

Davis Associates CPAs

Florissant, MO 63034 www.DavisAssociatesCPA.com Phone: (314)653-0008 | Fax: (314)653-0019

November 19, 2018

Veterans For Peace Inc 1404 N Broadway Saint Louis, MO 63102

Veterans For Peace Inc:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for Veterans For Peace Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (314)653-0008.

Sincerely,

Darbene M. Davis, CPA

Darlene M Davis CPA Davis Associates CPAs

Davis Associates CPAs 4119 N Hwy 67

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November 19, 2018

Veterans For Peace Inc 1404 N Broadway Saint Louis, MO 63102

Subject: Preparation of 2015 Tax Returns

Veterans For Peace Inc:

Thank you for choosing Davis Associates CPAs to assist with the 2015 taxes for Veterans For Peace Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2015 federal and state income tax returns for Veterans For Peace Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Veterans For Peace Inc, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2015 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (314)653-0008 if you have questions.								
incerely,								
Darlene M. Davis, CPA								
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Davis Associates CPAs

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November 19, 2018

Veterans For Peace Inc 1404 N Broadway Saint Louis, MO 63102

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Darlene M. Davis, CPA

Darlene M Davis CPA Davis Associates CPAs

990

Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

A	For	the	2015 calend	lar year, or	tax year begi	nning				, 2015, and	endir	ng		, 20
			plicable:		ganization Vete		r Pea	ce Inc						D Employer identification no.
X	Addre	ress ch	nange	Doing busir										01-0415961
		ne chai	-	Number an	d street (or P.O. be	ox if mail is not	delivered t	to street address)		Ro	om/suite		E Telephone number
$\overline{}$		ıl retur	•		N Broadwa				,					(314) 725-6005
Ħ			n/terminated		n, state or province		ZIP or fore	ign postal code			!		一	489,600
一			led return Saint Louis, MO 63102										G Gross receipts\$	
一			ation pending F Name and address of principal officer: Barry Ladendorf											<u> </u>
_	, .pp		, politing		as C abov		Dull',		_			H(a) Is this a gr subordina		turn for Yes X No
$\overline{}$	Tay-e	evemr	ot status:	i	501(c) () 4 (insert	no)	4947(a)(1) or	. П	527				tes included? Yes No
		site:		(-)(-)	nsforpeac	· ·	110.)			321	\neg	If "No H(c) Group exe	o," attac	ch a list. (see instructions)
			ganization:	1		sociation	Other ►			L Year of formation:			•	al domicile: MO
	irt l	_	Summar		Hust As:	SOCIATION	Other F			L fear or formation.	190	IWI State	or lega	ai domicile. MO
	_				nization's miss	eion or moet	t cianific	ant activities:	C+-			- of con	£1:,	
		'	briefly descr	ibe the organ	ilization's illis	51011 01 111051	t Signific	ani activities.	Sto	o war as a n	nean	s or con	IIIC	ct resolution
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Jan														
Je.		_	Ob 1- 41-1 1-	🗀 🖂		and the same than			C	-f th 050/				
Activities & Governance				_	•				•	of more than 25%	OT ITS	s net assets.	۔ ا	1
ૹ				-	ers of the gove								3	13
ies				•	voting membe	· ·	U	, ,					4	13
ĕ					als employed i	-			e 2a)				5	7
Act					ers (estimate if	,					• •		6	50
_					revenue from	•	`	,,					7a	0
		b	Net unrelate	d business t	axable income	e from Form	990-T, I	line 34 • •					7b	0
												Prior Year		Current Year
_		8	Contribution	s and grants	(Part VIII, line	e 1h) • •						482	,54	4 394,254
Jue		9	Program ser	vice revenue	e (Part VIII, lin	e 2g) • •						111	,45	94,660
Revenue	1	10	Investment i	ncome (Part	VIII, column (A), lines 3,	4, and 7	(d)				1	,39	686
8	1	11	Other revenu	ue (Part VIII,	column (A), li	nes 5, 6d, 8	3c, 9c, 10	0c, and 11e)						0
	1	12	Total revenu	e - add lines	8 through 11	(must equal	l Part VI	II, column (A)	, line 12)		595	,39	489,600
	1	13	Grants and s	similar amou	nts paid (Part	IX, column	(A), line	s 1-3)						0
	1	14	Benefits paid to or for members (Part IX, column (A), line 4)										0	
S	1	15	Salaries, oth	er compens	ation, employe	ee benefits ((Part IX,	column (A), I	ines 5-1	0)		212	,24	245,079
Expenses	1	16a	Professional	fundraising	fees (Part IX,	column (A),	, line 116	e) • • • • •						0
per		b	Total fundrai	sing expens	es (Part IX, co	olumn (D), lii	ne 25)	<u> </u>		103,381				
ŭ	1	17	Other expen	ses (Part IX,	, column (A), I	ines 11a-11	d, 11f-24	1e) • • • •				324	,49	7 302,264
	1	18	Total expens	ses. Add line	es 13-17 (mus	t equal Part	IX, colu	mn (A), line 2	25)			536	,74	547,343
	1	19	Revenue les	s expenses.	Subtract line	18 from line	e 12 •					58	, 65	(57,743)
ō	ses										Begi	nning of Curren	t Year	End of Year
Net Assets or	ğ 2	20	Total assets	(Part X, line	16)							388	, 63	9 334,117
Ass	2 2	21	Total liabilitie	es (Part X, Iir	ne 26)							3	, 32	6,545
_ Ş	<u> </u>	22	Net assets o	r fund balan	ces. Subtract	line 21 fron	n line 20					385	,31	327,572
Pa	ırt l	II	Signatu	re Block										
					examined this retu arer (other than off					s, and to the best of my	knowl	edge and belief,	it is	
true,	corre	ect, an	u complete. Dec	alaration of prepa	arer (other than on	icer) is based o	on all inion	nation of which pi	reparer nas	arry knowledge.				
			Mark	Foreman	ı									
Sig	ın		Signatur	re of officer									Date	e
He	re		Mark	Foreman	, Treasur	rer								
				print name and	•									
			Print/Type pre	eparer's name		Preparer's si	ignature			Date		Check	if	PTIN
Pai	d			M Davis	s CPA		•	vis CPA		11-19-2018		self-employ	_	P00644326
Pre	ра	ırer	Firm's name	>	Davis As	•					Fin	m's EIN		<u> </u>
	•	nly		ss >	4119 N I							one no.		
		•			Floriss	-	3034						14-6	553-0008
May	the	IRS	discuss this	return with t				netructions)					 `	X Yes No

