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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning , and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

Veterans For Peace, Inc

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

216 N Meramec Ave

City or town

State or country

ZIP + 4

St Louis

MO

63105

D Employer identification number

01-0415961

E Telephone number

314-725-6005

F Accounting method: Cash Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶

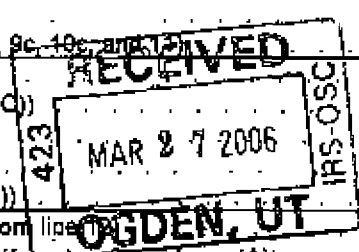
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally net more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 496,545

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Direct public support	1a	103,142				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	103,142				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	164,211				
3	Membership dues and assessments	3	125,236				
4	Interest on savings and temporary cash investments	4	266				
5	Dividends and interest from securities	5	0				
6 a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0				
7	Other investment income (describe ▶)	7	0				
8 a	Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0		
b	Less: cost or other basis and sales expenses	8a	0	8b	0		
c	Gain or (loss) (attach schedule)	8c	0	8c	0		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	44,767				
b	Less: direct expenses other than fundraising expenses	9b	53,376				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-8,609				
10 a	Gross sales of inventory, less returns and allowances	10a	52,983				
b	Less: cost of goods sold	10b	27,716				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	25,267				
11	Other revenue (from Part VII, line 103)	11	5,940				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	415,453				
13	Program services (from line 44, column (B))	13	414,645				
14	Management and general (from line 44, column (C))	14	19,259				
15	Fundraising (from line 44, column (D))	15	0				
16	Payments to affiliates (attach schedule)	16	0				
17	Total expenses (add lines 16 and 44, column (A))	17	433,904				
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-18,451				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	70,221				
20	Other changes in net assets or fund balances (attach explanation)	20	0				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	51,770				



SCANNED APR 13 2006

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	174,338	174,338		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	10,000	9,000	1,000	
26	Other salaries and wages	129,182	118,850	10,332	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	13,281	12,219	1,062	
30	Professional fundraising fees	0			
31	Accounting fees	7,410	6,669	741	
32	Legal fees	0			
33	Supplies	5,685	5,230	455	
34	Telephone	8,369	7,532	837	
35	Postage and shipping	20,271	19,258	1,013	
36	Occupancy	10,227	9,409	818	
37	Equipment rental and maintenance	5,776	5,258	520	
38	Printing and publications	18,036	18,038		
39	Travel	10,631	10,099	532	
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	1,148	1,148		
43	Other expenses not covered above (Itemize): a Marketing	471	471		
	b Bank & internet processing fees	7,739	7,352	387	
	c Consulting & training	956	195	761	
	d Donations	735	735		
	e Dues & subscriptions	1,450	1,305	145	
	f Insurance	8,199	7,543	656	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-18.	433,904	414,645	19,259	0

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
Stop war as means of conflict resolution	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Peace Projects - Viet Nam Friendship Village, Iraq Water Project, Zones of Concern, Iraq Vets Against War, & various other peace projects	
(Grants and allocations \$ 164,211)	174,338
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	174,338

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	80,810	45	49,722	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 10,686			
	b Less: allowance for doubtful accounts	47b 0	0	47c 10,686	
	48 a Pledges receivable	48a 0			
	b Less: allowance for doubtful accounts	48b 0	0	48c 0	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0			
	b Less: allowance for doubtful accounts	51b 0	0	51c 0	
	52 Inventories for sale or use		10,805	52	14,898
	53 Prepaid expenses and deferred charges			53	2,502
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 11,348			
	b Less: accumulated depreciation (attach schedule)	55b 8,879	3,617	55c 2,469	
56 Investments—other (attach schedule)		0	56	0	
57 a Land, buildings, and equipment: basis	57a 0				
b Less: accumulated depreciation (attach schedule)	57b 0	3,617	57c 0		
58 Other assets (describe _____)		0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)		78,649	59	80,277	
Liabilities	60 Accounts payable and accrued expenses	4,811	60	35,812	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule)		0	64b	0
65 Other liabilities (describe _____)		0	65	0	
66 Total liabilities (add lines 60 through 65)		4,811	66	35,812	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		39,242	67	20,791
	68 Temporarily restricted		30,979	68	23,674
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		70,221	73	44,485
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		75,032	74	80,277

