊔
17a	10%-facts-and-circumstances test - 201	3. If the organization	on did not check	a box on line 13, 16	3a, or 16b, and line	e 14 is	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa						
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 201	=					
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me						
	supported organization						▶ ∐
18	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee	
	inatorations						b 1 1

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	518,864	236,049	261,347	455,035	397,494	1,868,789
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	68,051	241,788	272,428	78,244	76,108	736,619
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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	586,915	477,837	533,775	533,279	473,602	2,605,408
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
С	Add lines 7a and 7b						
	line 6.)						2,605,408
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	586,915	477,837	533,775	533,279	473,602	2,605,408
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	988		975	769	821	3,553
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	988		975	769	821	3,553
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	587,903	477,837	534,750	534,048	474,423	2,608,961
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2013 (line 8,		•			15	99.86 %
16	Public support percentage from 2012 Scheo					16	92.08 %
Sec	ction D. Computation of Investmer						***************************************
17	Investment income percentage for 2013 (lin		•		Ì	17	0.14 %
18	Investment income percentage from 2012 S				ı	18	%
19a	33 1/3% support tests - 2013. If the organia 17 is not more than 33 1/3%, check this box						> 🗓
b	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pu	blicly supported or	ganization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns	▶ 🔲

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	s: Complete Part III.			
Nam	e of organization			Employer	identification number
Ve	eterans For Peace Inc			01-041	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 organ	nization.
1	Provide a description of the organization				
2	Political expenditures			> \$	
3	Volunteer hours				
		44.			
Pa		ization is exempt under section			
1	Enter the amount of any excise tax incu				
2	Enter the amount of any excise tax incu				
3	If the organization incurred a section 49				
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.	!	F04/a) ave		
سننششت		ization is exempt under section		ept section 501(c)(3)	
1	Enter the amount directly expended by			ь ф	
	activities				
2	Enter the amount of the filing organization			× 6	
	527 exempt function activities				
3	Total exempt function expenditures. Add			. •	
_	line 17b				
4	Did the filing organization file Form 112 Enter the names, addresses and emplo				
5	organization made payments. For each				
	the amount of political contributions rece	-	-		
	as a separate segregated fund or a poli	· · · · · · · · · · · · · · · · · · ·			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

che	dule C (Form 990 or 990-EZ) 2013 Veterans For	Peace Inc			01-0415	961 Page 2
	art II-A Complete if the organization	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).					
١.	Check ► ☐ if the filing organization belongs				member's	
	name, address, EIN, expenses,		, , ,	,		
3	Check ▶ ☐ if the filing organization checked		i	oply.	T	
		bying Expenditure			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures"				organization's totals	group totals
1a	1		• • •			
b	10.001.0000,1119.0110.0010.0010.0010.001	• ,				
С.		•				
d	Outor oxompreparposs experiances					
e	. O tal o nombribanha an haman an (ana a mina	•				
f	Lobbying nontaxable amount. Enter the amour	nt from the following	table in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is		nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	·····	s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of li	ine 1f)				
h	Subtract line 1g from line 1a. If zero or less, en	ter -0				
i	Subtract line 1f from line 1c. If zero or less, ent	er -0				
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization file	Form 4720		
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that	made a section 50	eriod Under Sectior 01(h) election do no tions for lines 2a th	t have to complete		
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					

EEA Schedule C (Form 990 or 990-EZ) 2013

c Total lobbying expenditures

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

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

		(a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed					
desc	cription of the lobbying activity.	Yes	No	Ai	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ				
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	Χ				
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?	X				
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	******	X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	rsec	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	tili-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				_	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF	(a)	Part	III-A, II	ne 3,	IS
	answered "Yes."		1			
1	Dues, assessments and similar amounts from members					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).		2-			
a	Current year		2a			
b	Carryover from last year		2b 2c			<u></u>
C	Total		<u> </u>	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4			
_	and political expenditure next year?		5			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	3			
*********	* IV Supplemental Information	C	\			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, II-B, line 1. Also, complete this part for any additional information.	iine z	:; and			
ait	1-D, lifte 1.7430, complete this part of any additional information.					
					· · · · · ·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	Employer identification number
Vet	terans For Peace Inc	01-0415961
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(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 assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	Conservation Easements	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	y important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
6	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
J	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
٠	otali and voluntoor hours dovoted to morntoning, inspecting, and emerging content and the second sec	,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	rear
•	>\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)
Ŭ	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
20000000	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these its	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
-		