Form 990 (2015) Veterans For Peace Inc
Part IV Checklist of Required Schedules 01-0415961

-				
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	. 5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	- 6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	- 8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			3.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.	37	
	complete Schedule D, Part VI	-11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11h		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С		11c		v
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Χ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f		110		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
	Schedule D, Parts XI and XII	-12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Χ	
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		Χ
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

Part IV

Checklist of Required Schedules (continued)

Inc 01-0415961

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 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 through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ С An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, - 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Part V

15) Veterans For Peace Inc
Statements Regarding Other IRS Filings and Tax Compliance

	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 • • • • • • • • • • • • • • • • • • •			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	organization solicit any contributions that were not tax deductible as charitable contributions?	Оа		Λ
b	gifts were not tax deductible?	- 6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ
u	and services provided to the payor?	- 7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 1.0		
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	- 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	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 • • • • • • • • • • • • • • • • • • •			
11	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.)			
12a	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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C 14a		146		Χ
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Λ
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	- 7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	. 8а	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401	3.7	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		Χ
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		Λ
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	· 16a		Χ
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	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.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Shelly Rockett (314)725-6005, 1404 N Broadway, Saint Louis, MO 63102			

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

- 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.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
Nume and Thie	hours per		officer and a director/trustee)				compensation	compensation from	amount of	
	week (list any						from the	related	other	
	hours for related	악교	Ins	of	Ke	S 9 <u>I</u>	Fo	tne organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	direc	stituti	Officer	y en	ghes	Former	(W-2/1099-MISC)	,	organization
	below dotted line)	tor tr	onal		Key employee	t cor	·			and related organizations
	,	Individual trustee or director	Institutional trustee		/ee	nper				
		0	tee			Highest compensated employee				
						ď				
(1) Gerry Condon	2.00									
Vice President		Χ		Х					0	0
(2) Barry Ladendorf	2.00									
President		Χ		Х					0	0
(3) Mark Foreman	2.00									
Treasurer		Χ		Х					0	0
(4) John Heuer	2.00									
Member		Х		Х					0	0
(5) Tarak Kauff	2.00									
Member		Χ							0	0
(6) Joey King	2.00									
Member		Х							0	0
(7) Willie Hager	2.00									
Member		Χ							0	00
(8) Jason Cardenas	2.00									
Member		Χ							0	0
(9) Tom Palumbo	2.00									
Member		Χ							0	00
(10)Kourtney Andar	2.00									
Secretary		Χ		Х					0	0
(11)Monique Salhab										
Member		Χ							0	0
(12)Dan Shea										
Member		Х							0	0
(13)Brian Trautman	L									
Member		Х							0	0
(14)										