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, Yes, and No. Rows include questions 76 through 92 regarding organizational activities, financial reporting, and tax status.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments	\$	
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify):	\$	
	-----	\$	
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):	\$	
	-----	\$	
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):	\$	
	-----	\$	
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):	\$	
	-----	\$	
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name: See list of officers Str City: ST ZIP	Title: Hr/WK 15 hrs/week	0	0	0
Name: Michael McPhears Str City: ST ZIP	Title: Exec. Director Hr/WK 40	24,769	0	0
Name: Wilson Powell Str City: ST ZIP	Title: Administrator Hr/WK 40	10,000	0	0
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			
Name: Str City: ST ZIP	Title: Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Special projects		164,211			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments		125,238			
95 Interest on savings and temporary cash investments		266			
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Project mgmt fees		5,940			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		295,653		0	0
105 Total (add line 104, columns (B), (D), and (E))					295,653

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3/22/06
 Type of print name and title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 3/10/06 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W):
 Firm's name (or yours if self-employed), address, and ZIP + 4: J. K. Flanery, 541 Sheffield Ave, St. Louis, MO. 63119, (314) 868-1252, PO228869
 EIN: Phone no.:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

Veterans For Peace, Inc.

01-0415961

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NONE				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NONE		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11 b A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	36,320	36,670	25,726	59,538	158,254
16 Membership fees received	109,307	77,067	45,295	22,557	254,226
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	47,733	27,340	3,589	-6,587	72,065
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	205	261	698	132	1,296
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	193,565	141,338	75,308	75,630	485,841
24 Line 23 minus line 17	145,832	113,998	71,719	82,227	413,776
25 Enter 1% of line 23	1,936	1,413	753	756	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 8,276
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 413,776
d Add: Amounts from column (e) for lines: 18 <u>1,296</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>					26d 1,296
e Public support (line 26c minus line 26d total)					26e 412,480
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.69%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27c 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by (line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<i>If the amount on line 40 is—</i>		
	<i>The lobbying nontaxable amount is—</i>		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Line 1a (990) - Direct public support

1	Contributions	1	103,142
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	103,142

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name Convention				
1a	Number of special events				
2	Gross receipts	44,767			44,767
3	Less contributions				0
4	Gross revenue	44,767	0	0	44,767
5	Less direct expenses	53,376			53,376
6	Net income or (loss)	-8,609	0	0	-8,609

Line 47 (990) - Accounts receivable

	Accounts receivable		Allowance for doubtful accounts		
	Beginning	End	Beginning	End	
1	0	10,686			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	0	10,686	0	0

Line 55 (990) - Investments land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....	1	
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	
6	Total land (net of any amortization)	6	0 0

Buildings and equipment		Buildings and equipment		Accumulated depreciation		
		Beginning	End	Beginning	End	
7	Furniture	7	11,348	11,348	7,731	8,879
8	.....	8				
9	.....	9				
10	.....	10				
11	.....	11				
12	.....	12				
13	.....	13				
14	.....	14				
15	.....	15				
16	.....	16				
17	Total buildings and equipment	17	11,348	11,348	7,731	8,879
18	Buildings and equipment (less accumulated depreciation)	18			3,617	2,469
19	Total land, buildings and equipment	19			3,617	2,469

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....	1		
2	.....	2		
3	.....	3		
4	.....	4		
5	.....	5		
6	.....	6		
7	.....	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	Total	11	0	0