Pa	rt III Organizations Maintaining Co	llections of a	Art, Histo	orical Tre	easures, c	or Othe	er Similar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession, a	and other record	ds, check a	ny of the fo	llowing that	are a sig	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🗌 L	oan or excl	nange prog	rams				
b	Scholarly research	e 🗌 O	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collection XIII.	tions and explai	in how they	further the	organizatior	n's exem	pt purpose in Part		
5	During the year, did the organization solicit or red	ceive donations	of art, histo	rical treasu	ires, or other	r similar			
	assets to be sold to raise funds rather than to be							🗌 Yes	□ No
Pa	rt IV Escrow and Custodial Arrange		· · · · · · · · · · · · · · · · · · ·						
	Complete if the organization answays 990, Part X, line 21.	wered "Yes"	to Form 9	990, Part	IV, line 9,	or repo	orted an amour	nt on Form	
1a	Is the organization an agent, trustee, custodian of	or other intermed	diary for cor	ntributions (or other asse	ets not			
	included on Form 990, Part X?							🗌 Yes	□ No
b	If "Yes," explain the arrangement in Part XIII and	complete the fo	ollowing tab	le:					
							Am	iount	
С	Beginning balance					10	>		
d	Additions during the year					10	t k		
е	Distributions during the year					16	9		
f	Ending balance					1f	•		
2a	Did the organization include an amount on Form	990, Part X, line	e 21?					🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the e	xplanation	nas been p	rovided in P	art XIII			. 🗌
Pa	rt V Endowment Funds.								
	Complete if the organization answ	wered "Yes" t	to Form 9	90, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three years back	(e) Four yea	irs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	year end balanc	e (line 1g, d	column (a))	held as:				
а	Board designated or quasi-endowment ►	%							
b	Permanent endowment ► %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e	qual 100%.							
3а	Are there endowment funds not in the possession	n of the organiza	ation that ar	e held and	administere	d for the			
	organization by:							Ye	s No
	(i) unrelated organizations						<i></i>	. 3a(i)	
	(ii) related organizations						. <i></i>	. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations liste	ed as required o	n Schedule	R?			<i></i>	. 3b	
4	Describe in Part XIII the intended uses of the orga		wment fund	ds.					
Pa	t VI Land, Buildings, and Equipmen								
	Complete if the organization ansv	vered "Yes" t	to Form 9	90, Part	IV, line 11	a. See	Form 990, Par	t X, line 10).
	Description of property	(a) Cost or o	ther basis	(b) Cost of	r other basis	(c)	Accumulated	(d) Book va	lue
		(investi	ment)	(0	other)	d€	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	•			7,494		6,131		L,363
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Par	t X, column	(B), line 10)(c).)				1,363

(a) Description of security or category (roll dodnyn ame of security) (cold on remore of security on remore	Part VII	Investments - Other Securities Complete if the organization answ	vered "Yes" to Form 990, P	art IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests		(a) Description of security or category		(c) Method of valuation:
(3) Other (A) (B) (C) (C) (C) (E) (F) (G) (H) Total. (Column 0) must equal Form 990, Part X, cot. (8) line 12.) (a) Description of investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation: Coast or ens-of-year market value (d) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column 0) must equal Form 990, Part X, cot. (8) line 13.) Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, cot. (6) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line (b) Book w Complete if the organization answered "Yes" to Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line (b) Book w Complete if the organization answered "Yes" to Form 990, Part IV, line 11d or 11f. See Form 990, Part X, cot. (b) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, cot. (c) line 25.	(1) Financial de	erivatives		
(A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII (a) Description of investment (b) Book value (c) Method of valuation Coast or end-of-year market value (b) Book value (c) Method of valuation Coast or end-of-year market value (d) Method of valuation Coast or end-of-year market value (e) Method of valuation Coast or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(2) Closely-hel	d equity interests		
(B) (C) (D) (E) (F) (G) (H) Trotal: Column (b) must equal Form 990, Part X, col. (B) line 12) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation: Coot or and of year muscut value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (f) Total: (Column (b) must equal Form 990, Part X, line (e) Description (f) (f) (g) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S	(3) Other			
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990. Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation: Coet or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 13.) Part IX (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (f) (f) (g) (g) (g) Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.	(A)			
(D) (E) (F) (G) (H) (Total: (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of Valuation. Cost or end of year market value (1) (2) (3) (4) (5) (6) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (c) Book value (c) Method of Valuation. Cost or end of year market value (b) Book value (c) Book value (c) Method of Valuation. Cost or end of year market value (c) Method of Valuation. Cost or end of year market value (d) (f) (g) (g) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part III, line 11e or 11f. See Form 99	(B)			
(E) (F) (G) (H) Total: (Column (b) imust equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Wethod of valuation. Cost or end of year market value (1) (2) (3) (4) (5) (9) Total: (Column (b) imust equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (b) Book value (c) Wethod of valuation. Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) imust equal Form 990, Part X, col. (B) line 15.) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line (b) Exerciption (c) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, col. (B) line 15.)	(C)			
(F) (G) (H) Total. (Column (b) must equal Form 990. Part X, col. (B) line 12) Part VIII Investments - Program Related.	(D)			
(G) (H) Total: (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year market value (1) (2) (3) (4) (5) (6) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)			
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part I line 25.			ne 15.)	
line 25.	EEGIREAS		vered "Yes" to Form 990 P	art IV line 11e or 11f. See Form 990. Part X.
1. (a) Description of liability (b) Book value		· · · · · · · · · · · · · · · · · · ·		
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			the text of the footnote to the are	anization's financial statements that reports the

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

/et	erans For Peace Inc					01-04	15961
Pa	rt I General Information	on on Activitie	s Outside the	United States. Complete i	f the organizati	on answe	red "Yes" on
	Form 990, Part IV, I	ine 14b.					
1	For grantmakers. Does the or	ganization maint	tain records to s	ubstantiate the amount of its g	rants and other		
	assistance, the grantees' eligib	ility for the grant	s or assistance,	and the selection criteria used	to award the		
	grants or assistance?						. 🗌 Yes 🗌 No
2	For grantmakers. Describe in	Part V the organ	nization's proced	ures for monitoring the use of	its grants and oth	ner	
	assistance outside the United S	States.					
3	Activities per Region. (The follo	7					
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in a program ser		(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specific t		and investments
			independent contractors	investments, grants to recipients	service(s) in re	egion	in region
			in region	located in the region)			
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17)	Cub total						
3a	Sub-total						
b	Total from continuation sheets to Part I		The second secon				
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С	Totals (add lines 3a and 3b)		1	<u>I</u>			