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Fait	Section A. Officers, Directors, Trustees,	rey ⊑mploy	ees, a	ına ı	nıgn	est	Comp	ens	ated Employees (continued)	1	
					(0							
	(A)	(B)	Position (do not check more than one				(D)	(E)	(F)			
	Name and title	Average					both an		Reportable	Reportable	Estimated	
		hours per week (list any	office	r and	a dire	ector/	trustee)		compensation from	compensation from related	amount of other	
		hours for	or d	Inst	Officer	Key	emp	Former	the	organizations	compensation	
		related organizations	irect	itutio	cer	emp	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		below dotted	Individual trustee or director	nal t		Key employee	e com		(and related	
		line)	stee	nstitutional trustee		Ф	Highest compensated employee				organizations	
				Ö			ated					
												—
<u>(15)</u> _												
(4.6)												—
<u>(16)</u>												
(17)												—
<u>(17)</u>												
<u>(18)</u>												—
(10)												
<u>(19)</u>												—
7.2/												
(20)												—
× -/												
(21)												_
<u> </u>												
(22)												_
		F										
(23)												_
(24)												
<u>(25)</u>		L										
1b	Sub-total			٠.	٠.	٠.		▶				
С	Total from continuation sheets to Part VII, Section				• •			▶				
d	Total (add lines 1b and 1c)								0			<u>0</u>
2	Total number of individuals (including but not limited	I to those list	ed abo	ove)	who	rec	eived ı	more	than \$100,000 of			
	reportable compensation from the organization									0	1,, 1,,	
•	Did the consequentian list on forman officer disease.					!-:					Yes N	10
3	Did the organization list any former officer, director,		•				-				3	7
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep										3 2	<u>X</u>
7	organization and related organizations greater than											
	individual · · · · · · · · · · · · · · · · · · ·										4 >	Χ
5	Did any person listed on line 1a receive or accrue c											
	for services rendered to the organization? If "Yes," or			-			_				5	Χ
Secti	on B. Independent Contractors											_
1	Complete this table for your five highest compensat	ed independ	ent co	ntrac	ctors	tha	t recei	ved i	more than \$100,00	00 of		_
	compensation from the organization. Report compe											
	year.						_		_			
	(A)								(B)		(C)	
	Name and business address								Description of	services	Compensation	
									1			
2	Total number of independent contractors (including			ose	liste	d at	oove) v	who				
	received more than \$100,000 of compensation from	the organiza	ation	•								

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Veterans For Peace Inc
Statement of Revenue Part VIII

		Check if Schedule O contains a response of	or note	e to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
an	b		1b	138,690				
ڡۣۜۊ	c		1c					
ifts ar A	d		1d					
פֿיָּ	e	_	1e	255,534				
Sir	f		-	233,334				
uti Per			1f	30				
들ㅎ	g	Noncash contributions included in lines 1a-1f						
Contributions, Gifts, Grants and Other Similar Amounts	h				394,254			
				Business Code	331/231			
une	2a	Educational and Promote		611710	21,288	21,288		
eve		Project management		541900	2,566	2,566		
S S		Convention		900099	70,806	70,806		
ervi	d				,,,,,,,	.,		
S E	e							
Program Service Revenue	f	All other program service revenue	⊢					
Ÿ.	g	Total. Add lines 2a-2f			94,660			
	3	Investment income (including dividends, intere and other similar amounts)			1,357	1,357		
	4	Income from investment of tax-exempt bond p	ds •••▶					
	5	Royalties · · · · · · · · · · · · · · · · · · ·						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses · · · ·						
	С	Rental income or (loss) · · ·						
	d	Net rental income or (loss) · · · · · · · ·		▶				
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory		(671)			
	b	Less: cost or other basis						
		and sales expenses · · · ·						
	l	Gain or (loss)		(671)			
_		Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· · <u>-</u>		(671)	(671		
Other Revenue	8a	Gross income from fundraising						
Ş.		events (not including \$.					
ď.		of contributions reported on line 1c).						
þe		See Part IV, line 18 · · · · · · · · · · ·						
ð	I	Less: direct expenses	_					
	l .	Net income or (loss) from fundraising events	• :					
	9a	Gross income from gaming activities.						
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·						
	I	Less: direct expenses	_					
	С	Net income or (loss) from gaming activities	· · <u>-</u>	<u> ▶</u>				
	10a	Gross sales of inventory, less returns and allowances	а					
	b	Less: cost of goods sold	b					
	l	Net income or (loss) from sales of inventory		. 				
		Miscellaneous Revenue		Business Code				
	11a		_ [
	b		_ L					
	С		- 1					
		All other revenue	· L					
	е	Total. Add lines 11a-11d		. •				
	12	Total revenue. See instructions · · · · ·		▶	489,600	95,346	0	0

