FOR TAX YEAR 2023

VETERANS FOR PEACE INC

Davis Associates CPAs 4119 N Hwy 67 Florissant, MO 63034 (314)653-0008

Davis Associates CPAs

4119 N Hwy 67 Florissant, MO 63034 www.DavisAssociatesCPA.com Phone: (314)653-0008 | Fax: (314)653-0019

November 19, 2024

Veterans For Peace Inc 3407 S Jefferson Ave, STE 219 Saint Louis, MO 63118

Veterans For Peace Inc:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Veterans For Peace Inc from the information provided. The return was e-filed with the IRS and was accepted on October 27, 2024.

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, contact our office at (314)653-0008.

Sincerely,

Darlene M. Davis

Darlene M Davis CPA Davis Associates CPAs

Davis Associates CPAs

4119 N Hwy 67 Florissant, MO 63034 www.DavisAssociatesCPA.com Phone: (314)653-0008 | Fax: (314)653-0019

November 19, 2024

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Your privacy is important to us. 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, contact our office at (314)653-0008.

Sincerely,

Darlene M. Davis

Darlene M Davis CPA Davis Associates CPAs

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

Donai	rtment of	the Treasury	Do not ente	r social security numbers on this form	as it may be	e made	public.		Open	to Public		
		nue Service	Go to wi	ww.irs.gov/Form990 for instructions a	nd the lates	t inform	ation.		Ins	pection		
A I	For the	e 2023 calend	ar year, or tax year begin	ining	, 2023, a	and endi	ng		, 20)		
B	Check if a	applicable:	C Name of organization Ve	terans For Peace Inc				D Empl	loyer identifica	tion number		
	Address	change	Doing business as						01-041	5961		
_ ı	Name ch	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/su	ite	E Telep	hone number			
	Initial retu	urn	3407 S Jeffers	son Ave			219		(314)725-6005			
	Final retu	urn/terminated	City or town, state or province,	country, and ZIP or foreign postal code				G Gros	s receipts			
Ξ,	Amendeo	d return	Saint Louis, M					\$		523,178		
=		on pending	F Name and address of principal				H(a) Is this a		for subordinates?	Yes X No		
			Same as C abov				H(b) Are all	subordinat	es included?			
	Tax-exen	npt status: X	501(c)(3) 501(c) (527				st. See instructi			
	Website:		.veteransforpeace				H(c) Group					
		_			_ Year of format	ion: 198			gal domicile:	мо		
	rt I	Summar							5			
	1			ion or most significant activities: Stor	war as	a mea	ns of c	onfli	ct reso	lution		
	-	Briefly decer			war ab	u meu		011111		1401011.		
e												
Governance												
ērr	2	Chook this h	ov if the organization d	liscontinued its operations or disposed of	more then 26	=0/ of ito	not occoto					
õ	2							3		1.4		
م	3			erning body (Part VI, line 1a)				4		14		
Activities &	4			s of the governing body (Part VI, line 1b)						14		
iviti	5			n calendar year 2023 (Part V, line 2a) .				5		7		
Act	6	Total number of volunteers (estimate if necessary) 6 I Total unrelated business revenue from Part VIII, column (C), line 12 7a										
	7a							7a		0		
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11				7b		0		
							Prior Year		Curr	rent Year		
	8		-	1h)				,133		489,656		
Revenue	9	-	vice revenue (Part VIII, line	,423								
Nel 1	10	Investment in	82		56							
Å	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			1	682	2 1,			
	12			must equal Part VIII, column (A), line 12)		_	566	5,320	0 523,17			
	13		• •	X, column (A), lines 1-3)				100		3,800		
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)						0		
6	15			e benefits (Part IX, column (A), lines 5-10)			291	,300		176,927		
se	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)						0		
Expenses	b		sing expenses (Part IX, co		58,109	_						
Щ	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			253	3,282		219,390		
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25)			544	1,682		400,117		
	19	Revenue les	s expenses. Subtract line 1	8 from line 12		_	21	638,		123,061		
۶	SS					Begi	nning of Curr	ent Year	End	of Year		
sets	20	Total assets	(Part X, line 16)				148	3,333		268,593		
Net Assets or	21	Total liabilitie	es (Part X, line 26)				2	2,355		413		
		Net assets o	r fund balances. Subtract I	line 21 from line 20			145	5,978		268,180		
Pa	rt II	Signatu	re Block									
				rn, including accompanying schedules and statements icer) is based on all information of which preparer has		of my know	vledge and be	lief, it is				
uuo,	, correct,				any knowledge.			1				
		Mike	Tork						09-03	8-2024		
Sig	n	Signature of offic	cer					Da	ate			
Her	e	Mike	Tork, Treasurer									
		Type or print nar	me and title									
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN			
Pai	Ч	Darlene	M Davis CPA	Darlene M Davis CPA	11-19-20	24	self-em	nlovod	P0064	4326		