Veterans For Peace Inc

Page 3

01-0415961

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Fair marke Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance none (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. Middle East and (b) Region North Africa (a) Type of grant or assistance (1) Faiza H Y Alaraj Part III (1) (12) (13) (14) (15) (16) (17) (18) (10) EEA 2 <u>ල</u> 4 (5) 9 3 8 6)

Schedule	eF(Form 990) 2013 Veterans For Peace Inc 01	0415	5961		Page 4
Part					
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If Yes, the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes		No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If Yes, the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	. 🗀	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If Yes, the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	. 🗆	Yes		No
EEA			Schedul	e F (Fori	n 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013
Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

01-0415961 Veterans For Peace Inc 01. Form 990 governing body review (Part VI, line 11) Organization's process to review Form 990 Review will be done prior to mailing 02. Form 990 availability to public (Part VI, line 18) Governing documents disclosure explanation available to the public upon request 03. Governing documents, etc, available to public (Part VI, line 19) Governing documents available to the public 04. List of other expenses (Part IX, line 24e) Program Meals and entertainment 219 660 Professional Development 726 Contracted Services Postage and mailing 8,163 9,768 Total Management Bank Internet charges 7,602 Miscellaneous 1,274 8,876 Total Fundraising 10,100 Printing

Page	2

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Form	990-T		(and proxy tax unde	r sect	ion 603	3(e))				2	013	2
		For cale	ndar year 2013 or other tax year beginning		, 2013, a	and ending	, :	20		Æ	0 10	•
Densi	tment of the Treasury	► int	formation about Form 990-T and its instructions is av	ailable a	t www.irs.go	ov/form990t.			Conec	to But	lic Inspec	tion for
	al Revenue Service	▶ Do	not enter SSN numbers on this form as it may be ma	ade publi	c if your org	anization is a 5	01(c)(3).		10000000000000		ganization	
A	Check box if address changed		Name of organization (Check box if name chan	ged and	see instructio	ons.)		D	Employe			
B Exe	mpt under section	Print	Veterans For Peace Inc						(Employe	es trus	t, see instr	uctions.)
X	501(C <u>) (</u> 3)	or	Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.				01-04	1596	1	
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للِـ	529(a)		Saint Louis, MO 63105-3504	<u> </u>								
C Boo	ok value of all assets nd of year		oup exemption number (See instructions)			1					1	
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			primary unrelated business activity.								1	11.
	-		corporation a subsidiary in an affiliated gr		a parent-	subsidiary c	ontrolled	group	?	. 🟲	Yes	X No
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b	Less returns and a			1c								
2	ŭ	•	dule A, line 7)	3								
3	•		2 from line 1c	4a								
4a	, ,	,	7, Part II, line 17) (attach Form 4797)	4a 4b								***************************************
b C	• , , ,		trusts	46 4c								
5	•		os and S corporations (attach statement)	5								
6)	6								
7	•		ncome (Schedule E)	7								
8			ents from controlled organizations (Schedule F)	8								
9	•		1(c)(7), (9), or (17) organization (Schedule G)	9								
10			ncome (Schedule I)	10								
11	•	•	dule J)	11	· · · · · · · · · · · · · · · · · · ·							
12	-		tions; attach schedule.)	12							·····	
13	Total. Combine lin	es 3 thre	ough 12	13								
Pa			: Taken Elsewhere (See instruction	ns for	· limitatio	ons on de	duction	s.) (E	xcept	for c	ontribu	utions,
	deductions	s must	be directly connected with the uni	relate	d busine	ess incom	e.)	, ,	-			
14	Compensation of c	officers,	directors, and trustees (Schedule K)						14			
15	Salaries and wage	s							15			
16	Repairs and maint	enance							16			
17	Bad debts								17			
18	·								18			
19									19			·····
20			ee instructions for limitation rules.)		1	1			20			
21			4562)			21			_			
22			on Schedule A and elsewhere on return			22a			22b			
23	·								23	~~~		
24			compensation plans						24			
25			(0.15.15.15.15)						25			
26			(Schedule I)						26			
27			Schedule J)						27			
28 20			chedule)						28			
29 20			es 14 through 28						29			
30 21			e income before net operating loss deduct						30			
31 22			on (limited to the amount on line 30)						31			
32 33			e income before specific deduction. Subtra						32 33			
33 34	•		ally \$1,000, but see line 33 instructions for ole income. Subtract line 33 from line 32. I						33			
J4			r line 32 · · · · · · · · · · · · · · · · · ·		-				34			
	CHE HE SHAIR D	1 7 GIO O	I III O O C						34			