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, (B) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 121,331 51,678 224,687 51,678 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 20,392 11,012 4,690 4,690 11 Fees for services (non-employees): Legal С 9,620 9,620 Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 926 926 13 26,384 17,177 5,935 3,272 14 6,826 27,304 17,748 2,730 15 16 5,578 3,807 20,115 10,730 17 25,945 14,099 5,923 5,923 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 71,512 71,512 20 21 22 Depreciation, depletion, and amortization 245 245 23 Insurance 2,461 1,230 1,231 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.) Project Expenditures 46,108 46,108 а b Donations 8,897 8,897 14,534 C Educational and Promotional 14,534 Contracted Services 1,533 1,533 e All other expenses 46,680 642 18,853 27,185 Total functional expenses. Add lines 1 through 24e . 25 547,343 337,479 106,483 103,381 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	373,311	1	324,572
	2	Savings and temporary cash investments	·	2	<u> </u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	9,232	8	7,730
As	9	Prepaid expenses and deferred charges	5,131	9	1,095
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 7 , 494			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 6,774	965	10c	720
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	388,639	16	334,117
	17	Accounts payable and accrued expenses	3,324	17	6,545
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		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	3,324	26	6,545
,,		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			
Š		complete lines 27 through 29, and lines 33 and 34.			
alar	27	Unrestricted net assets	330,628	27	265,477
ĕ	28	Temporarily restricted net assets	54,687	28	62,095
un	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here and			
ts o	20	complete lines 30 through 34.		20	
se	30 24	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se .	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	205 215	32	207 570
	34	Total liabilities and net assets/fund balances	385,315 388,639	34	327,572 334,117

	n 990 (2015) Veterans For Peace Inc	01-0415961		Pa	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	189,6	500
2	Total expenses (must equal Part IX, column (A), line 25)		5	47,3	343
3	Revenue less expenses. Subtract line 2 from line 1	3	(57,7	743)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	85,3	315
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	- 6			
7	Investment expenses	- 1			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	327,5	572
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х

EEA Form **990** (2015)

3b

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 A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

2015

Open to Public Inspection

Employer identification number

01-0415961 Veterans For Peace Inc 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(=) 2011	(b) 2012	(a) 2012	(4) 2014	(2) 2015	(f) Total
7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	·					▶ 🗌
	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6,	, ,	•			14	%
15	Public support percentage from 2014 Scheo					L	%
16a	33 1/3% support test - 2015. If the organiz						. □
	box and stop here . The organization qualifi	. ,			:- 22 4/20/		
b	33 1/3% support test - 2014. If the organiz						▶ □
17a	check this box and stop here . The organization 10%-facts-and-circumstances test - 2015	•		-			
17 a	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac						
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2014						
~	15 is 10% or more, and if the organization n	=					
	Explain in Part VI how the organization mee				•	clv	
	supported organization			-		-	▶ □
18	Private foundation. If the organization did						
	instructions					<u> </u>	▶ □

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	261,347	455,035	397,494	415,325	394,224	1,923,425
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	272,428	78,244	76,108	111,456	94,660	632,896
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	533,775	533,279	473,602	526,781	488,884	2,556,321
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						0 556 201
Sec	ction B. Total Support						2,556,321
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	533,775	533,279	473,602	526,781	488,884	2,556,321
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	975	769	821	1,398	1,357	5,320
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	975	769	821	1,398	1,357	5,320
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				100	30	130
13	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	534,750	534,048	474,423	528,279	490,271	2,561,771
14	First five years. If the Form 990 is for the or organization, check this box and stop here	•		, or fifth tax year as	` ' '	,	▶ 🔲
Sec	ction C. Computation of Public S	upport Percent	tage		-		
15		•	·	• •		15	99.79 %
16	Public support percentage from 2014 Sched					16	100.00 %
	ction D. Computation of Investme				1		
17 40	Investment income percentage for 2015 (line		•	. , ,		17	0.00 %
18	Investment income percentage from 2014 Se				ı	18	0.00 %
	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	upported organizat	tion	▶ 🏻
	33 1/3% support tests - 2014. If the organization line 18 is not more than 33 1/3%, check this	box and stop here.	The organization	qualifies as a publi	cly supported orga		
20	Private foundation. If the organization did n	iot check a box on li	ne 14, 19a, or 19b	, check this box an	u see instructions		· · · · · • 📙