Paid	Darlene M Davis	CPA	Darlene M Davis CPA		11-19-2024		self-employed	P0064432	6		
Preparer	Firm's name	Davis As	sociates CPAs			Firm's EIN					
Use Only	Firm's address		Phone no.								
		Florissa	nt MO 63034				314-	653-0008			
May the IRS	lay the IRS discuss this return with the preparer shown above? See instructions										

Form	n 990 (2023) Veterans For Peace Inc	01-0415961 Page 2
Ра	art III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Stop war as a means of conflict resolution.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗌 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatic the total expenses, and revenue, if any, for each program service reported.	-
4a		venue \$)
	Support over 100 chapters and a dozen national projects through training	
	newsletters, social media, database management, member organizing, & fac	cilitating an annual
	convention. Engage in public and decision maker education by creating me	edia, direct engagement
	and supporting hundreds of local actions carried out by chapters and ind	lependent members. VFP
	builds veteran and ally communities that reject war culture and global maction to expose the true cost of war. Direct services also include advo	nilitarism and takes ocating for the
	repatriation of deported veterans, providing clean drinking water and ad	
	impacts to war recovering regions like Iraq and Viet Nam, and overturnin	ng the privatization of
	the VA so military veterans receive proper health care.	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 230,050	
		Farm 000 (2022)

Form 990 (2023)

	n 990 (2023) Veterans For Peace Inc 01-041	5961	F	Page 3
Pa	Int IV Checklist of Required Schedules		Vaa	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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 donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.44		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11o2 if "Xee," complete Schedule C. Part I. See instructions	17		v
12	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 /f "Yes," complete Schedule C. Part II	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.	18	-	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20-2	If "Yes," complete Schedule G, Part III.	19 20a	-	x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	-	x
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
£ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
		41	1	X

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Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	to defease any tax-exempt bonds?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		~
D.	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part. II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
250	or IV, and Part V, line 1	34		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		x
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		x
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		-	• • • •	
	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		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
		—		(0000)

Form	990 (2023) Veterans For Peace Inc		01-04159	61	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this returm	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•••		2b	х	
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 on 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 (FE					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			7-		
	and services provided to the payor?			7a 7b		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		77
d		 7d ∣		10		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?			8		x
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.	I				
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	13b				
C	Enter the amount of reserves on hand	13c		4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	•••		14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			15		v
	excess parachute payment(s) during the year?	•••		10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16		x
10	If "Yes," complete Form 4720, Schedule O.	•••		10		Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities					
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

	m 990 (2023) Veterans For Peace Inc 01-04155			Page 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction 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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	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	x	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
	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	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
ĉ	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			<u> </u>
Ũ	describe on Schedule O how this was done	12c		
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	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		150		v
a b	The organization's CEO, Executive Director, or top management official	15a 15b		x
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		x
160				
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?	160		
ь		16a		x
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	4.01		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	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 (1024 or 1024-A, 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.			
4.5	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on 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, 3407 S. Jefferson Ave. #219, Saint Louis, MO 63118			

Form 990 (202	3) Veterans For Peace Inc	01-0415961	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Er	mployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ss 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

$\underline{\mathbf{x}}$ Check this box in heither the organization hor any	rolated erganizat		прог			ny oun	on			
		(C) Position								
(A)	(B) Average			eck m	ore th	nan one		(D)	(E)	(F)
Name and title	box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer Institutional trustee		Highest compensated employee Key employee		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	5.00									
Director		х						0	0	0
(2)Ellen Davidson	5.00									
Director		x						0	0	0
(3)Gerry_Condon	5.00									
Director		х						0	0	0
(4)Stephen Zollman	5.00									
Director		х						0	0	0
(5)Michael Wong	5.00									
Director		х						0	0	0
(6)Kelly_Wadsworth	5.00									
Director		х						0	0	0
(7)Nick_Mottern	5.00									
Director		х						0	0	0
(8) Paul_Cox	5.00									
Secretary		х						0	0	0
(9)Nyamekye_C Anderson	5.00									
Director		x						0	0	0
(10)Ellen Barfield	5.00									
Director		x						0	0	0
(11)Susan Schnall	10.00									
President		x		x				0	0	0
(12)Joshua Shurley	10.00									
Vice President		x		x				0	0	0
(13)Mike Tork	10.00									
Treasurer		x		x				0	0	0
				-						