rai	t III	rax Computation	~~~~~~~~	Martin 1997					
35	Organi	izations Taxable as Corpora	tions.	See instructions for tax	computation.	Controlled group			
	membe	ers (sections 1561 and 1563)	check	here ▶ See instr	uctions and:				
а	Enter y	our share of the \$50,000, \$2	5,000, a	and \$9,925,000 taxable	income brack	ets (in that order):			
	(1) \$	(2) \$		(3) \$				
b	Enter o	rganization's share of: (1) Ad	ditional	I 5% tax (not more than	\$11,750)	\$			
	(2) Add	litional 3% tax (not more than	\$100,0	000)		\$			
С		e tax on the amount on line 34					>	35c	
36	Trusts	Taxable at Trust Rates. See	e instru	ctions for tax computati	on. Income tax	k on			
		ount on line 34 from: Ta						36	
37		tax. See instructions			•	•		37	
38	•	tive minimum tax						38	
39		Add lines 37 and 38 to line 35						39	
		Tax and Payments						1	
40a		tax credit (corporations attac	h Forn	n 1118: trusts attach Fo	rm 1116)	40a			
	-					40b		1	
c		al business credit. Attach Forr				40c			
		or prior year minimum tax (at				40d		1	
		redits. Add lines 40a through				<u> </u>		40e	
41		ot line 40e from line 39						41	
42		es. Check if from: Form 425		Form 8611 Form		n 8866 Other (atta		42	
43		ax. Add lines 41 and 42	L					43	
		nts: A 2012 overpayment cre				44a			
b	•	stimated tax payments				44b			
		posited with Form 8868				44c			
		organizations: Tax paid or w				44d			
e	•	withholding (see instructions		,	,	44e			
		or small employer health insu				44f	3,071	-	
		redits and payments:		orm 2439		1771	3,071	-	
9		n 4136		ther		44g			
45		ayments. Add lines 44a thro			***************************************			45	3,071
									J, U / I
45 46	•	•		-				-	
46	Estimat	ed tax penalty (see instruction	ns). Ch	eck if Form 2220 is atta	iched		▶ 🔲	46	
46 47	Estimat Tax du	ed tax penalty (see instructions. If line 45 is less than the to	ns). Ch tal of lin	eck if Form 2220 is atta nes 43 and 46, enter an	iched nount owed .		>	46 47	3.071
46 47 48	Estimat Tax due Overpa	ed tax penalty (see instructions. If line 45 is less than the topyment. If line 45 is larger that	ns). Ch tal of lir n the to	eck if Form 2220 is atta nes 43 and 46, enter an otal of lines 43 and 46,	iched nount owed . enter amount c			46 47 48	3,071
46 47 48 49	Estimat Tax due Overpa Enter th	ed tax penalty (see instructions. If line 45 is less than the ton ayment. If line 45 is larger that amount of line 48 you want.	ns). Ch tal of lir n the to :: Credi	eck if Form 2220 is atta nes 43 and 46, enter an otal of lines 43 and 46, d ited to 2014 estimated	iched nount owed . enter amount c tax▶	overpaid		46 47	3,071 3,071
46 47 48 49 Par	Estimat Tax du Overpa Enter th	ned tax penalty (see instructionse. If line 45 is less than the ton the ton the ton the ton the	ns). Ch tal of lir n the to :: Credi Certa	eck if Form 2220 is atta nes 43 and 46, enter an otal of lines 43 and 46, ited to 2014 estimated ain Activities and	nched nount owed . enter amount c tax ► Other Infor	overpaid		46 47 48	3,071
46 47 48 49 Par 1	Estimat Tax du Overpa Enter th V At any	ted tax penalty (see instructions). If line 45 is less than the total than the followers. If line 45 is larger that the amount of line 48 you wanter than the during the 2013 cales.	ns). Ch tal of lir n the to :: Credi Certa	eck if Form 2220 is atta nes 43 and 46, enter an otal of lines 43 and 46, ited to 2014 estimated ain Activities and ear, did the organizati	nched nount owed . enter amount c tax ► Other Infor on have an i	overpaid		46 47 48	
46 47 48 49 Par 1	Estimat Tax du Overpa Enter th V At any or othe	ted tax penalty (see instructions). If line 45 is less than the town and the town and the town and the town and the terms are statements. If line 48 you wand the terms are statements and the terms are statements. If line the terms are statements and the terms are statements. If line the terms are statements are statements are statements. If line the terms are statements are statements are statements. If line is the terms are statements are statements are statements. If line is the terms are statements are statements are statements. If line is the terms are statements are statements are statements. If line 45 is less than the town and the terms are statements. If line 45 is less than the town are statements. If line 45 is less than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the town are statements. If line 45 is larger than the two two the two	ns). Ch tal of lir n the to :: Credi Certa dar ye accour	neck if Form 2220 is attained 43 and 46, enter an otal of lines 43 and 46, eited to 2014 estimated ain Activities and ear, did the organizatint (bank, securities, o	nount owed . enter amount of tax ► Other Infor on have an in r other) in a	overpaid		46 47 48	3,071
46 47 48 49 Par 1	Estimat Tax due Overpa Enter th LV At any or othe If YES,	ted tax penalty (see instructions. If line 45 is less than the total amount of line 48 you wanter amount of line 48 you wanter authority over a financial the organization may have	ns). Chial of lir n the to :: Credi Certa ndar ye account	neck if Form 2220 is attached and 46, enter an otal of lines 43 and 46, enter an otal of lines 43 and 46, eited to 2014 estimated ain Activities and ear, did the organization (bank, securities, of Form TD F 90-22.1,	nount owed . enter amount of tax Other Infor on have an in r other) in a Report of For	overpaid		46 47 48	3,071
46 47 48 49 Par 1	Estimat Tax due Overpa Enter th LV At any or othe If YES, Financia	red tax penalty (see instructions. If line 45 is less than the total argent. If line 45 is larger that the amount of line 48 you wanted to the desire authority over a financial the organization may have al Accounts. If YES, enter the	ns). Chial of liring the to the total of liring the li	neck if Form 2220 is attained and 46, enter an otal of lines 43 and 46, eited to 2014 estimated ain Activities and ear, did the organization (bank, securities, of Form TD F 90-22.1, of the foreign country h	nount owed . enter amount of tax Other Infor on have an in r other) in a Report of Forerer	overpaid	unded tructions) nature	46 47 48 49	3,071 Yes No
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46 47 48 49 Par 1 2 3 Sche 1 2 3 4a b 5 Sign Here	Estimate Tax due Overpa Enter the V At any or othe If YES, Financia During If YES, Enter the Edule Invento Purchase Cost of Addition (attach Other co Total. A Under correct Sign	red tax penalty (see instructions. If line 45 is less than the to ayment. If line 45 is larger that the amount of line 48 you wanter the amount of line 48 you wanter authority over a financial the organization may have all Accounts. If YES, enter the tax year, did the organizations for other forms amount of tax-exempt inter the amount of t	ns). Chial of liring the total of liring the total of liring the total of liring account to file name tion received to file name tion received. Enter the total of liring account of liring the total of liring account of liring the total of liring account of liring	neck if Form 2220 is attached to 23 and 46, enter an otal of lines 43 and 46, enter an otal of lines 43 and 46, eited to 2014 estimated ain Activities and ear, did the organization (bank, securities, of Form TD F 90-22.1, of the foreign country hoseive a distribution from organization may have eived or accrued during er method of invendent at this return, including accompanization accompanization in the proparer's signature.	ched nount owed . enter amount of tax ► Other Infor on have an introduced in the control of Fore or of the control of the cont	mation (see insolverpaid	anded butructions) nature eror to, a fore and (with respected for resale the best of my krige.	eign trus eign trus for to be apply May the with the (see inst.) if d	Yes No Yes No Ind belief, it is true, IRS discuss this return preparer shown below ructions)? Yes No PTIN
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Schedule C - Rent Incom (see instructions)	e (From Real P	roperty a	nd Perso	nal Propert	ty Lea	ased With Real P	rop	erty)
Description of property								
1)								
2)								
3)								
4)	-				***************************************			
	2. Rent received	or accused						
	Z. Nent received	or accrueu						
 (a) From personal property (if the personal property is more than more than 50%) 	• ,	ercentage of r	rent for persor	al property (if the nal property exce on profit or incom	eds			nnected with the income b) (attach schedule)
1)								
2)			**************************************	··				
3)		***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					****
4)			***************************************	······································				
	Tot							
Total						(b) Total deduction		
(c) Total income. Add totals of c	, , ,	,				Enter here and on p		
nere and on page 1, Part I, line 6				···		Part I, line 6, column	1 (B)	>
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instruc	tions)	Υ			
			2. Gross in	ncome from or		 Deductions directly cor debt-finance 		
1. Description of deb	t-financed property			debt-financed	(a) S	traight line depreciation	T	(b) Other deductions
			pro	perty	(a) 0	(attach schedule)		(attach schedule)
[1)								***************************************
(2)							t	
				· · · · · · · · · · · · · · · · · · ·			\vdash	
(3)							 	
4)	5. Average adjust	ad basis						· · · · · · · · · · · · · · · · · · ·
Amount of average acquisition debt on or	of or allocabl		6. C	olumn	7. G	ross income reportable	1	8. Allocable deductions
allocable to debt-financed	debt-financed pr			vided		column 2 X column 6)	(c	olumn 6 x total of columns
property (attach schedule)	(attach sched	lule)	by co	olumn 5				3(a) and 3(b))
(1)				%				
(2)				%				
3)				%			†	
							 	