01-0415961

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	40		
	4 -		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	0.0		
	9с		
	10a		
	10b		
e A (F		or 990	-EZ) 2015

			_	_
	ule A (Form 990 or 990-EZ) 2015 Veterans For Peace Inc 01-0415961		Р	age s
Pai	T IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	<u>ა</u>		
		-4	4!	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	ธเเนต	uons).
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			4:
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ir	$\overline{}$	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	· · · · · · · · · · · · · · · · · · ·	32		
L	trustees of each of the supported organizations? Provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Pa	irt v Type iii Non-Functionally integrated 509(a)(3) Supporting Or	ganı	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CC	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	ee instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
6		\top		
er	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integ	grated Type III supporting	g organization (see
	instructions)			

EEA Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 Veterans For Peace Inc	(a) a	01-04:	15961	Page 7
Pai	J J J J	(3) Supporting Organi	izations (continued)		
	tion D - Distributions			Current '	Year
	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity				
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	tions		
_4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is respon	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distribut Amount fo	table
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
a	· · · · ·				
b					
d	From 2013				
	From 2014				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Carryover from 2010 not applied (see instructions)				
十	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section				
	D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
-5	Remaining underdistributions for years prior to 2015, if				
·	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
-6	Remaining underdistributions for 2015. Subtract lines 3h				
U	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	DICARGOWII OI IIIIC 1.				
<u>a</u> b					
	Excess from 2013				

d Excess from 2014 e Excess from 2015

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.					
Nam	ne of organization			Employe	r identification number		
	eterans For Peace Inc			01-04			
Pa		ization is exempt under secti		s a section 527 or	ganization.		
1	Provide a description of the organization's						
2	Political expenditures						
3	Volunteer hours						
_	115		E04()(0)				
	·	ization is exempt under secti	. , , , ,				
1	Enter the amount of any excise tax incurr						
2	Enter the amount of any excise tax incurr						
3	If the organization incurred a section 495						
4a	Was a correction made?				· · · 🗌 Yes 📗 No		
b	If "Yes," describe in Part IV.	!4!!	F04/-\		\/0\		
		ization is exempt under secti		cept section 501(c)(3).		
1	Enter the amount directly expended by the						
	activities · · · · · · · · · · · · · · · · · · ·			· · · · · · · > \$ _			
2	Enter the amount of the filing organization						
	527 exempt function activities • • • • •			· · · · · · • \$ _			
3	Total exempt function expenditures. Add						
	line 17b · · · · · · · · · · · · · · · · · · ·						
4	Did the filing organization file Form 1120-POL for this year?						
5	Enter the names, addresses and employe	er identification number (EIN) of all secti	on 527 political org	anizations to which the f	iling		
	organization made payments. For each o	rganization listed, enter the amount paid	I from the filing org	anization's funds. Also e	nter		
	the amount of political contributions recei		•				
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, p	provide information in Pa	rt IV.		
	(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)							

	edule C (Form 990 or 990-EZ) 2015 Veterans For	Peace Inc			01-0415	961 Page 2
Pa	art II-A Complete if the organization	on is exempt ur	nder section 50	1(c)(3) and filed	d Form 5768 (ele	ction under
	section 501(h)).					
4	Check if the filing organization belongs t	o an affiliated group	(and list in Part IV ea	ch affiliated group m	ember's	
	name, address, EIN, expenses, a	and share of excess I	obbying expenditure	s).		
3	Check ▶ ☐ if the filing organization checked	box A and "limited co	ntrol" provisions app	ly.		
	Limits on Lot	bying Expenditures	5		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots le	obbying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lob	bying)			
С	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount. Enter the amount	t from the following ta	ble in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	ver \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	ver \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a. If zero or less, ent	er -0				
i	Subtract line 1f from line 1c. If zero or less, ente	er -0				
j	If there is an amount other than zero on either li	ine 1h or line 1i, did t	he organization file F	orm 4720		
	reporting section 4911 tax for this year?					Yes No
		4 Voor Avoragi	ag Bariad Undar	costion E01(h)		
	(Come avgenizations that made a	_	ng Period Under		of the five column	aa balaw
	(Some organizations that made a s			-		is below.
	56	e the separate in	structions for im	es za urrough zi.	.)	
	Lobk	ying Expenditures	During 4-Year Avera	aging Period		
	Colondor year (or fineal year	(a) 2012	(b) 2013	(a) 2014	(4) 2015	(e) Total
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
L	Labbuing colling amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					