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	1		
2	2		
3	3		
4	4		
5	5		
6	6	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	11,348		7,731	
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	11,348	0	7,731	0
18	18			3,617	0
19	19			3,617	0

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11	0	0	0



VFP Board Members for 2004 / 2005

President: David Cline

Address: PO Box 7053
City-State-Zip: Jersey City, NJ 07307-0053
Email: daoudc@aol.com

Primary Phone: 201-876-0430
Other Phone: cell: 201-320-9
Fax: *Ch. Contact*

Vice President: Sharon Kufeldt

Address: 825 San Antonio Road, Suite 204
City-State-Zip: Palo Alto, CA 94303
Email: kufeldt1@earthlink.net

Primary Phone: 650-799-1070 -
Other Phone: *Ch. Contact*
Fax:

Treasurer: Kenneth Mayers

Address: 74 Monte Alto Rd
City-State-Zip: Sante Fe, NM 87508
Email: kenmayers@vfp-santafe.org

Primary Phone: 505-466-6954
Other Phone: 505-577-1975
Fax: *Ch. Contact*

Secretary: Lincoln Grahlf

Address: 11054 Thousand Oaks Dr.
City-State-Zip: St. Louis, MO 63136
Email: fig17@sbcglobal.net

Primary Phone: 314-355-2651
Other Phone: 314-973-4377 c
Fax: (314) 355-8001

Board Member: Ellen Barfield

Address: 814 Powers Street
City-State-Zip: Baltimore, MD 21211
Email: ellene4pj@yahoo.com

Primary Phone: 410-243-5876
Other Phone: *Ch. Contact*
Fax: (410) 235-7711

Board Member: John Kim

Address: 276 5th Ave, # 806
City-State-Zip: New York, NY 10001
Email: KoPeaceC@aol.com

Primary Phone: 212-679-3482
Other Phone:
Fax:

Board Member: Arnold Stieber

Address: 8330 Waterloo Rd.
City-State-Zip: Grass Lake, MI 49240
Email: stiebert@aol.com

Primary Phone: 734-475-0740
Other Phone:
Fax:

Board Member: Barry Riesch

Address: 2251 Knapp St.
City-State-Zip: St. Paul, MN 55108
Email: bwrvfp@earthlink.net

Primary Phone: 651-641-1087
Other Phone: 952-939-8286
Fax:



VFP Board Members for 2004 / 2005

Board Member: George Johnson

Address: P.O. Box 1331
City-State-Zip: Redwood City, CA 94064
Email: geovfp69@hotmail.com

Primary Phone: 650-207-6073
Other Phone:
Fax:

Board Member: Frank Houde

Address: 22 Elm St.
City-State-Zip: Albany, NY 12202
Email: aimokker@aol.com

Primary Phone: 518-465-0582
Other Phone:
Fax:

Board Member: Eugene Glazer

Address: 189 Liberty St. #43
City-State-Zip: Bloomfield, NJ 07003
Email: geneandalice@comcast.net

Primary Phone: 973-743-1031
Other Phone:
Fax:

Board Member: Dana Briggs

Address: 725 9th Ave. S., Apt. 301
City-State-Zip: Kirkland, WA 98033-6751
Email: dlbriggsvfp@earthlink.net

Primary Phone: 425-827-4650
Other Phone:
Fax:

Board Member: Frank Ackles

Address: 1783 Woodstream Drive
City-State-Zip: St. Louis, MO 63138
Email: fackles@StPatrickCenter.org & mona

Primary Phone: 314-355-4806
Other Phone: (314) 802-0704
Fax: (314) 802-1983

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8735 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization Veterans for Peace, Inc.	Employer identification number 01-0415961
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 216 N. Meramec Ave	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. St. Louis MO. 63105	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **Veterans for Peace, Inc. Michael McPherson**

Telephone No. ▶ **(314) 725-6005** FAX No. ▶ ()

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **APRIL 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning **9/1/05**, 2005 and ending **8/31**, 2005

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.