(4)				/0			\vdash	
					1	here and on page 1, I, line 7, column (A).		ter here and on page 1 art I, line 7, column (B)
Totals				🕨				
Total dividends-received deduc	ctions included in co	olumn 8 .		'				
Schedule F - Interest, An	nuities. Rovalti	es. and R	ents From	n Controlle	d Ord	panizations (see	inst	ructions)
<u> </u>				rganizations		,		
		Lxompec	Jona Olica O	garnzations				
Name of controlled organization	2. Employer identification numb		elated income e instructions)	4. Total of sp payments r		5. Part of column 4 the included in the control	lling	6. Deductions directly connected with income
					~~~~~~	organization's gross inc	Jome	in column 5
(1)								
(2)								
(3)								
(4)					****			
Nonexempt Controlled Organizat	ione			1				
Notiexempt Controlled Organizati	10113							
7. Taxable Income	8. Net unrelated (loss) (see insti		i	otal of specified yments made		<ol> <li>Part of column 9 tha included in the controllir organization's gross inco</li> </ol>	ng	11. Deductions directly connected with income column 10
(1)								
(2)						and the Market Market		-
							$\neg$	
(3)							$\dashv$	
(4)			<u></u>			A 1 1		Add as tour A 222
						Add columns 5 and 10. Enter here and on page		Add columns 6 and 11. Enter here and on page
						Part I, line 8, column (A		Part I, line 8, column (B
Totals					. 🕨			
								Form 000 T /201