EEA Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

	(election under section 501(h)).					
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	cription of the lobbying activity.	Yes	No	Δ	mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		Χ			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
С	Media advertisements?		Χ			
d	Mailings to members, legislators, or the public?	Х				
е	Publications, or published or broadcast statements?		Χ			
f	Grants to other organizations for lobbying purposes?		Χ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
i	Other activities?	Х				
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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
D ₂	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1/51	or so	oction		
га	501(c)(6).	,,(3),	01 30	CLIOI	•	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			ection	1	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C	R (b) Par	t III-A	, line	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5			
	rt IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nes 1	and			
_ (00	e institutions, and i are in B, into 1.7450, complete the part for any additional information.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization Veterans For Peace Inc 01-0415961 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

720

	ule D (Form 990) 2015 Veterans For Pe						01-041			Page 2
Pa	rt III Organizations Maintaining C							ssets (C	ontinu	led)
3	Using the organization's acquisition, accession, a	and other records,	check any	of the follow	ving that are	a signific	cant use of its			
	collection items (check all that apply):									
а	Public exhibition	d ∐ Lo	an or excha	inge progra	ims					
b	Scholarly research	e ∐ Ot	her							
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain h	now they fur	ther the org	ganization's	exempt p	ourpose in Part			
	XIII.									
5	During the year, did the organization solicit or red	eive donations of	art, historica	al treasures	s, or other sir	milar				_
	assets to be sold to raise funds rather than to be		t of the orga	anization's	collection?			<u> </u>	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang								_	
	Complete if the organization an	swered "Yes" o	on Form	990, Part	t IV, line 9	, or rep	orted an amo	ount on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of							_		_
	included on Form 990, Part X?							🗌	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	wing table:							
							A	mount		
С	Beginning balance					· - 1c				
d	Additions during the year					- 1d				
е	Distributions during the year					. 1e				
f	Ending balance					· · 1f				
2a	Did the organization include an amount on Form	990, Part X, line 2	1, for escro	w or custoo	dial account l	liability?		🗌	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the exp	lanation has	s been prov	ided on Part	t XIII				
Pa	rt V Endowment Funds.									
	Complete if the organization an	swered "Yes" o	on Form	990, Part	t IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Fo	ur years	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	year end balance	(line 1g, col	umn (a)) he	eld 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%.								
3a	Are there endowment funds not in the possessio		on that are I	neld and ad	lministered f	or the				
	organization by:	· ·							Yes	No
	(i) unrelated organizations							3a(i		
	(ii) related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	ted as required on	Schedule F	۲?				3b	Ή	
4	Describe in Part XIII the intended uses of the org	•								1
	rt VI Land, Buildings, and Equipm									
	Complete if the organization an		on Form	990, Part	t IV, line 1	1a. Se	e Form 990, I	Part X, liı	ne 10).
	Description of property	(a) Cost or of			other basis		Accumulated		ok value	
	2 333 ilphority	(investr		1 ' '	other)		epreciation	(4) 50	J. Value	
1a	Land			<u> </u>						
b	Buildings			 						
	Leasehold improvements			 						
ں ۔	Equipment				7 404		6 774			700

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form		eace Inc	01-04	15961 Pag	је
Part VII	Investments - Other Securities.	od "Voo" on Form 000 D	art IV line 11h See Form 000	Dort V line 12	
	Complete if the organization answere	tes on Form 990, P	art IV, line TTD. See Form 990	, Part X, line 12.	_
	(a) Description of security or category	(b) Book value	(c) Method of valuati		
1) Einanaial	(including name of security)		Cost or end-of-year market	value	_
	derivatives				_
-	eld equity interests				_
3) Other					_
(A) (B)					_
(C)					-
(D)					_
(E)					_
(F)					_
(G)					_
(H)					_
	e) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				_
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11c. See Form 990	, Part X, line 13.	
		(b) Book value			_
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Column (b	n) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11d. See Form 990), Part X, line 15.	
	(a) [Description		(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					_
(7)					
(8)					_
(9)					_
	nn (b) must equal Form 990, Part X, col. (B) line 15	.)			_
Part X	Other Liabilities.	ad III / a all a a E a a a a a a a	ant IV/ line 44 445 O = =	000 D- 134	
	Complete if the organization answere	ea "res" on Form 990, P	art IV, line 11e or 11f. See Foi	m 990, Part X,	
	line 25.	ı			_
l.	(a) Description of liability	(b) Book value			
	income taxes				
(2)					