(1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  1. Description of exploited activity  1. Description of exploited activity  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A).  3. Expenses directly connected with production of unrelated business income from trade or business income or business income or business income or page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9  Enter here and on Page 1, Part I, line 9	and on page 1, 9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page, 1. Part II, line 26.
(2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross income (loss) from unrelated business income from activity that is not unrelated business income attributable to column 5  2. Gross income from activity that is not unrelated business income attributable to column 5  3. Expenses directly  2. Minus column 3.) If a gain, compute cols. 5. through 7.  4. Net income  (loss) from unrelated trade or business (column 3). If a gain, compute cols. 5. through 7.  4. Net income  (loss) from activity that is not unrelated business income from activity that is not unrelated business income attributable to column 5  (c)  (d)  (d)  2. Description of exploited activity in the income (loss) from activity that is not unrelated business income from activi	9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(3) (4)  Enter here and on page 1, Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  1. Description of exploited activity  2. Gross unrelated business income from trade or business income from activity that is not unrelated business income compute cols. 5 through 7.  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).	9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).
Enter here and on page 1, Part I, line 9, column (A).  Totals	9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).
Enter here and on page 1, Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  1. Description of exploited activity  1. Description of exploited activity  2. Gross unrelated business income from trade or business income from trade or business income  1. Description of exploited activity  1. Description of exploited activity  2. Gross unrelated did usiness income from activity that is not unrelated business income from activity that is not unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated business income is not unrelated business income in the production of unrelated trade or business income in the production of unrelated trade or business income in the production of unrelated trade or business income in the production of unrelated trade or business income in the production of unrelated business income in the production of unrelat	9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).
Part I, line 9, column (A).    Column   Part I, line 9, column   Part I, line 9	9, column (B).  Excess exempt expenses (column 6 minus column 5, but not more than column 4).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  1. Description of exploited activity  2. Gross income from trade or business income from activity that is not unrelated business income is not unrelated business income from activity that is not unrelated business income is not unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  1. Description of exploited activity in activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated business income from activity that is not unrelated business income from activit	. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross income (loss) from unrelated robusiness (column 2 minus column 3). If a gain, compute cols. 5 through 7.  1. Description of exploited activity  2. Gross income from activity that is not unrelated business income attributable to column 5  3. Expenses directly connected with production of unrelated business income from activity that is not unrelated business income attributable to column 5  4. Net income (loss) from unrelated robusiness (column 2 minus column 3). If a gain, compute cols. 5 through 7.  1. Description of exploited activity in the distributable to column 5  2. Gross income (loss) from unrelated business income from activity that is not unrelated business income attributable to column 5  3. Expenses directly column 3. If a gain, compute column 3 is not unrelated business income from activity that is not unrelated business income attributable to column 5  4. Net income (loss) from unrelated activity and unrelated robusiness income from activity that is not unrelated business income attributable to colum	expenses (column 6 minus column 5, but not more than column 4).
1. Description of exploited activity  2. Gross unrelated business income from trade or business income business income  1. Description of exploited activity  2. Gross unrelated business income from trade or business income  1. Description of exploited activity  2. Gross unrelated vith production of unrelated business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).	expenses (column 6 minus column 5, but not more than column 4).
1. Description of exploited activity  2. Description of exploited activity  2. Description of exploited activity  3. If a gain, compute cols. 5 through 7.  4. Description of exploited activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  4. Description of exploited activity that is not unrelated business income from activity that is	expenses (column 6 minus column 5, but not more than column 4).
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col. (A).  Totals	on page,1.
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col. (A).  Totals	on page,1.
(4)  Enter here and on page 1, Part I, line 10, col. (A).  Totals	on page,1.
Enter here and on page 1, Part I, line 10, col. (A).  Totals	on page,1.
page 1, Part I,   page 1, Part I,   line 10, col. (B).  Totals ▶	on page,1.
	20.
Schedule J - Advertising Income (see instructions)	
Part I Income From Periodicals Reported on a Consolidated Basis	
2. Gross 3. Direct gain or (loss) (col. 2 minus col. 3). If 6. Readership minus col. 3). If 5. Circulation 6. Readership minus col. 3).	Excess readershi costs (column 6 nus column 5, but not more than column 4).
(1)	
(2)	
(3)	
(4)	
Totals (carry to Part II, line (5)) . ▶	
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in colum 2 through 7 on a line-by-line basis.)	nns
2. Gross 3. Direct gain or (loss) (col. 2 minus col. 3). If 5. Circulation 6. Readership min	Excess readership costs (column 6 inus column 5, bu not more than column 4).
(1)	
(2)	
(3)	
(4)	
Totals from Part I	
page 1, Part I, page 1, Part I,	Enter here and on page 1, Part II, line 27.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)	
1. Name 2. Title 3. Percent of time devoted to business 4. Compensation at unrelated business	
(1) %	
(2)	
(3)	
(4) %	
Total. Enter here and on page 1, Part II, line 14	

# 990 Name(s) as shown on return Veterans For Peace Inc Overflow Statement Page 1 01-0415961

#### Program Services Office

Description	7	Amount
Office Expense	\$	1,288
Printing		19,527
Total:	\$	20,815

#### Management and General Office

Description		A	mount
Office Expense		\$	1,289
Postage and Mailing			2,721
Printing			2,425
	Total:	\$	6,435

#### Program Services Occupancy

Description	Amount
Rent	\$ 6,600
Telephone	 3,576
Utilities	 1,418
Total:	\$ 11,594

#### Management and General Occupancy

Description		Amount	
Rent		\$	3,300
Telephone			1,789
Utilities			709
	Total:	\$	5,798

#### Fundraising Occupancy

Description		A	mount
Telephone		\$	1,789
Utilities			709
Rent			3,300
	Total:	\$	5,798

## 990 **2013** Page 2 Overflow Statement FEIN Name(s) as shown on return 01-0415961 Veterans For Peace Inc Program Conferences Amount Description 50,365 Convention Expenses Total: 50,365 Description Amount Meals and entertainment 219 660 Professional development 8,163 Postage and mailing 726 Contracted services 9,768 Total: Description Amount 7,602 Bank Internet fees Miscellaneous 1,274 8,876 Total: Other Expenses Amount Description Fundraising Printing 10,100 10,100 Total:

Form 8868 (F	Rev. 1-2014)				Page 2
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic)	3-Month Extension	n, complete only Part II and che	ck this box	▶ 🏻
Note. Only co	omplete Part II if you have already been g	granted an automa	tic 3-month extension on a previo	usly filed Form 8868	8.
•	filing for an Automatic 3-Month Extension			·	
Part II	Additional (Not Automatic) 3-N			riginal (no conie	s needed)
	Traditional (Not Tratomatio) on	MOTITICE EXTORIOR			ber, see instructions
_	This is a second of the second	Classes to the other			
Type or	Name of exempt organization or other	filer, see instruction	ns. En	nployer identification	
print	Veterans For Peace Inc			01-04159	
File by the	Number, street, and room or suite no. I	f a P.O. box, see ir	structions. So	cial security numbe	r (SSN)
due date for filing your	216 S Meramec Ave				
return. See	City, town or post office, state, and ZIP	code. For a foreign	n address, see instructions.		
instructions.	Saint Louis, MO 63105-350	04			
Enter the Ret	turn code for the return that this application	on is for (file a sepa	rate application for each return)		0 1
		,	,		
Application	n	Return	Application		Return
Is For	•	Code	Is For		Code
	vr Form 000 E7	01	13 1 01		Ouc
	or Form 990-EZ		5 4044 4		0.0
Form 990-E		02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than individu	al)	09
Form 990-F	PF	04	Form 5227		10
Form 990-1	Г (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-7	「(trust other than above)	06	Form 8870		12
	ot complete Part II if you were not alrea				0000
for the whole list with the na  4 I reque  5 For cale  6 If the ta  Cha  7 State in	r a Group Return, enter the organization's group, check this box	is for part of the grosion is for. e until ginning 2 months, check re	11-17 , 20	▶ ☐ and attach	a, 20
		***************************************			
8a If this a	pplication is for Forms 990-BL, 990-PF, 9	90-T, 4720, or 606	9, enter the tentative tax, less an	y	
nonrefu	ındable credits. See instructions.			8a	\$
<b>b</b> If this a	pplication is for Forms 990-PF, 990-T, 47	20, or 6069, enter	any refundable credits and		
estimat	ed tax payments made. Include any prior	year overpayment	allowed as a credit and any		
amount	t paid previously with Form 8868.			8b	\$
c Balanc	e due. Subtract line 8b from line 8a. Inclu	ide vour payment v	vith this form, if required, by using	EFTPS	
	onic Federal Tax Payment System). See i			8c	\$
	Signature and Ve	erification mus	t be completed for Part II	only.	
Under penalti knowledge ar	es of perjury, I declare that I have examin nd belief, it is true, correct, and complete,	ned this form, include and that I am auth	ding accompanying schedules ar orized to prepare this form.	nd statements, and t	to the best of my
Signature >		Titl	e <b>&gt;</b>	Date 🕨	
EEA				For	rm <b>8868</b> (Rev. 1-2014)

# Form **8941**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

### **Credit for Small Employer Health Insurance Premiums**

► Attach to your tax return.

OMB No. 1545-2198

2013

Attachment Sequence No. **63** 

Identifying number

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

	) snown on return	0.7	0415061
	eterans For Peace Inc	ΩŢ	-0415961
	tion. See the instructions and complete Worksheets 1 through 7 as needed.		
1a	Enter the number of individuals you employed during the tax year who are considered		
	employees for purposes of this credit (total from Worksheet 1, column (a))	1a	7_
b	Enter the employer identification number (EIN) used to report employment taxes for individuals		
	included on line 1a if different from the identifying number listed above	1b	01-0415961
2	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from		_
	Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	5
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered		
	\$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	36,000
4	Premiums you paid during the tax year for employees included on line 1a for health insurance		
	coverage under a qualifying arrangement (total from Worksheet 4, column (b))	4	21,937
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the		
	average premium for the small group market in which you offered health insurance coverage		
	(total from Worksheet 4, column (c))	5	36,876
6	Enter the <b>smaller</b> of line 4 or line 5	6	21,937
7	Multiply line 6 by the applicable percentage:		
	<ul> <li>Tax-exempt small employers, multiply line 6 by 25% (.25)</li> </ul>		
	• All other small employers, multiply line 6 by 35% (.35)	7	5,484
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet		
	5, line 6	8	5,484
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from		
	Worksheet 6, line 7	9	3,071
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to		
	you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0	11	21,937_
12	Enter the <b>smaller</b> of line 9 or line 11	12	3,071
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of		
	employees included on line 1a for whom you paid premiums during the tax year for health		
	insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	13	2
14	Enter the number of FTEs you would have entered on line 2 if you only included employees		
	included on line 13 (from Worksheet 7, line 3)	14	2
15	Credit for small employer health insurance premiums from partnerships, S corporations,		
	cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small		
	employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here		
	and report this amount on Schedule K. All others, stop here and report this amount on Form		
	3800, line 4h	16	3,071
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see		
	instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount		
	on Form 3800, line 4h	18	
19	Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit		
	(see instructions)	19	13,783
20	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T,		
		20	3,071
	line 44f	·	Form <b>80/1</b> (2013)