(3) (4) (5) (6) (7) (8)

(9) 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 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
	·	T . I
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	-
b	Donated services and use of facilities	4
С	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	-
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Deturn
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	· . ·
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	-
b	Prior year adjustments	-
С	Other losses · · · · · · · · · · · · · · · · · ·	-
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	4.
C E	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	4c 5
5 Pai	rt XIII Supplemental Information.	5
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b	urt Y line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	iit X, iiiie
_,	art XI, illies 24 and 45, and 1 art XII, illies 24 and 45. Also complete this part to provide any additional illionnation.	

EEA Schedule D (Form 990) 2015

Schedule F (Form 990)

Statement of Activities Outside the United States

2015

Employer identification number

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

	erans For Peace Inc					01-04	15961	
Pa	General Information Form 990, Part IV, I		s Outside the	United States. Complete	if the organiza	tion answ	ered "Yes" on	
1	For grantmakers. Does the org		in records to sub	stantiate the amount of its gran	its and other			
	assistance, the grantees' eligibil							
	grants or assistance?						☐ Yes ☐	No
	9 · · · · · · · · · · · · · · · · · · ·							
2	For grantmakers. Describe in F	Part V the organiz	zation's procedur	es for monitoring the use of its	grants and other			
	assistance outside the United S	tates.						
3	Activities per Region. (The follow	ving Part I. line 3	table can be du	olicated if additional space is ne	eeded.)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in	n (d) is	(f) Total	
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program ser describe specific t		expenditures for and investments	
			independent	investments,	service(s) in re		in region	
			contractors in region	grants to recipients located in the region)				
(1)								
(2)								
(2)								
(3)								
(4)								
(- /								
(5)								
(6)								
(6)								
(7)								
(8)								
(9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								
17)								
3 a	Sub-total · · · · · · · · · · ·							
b	Total from continuation							
	sheets to Part I							
С	Totals (add lines 3a and 3b)							

Veterans For Peace Inc 01-0415961

	01111 0000) 2010	eterans For Peac					01-041		Page 2
Part II	Grants and Othe	r Assistance to Or	rganizations or Entities (Outside the Uni	ted States. Comp	lete if the orga	nization answere	d "Yes" on Fo	orm 990,
			received more than \$5,00				needed.	1	(2) Markard of
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by	the IRS, or for which the g	grantee or counsel has pr	ove that are recognized as chariti rovided a section 501(c)(3) equiva	alency letter					

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Baira W. V. Marri	Middle East and North Africa						Fair marke
(1)Faiza H Y Alaraj	North Africa					none	Fair marke
(2)							
(3)							
(4)							
(5)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
<u>(16)</u>							
<u>(17)</u>							
<u>(</u> 18)							
ΕΕΛ			·	·	·	Sahad	ulo E (Form 990) 2015

☐ No

Part IV Foreign Forms 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 ☐ No 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ☐ 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) No 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) 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 Yes □ No Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

EEA Schedule F (Form 990) 2015

Instructions for Form 5713; do not file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

 Schedule F (Form 990) 2015
 Page 5

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

EEA Schedule F (Form 990) 2015

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Veterans For Peace Inc

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

Inspection
Employer identification number

01-0415961

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)
See overflow statement for detail
05. General explanation attachment
990 Part IV Line 16 - Water Purification Systems

Form 8868	(Rev. 1-2014)					Page 2
If you are	e filing for an Additional (Not Automatic)	3-Month Extension	, complete only Part II and che	eck this box		▶ 🏻
Note. Only	complete Part II if you have already been g	ranted an automatic	3-month extension on a previo	usly filed Form 8868.		
 If you are 	e filing for an Automatic 3-Month Extension	on, complete only F	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-	-Month Extensi	on of Time. Only file the	original (no cop	ies need	ed).
			Enter 1	filer's identifying nu	mber, see	instructions
Type or	Name of exempt organization or other	filer, see instructions		Employer identification		
print	Veterans For Peace Inc			01-0415		` ,
File by the	Number, street, and room or suite no. I	f a P.O. box, see ins	tructions.	Social security numb		
due date for	1404 N Broadway	•		·	, ,	
filing your return. See	City, town or post office, state, and ZIP	code. For a foreign	address, see instructions.			
instructions.	Saint Louis, MO 63102					
	barne Board, no obroz					
Enter the Ro	eturn code for the return that this application	on is for (file a separa	ate application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individ	dual)		09
Form 990	,	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	· (wastowns wan asotto)	1 00				
4 I requisite for the second of the second o	e group, check this box	e until ginning months, check reas	11-15 , 2	20 16 .		0
				1		
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720, or 6069	, enter the tentative tax, less ar	·		
	fundable credits. See instructions.			8a	\$	
	application is for Forms 990-PF, 990-T, 47		•			
	ated tax payments made. Include any prior	year overpayment a	allowed as a credit and any			
	nt paid previously with Form 8868.			8t	\$	
c Balar	nce due. Subtract line 8b from line 8a. Inclu	ude your payment wi	th this form, if required, by usin	g EFTPS		
(Elect	tronic Federal Tax Payment System). See i	nstructions.		80	\$	
Under pena	Signature and \		st be completed for Pa	_	the best of	f mv
	and belief, it is true, correct, and complete,			, -		•
Signature -		Tit	le 🕨	Date	•	
EEA					orm 8868 (Rev. 1-2014)
				•	(/

990	Overflow Statement	2015 Page 1
ame(s) as shown on return eterans For Peace	e Inc	01-0415961
	Program Services Office	
escription		Amount
<u>ffice Expense</u> rinting		\$ 2,403
	Total:	
	Management and General Office	
escription		Amount
ffice Expense rinting		\$ 1,442 4,493
	Total:	\$ 5,935
escription		Amount
rinting		\$ 2,311
ffice Expense	Total:	\$ 3,272
	Program Services Occupancy	
escription		Amount
entelephone		\$ 5,844 3,617
tilities	Total:	1,269 \$ 10,730
	Management and General Occupancy	
escription		Amount
ent elephone		\$ 3,506 1,508
tilities	Total:	\$ 564 \$ 5,578
	10041.	

990	Overflow Statement		2015 Page 2
me(s) as shown on return	T	1	FEIN 0.1 0.4.1.F.0.6.1
eterans For Peace	Inc		01-0415961
	Fundraising Occupancy		
escription			Amount
elephone			\$ 905
<u>tilities</u> ent			564 2,338
=11.0		Total:	\$ 3,807
	Program Conferences		
			Amount
escription onvention Expenses			* 71,512
onveneron hapenber		Total:	\$ 71,512
			=
escription			Amount
onations			\$ 150
ction Contribution	1S 	Total:	\$,747 \$ 8,897
		iotai.	\$ 8,897
	Program Other Expenses		
escription			Amount
eals and entertain			\$ 283
<u>rofessional develo</u>	pment	mahal.	359
		Total:	\$ 642
	Management Other Expenses	<u> </u>	
escription			Amount
ank Internet fees			\$ 8,979
<u>ostage and Mailing</u> oving Expense	3		8,309
iscellaneous			469
		Total:	\$ 18,853

990 Overflow Statement	2015 Page 3
Name(s) as shown on return	FEIN
Veterans For Peace Inc	01-0415961

Fundraising Other Expenses

Description	Amount
Fundraising	\$ 20,637
Postage and Mailing	 6,548
Total:	\$ 27,185

Acknowledgement and General In Entities That File Returns Elec	004=
Name(s) as shown on return	Employer Identification Number
Veterans For Peace Inc	**-***5961
Entity address	
1404 N Broadway	
Saint Louis, MO 63102	
Thank you for participating in IRS e-file.	
[2. X] 990 income tax return was accepted on $[11-15-2]$	1016 using a Personal Identification Number (PIN) as
an electronic signature. The entity entered a PIN or authorized the Electronic Re The submission ID assigned to this return is 4360872016320 fmng PLEASE DO NOT SEND A PAPER COPY OF EN	hvx .
an electronic signature. The entity entered a PIN or authorized the Electronic ReThe submission ID assigned to this return is $\frac{4360872016320fmng}{1000000000000000000000000000000000000$	TITY'S RETURN TO THE
an electronic signature. The entity entered a PIN or authorized the Electronic Re The submission ID assigned to this return is 4360872016320 fmng PLEASE DO NOT SEND A PAPER COPY OF EN	TITY'S RETURN TO THE
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