TAX COMPUTATION WORKSHEET FOR TAX EXEMPT UBI				2013
Name(s) shown on return			Identifying Number	
Veterans For				01-0415961
LOWER END OF BRACKET	UPPER END OF BRACKET			INCOME TAX BY BRACKET
0	50,000	15 %		
50,000	75,000	25 %		
75,000	100,000	34 %		
100,000	335,000	39 %		
335,000	10,000,000	34 %		
10,000,000	15,000,000	35 %		
15,000,000	18,333,333	38 %		
18,333,333	AND UP	35 %		
		TOTAL	.s	
TAX COMPUTATIO	N FOR CONTROLLED	GROUPS		
5	50,000 BRACKET	15 %		
2	25,000 BRACKET	25 %		
9,92	25,000 BRACKET	34 %		***************************************
ADI	D'L 5% TAX AMOUNT	100 %		
ADE	D'L 3% TAX AMOUNT	100 %		
10,000	,000 + BRACKET	35 %		
		TOTAL	s	
TAX COMPUTATION	N FOR TRUST			
Lower End	Upper End	Tax Rate	Income in Bracket	Income Tax by Bracket
0	2,450	15%		
2,450	5,700	25%		
5,700	8,750	28%		
8,750	11,950	33%		

11,950

AND UP

39.6%

TOTALS

#### FORM 8941

#### WORKSHEETS 1 and 4

2013

(Keep for your records)

Name(s) as shown on return

Veterans For Peace Inc

Identifying Number

01-0415961

## Worksheet 1. Information Needed to Complete Line 1 and Worksheets 2 and 3

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

## Worksheet 4. Information Needed to Complete Lines 4 and 5 and Worksheet 7

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid
1. 335705481	641	6,582
2. 491581905	2,080	37,022
3.		
4. 488762668	2,080	45,614
5. 341604585	2,080	34,247
6. 318848158	2,080	21,983
7. 547705487	1,040	21,337
8. 243293599	1,040	13,385
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
Totals: 7	11,041	180,170

(a) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1.		5,268	
2. 491581905	12,812	5,268	2,080
3.			
4.		5,268	
5. 341604585	9,125	5,268	2,080
6.		5,268	
7.		5,268	
8.		5,268	
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Totals: 2	21,937	36,876	4,160

FORM 8941

#### WORKSHEETS 2, 3, 5, 6, and 7

2013

(Keep for your records)

Name(s) as shown on return

Veterans For Peace Inc

Identifying Number

01-0415961

## Worksheet 2. Full-Time Equivalent Employees (FTEs)

Enter the total employee hours of service
from Worksheet 1, column (b) 1. 11,041
2. Hours of service per FTE 2. 2,080
3. Full-time equivalent employees.
Divide line 1 by line 2. If the result is not a
whole number (0, 1, 2, etc.), generally
round the result down to the next lowest
whole number. However, if the result is
less than one, enter 1. Report this
amount on Form 8941, line 2 35

#### Worksheet 3. Average Annual Wages

Enter the total employee wages paid
from Worksheet 1, column (c) 1. 180, 170
2. Enter FTE's from Worksheet 2, line 3 25
3. Average annual wages. Divide line 1
by line 2. If the result is not a multiple of
\$1,000 (\$1,000, \$2,000, \$3,000, etc.),
round the result down to the next lowest
multiple of \$1,000. Report this amount
on Form 8941, line 3 3. <u>36,000</u>

#### Worksheet 5. FTE Limitation

1. Enter the amount from Form 8941, line 7 1.	
2. Enter the amount from Form	
8941, line 2 2	
3. Subtract 10 from line 23.	
4. Divide line 3 by 15. Enter	
the result as a decimal	
(rounded to at least 3	
places 4	
5. Multiply line 1 by line 4 5.	
6. Subtract line 5 from line 1. Report this	
amount on Form 8941, line 8 6.	

#### Worksheet 6. Average Annual Wage Limitation

	1. Enter the amount from Form 8941, line 8 1. 5 , 484
	2. Enter the amount from Form
	8941, line 7 2 5 , 4 8 4
	Enter the amount from Form
	8941, line 3 3. <u>36,000</u>
-	4. Subtract \$25,000 from
ĺ	line 3 4. <u>11,000</u>
	5. Divide line 4 by \$25,000
	Enter the result as a decimal
	(rounded to at least 3
	places) 5 0 . 4 4 0
	6. Multiply line 2 by line 5 6 2 , 413
-	7. Subtract line 6 from line 1. Report this
	amount on Form 8941, line 9 7 3 , 071

#### Worksheet 7. FTEs Enrolled in Coverage

Enter the total enrolled employee hours of
service from Worksheet 4, column (d) 1. 4, 160
2. Hours of service per FTE
3. Divided line 1 by line 2. If the result is not a
whole number (0, 1, 2, etc.), generally
round the result down to the next lowest
whole number. However, if the result is
less than one, enter 1. Report this amount
on Form 8941, line 14 32