	90 (2023) Veterans For Peace										-0415			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp		,	s, ar	nd h	Highest Comp	ensated	Emplo	oyees	(cont	inued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m ss per d a di	rson is rector	han one s both ar /trustee) employee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportal compensa from relat organization 1099-MI 1099-NE	ation ted s (W-2/ SC/	cor fi orga	(F) nated am of other mpensati rom the nization d organiz	ion and
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)			-											
(22)														
(23)	·													
(24)	·													
(25)														
1b c d	Subtotal Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)	on A .	· · · · · · ·	••• •••	••• •••	••• •••	· · · · · ·	•	0		0			0
2	Total number of individuals (including but no reportable compensation from the organizat		o thos	e lis	ted	abo	ove) w	/ho	received more th	an \$100,	000 of			0
3 4 5	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i> For any individual listed on line 1a, is the sum of re organization and related organizations greater that <i>individual</i> Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	e J for such portable co an \$150,00 compensati	n individ ompensi 0? If "Y on from	dual ation ′es,″ ••• •••	and con	l othi nplet	er com te Sch	npen edu	isation from the le J for such	••••		3 4 5	Yes	No x x x x
-	on B. Independent Contractors													
1	Complete this table for your five highest con compensation from the organization. Report	-	-										tax y	ear.
	(A)								(B)			(C)	-	
. <u> </u>	Name and business address	3							Description of servic			Compens		
2	Total number of independent contractors (in received more than \$100,000 of compensat	-					ose li	ste	d above) who					

Form 99	<u>`</u>	· · ·		r Peace	e I	inc			01-04159	61 Page 9
Part	VIII	Statement of Rev	enue							
		Check if Schedule O	contain	<u>s a resp</u> o	ns	e or note to any l	ine in this Part V	<u>/III</u> .	<u> </u>	<u></u> [
							(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 .		1	a					
	b	Membership dues		1	b	105,315				
ants ints	c	Fundraising events		1	lc					
n n n	d	Related organizations .		1	d					
iifts Ir Al	е	Government grants (contr	ibutions)	1	le					
s, G mila	f	All other contributions, gift	ts, grants,							
r Sil		and similar amounts not ir	ncluded al	bove 1	lf	384,341				
othe	g	Noncash contributions inc	cluded in							
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		1	lg	\$				
<u></u>	h	Total. Add lines 1a-1f					489,656			
						Business Code				
	2a	Educational and P	romote	l	_	611710	32,121	32,121		
vice	b				_					
Ser	С				_					
Program Service Revenue	d				_					
2gr	e				_					
r L	f	All other program service r	revenue .							
	g	Total. Add lines 2a-2f .			•		32,121			
	3	Investment income (includi								
		other similar amounts) .					56	56		
	4	Income from investment of		• •						
	5	Royalties	••••		•					
		_		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6C							
	d	Net rental income or (loss)			•					
	7a	Gross amount from	(i	i) Securities		(ii) Other				
		sales of assets								
		other than inventory	7a							
	D	Less: cost or other basis	71							
nue		and sales expenses								
eve		Gain or (loss) Net gain or (loss)								
Ŗ		Gross income from fundrai			•	••••				
Other Revenue	0a	events (not including \$	ISING							
0		of contributions reported of	n line							
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .		F	8b					
		Net income or (loss) from f								
		Gross income from gaming		j	-					
		activities. See Part IV, line	-		9a					
	b	Less: direct expenses .		F	9b					
		Net income or (loss) from g								
		Gross sales of inventory, le		Γ						
	IVa	returns and allowances .			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s								
		. /				Business Code				
S	11a	Project Funds Man	agemen	L		561000	1,345	1,345		
nor	b						-			
ella ven	с									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d	<u></u> .	<u></u> .	•		1,345			
		Total revenue. See instru					523,178	33,522	0	0

Form 990 (2023)		ve	cerans	FOL	Peace	Inc	
Form 000 (2022)					D	T

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

-	Check if Schedule O contains a response or r			(C)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,800	3,800		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	164,040	82,020	41,010	41,010
8	Pension plan accruals and contributions (include	-	-		-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,887	6,444	3,222	3,221
11	Fees for services (nonemployees):				
a	Management				
b					
c		12,310		12,310	
d		12/510		127510	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g					
40	(A), amount, list line 11g expenses on Schedule O.)	2	2		
12	Advertising and promotion	3,000	3,000		
13	Office expenses	19,262	13,419	2,922	2,921
14	Information technology				
15	Royalties				
16		8,911	4,455	2,228	2,228
17	Travel	1,490	744	373	373
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,486	64,486		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437		437	
23	Insurance	21,375	10,687	5,344	5,344
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Project Expenditures	1,458	1,458		
b	Bank Charges	12,892	6,446	6,446	
C	Consulting/Contract Services	11,735	11,735	-,	
d	Computer Services	33,324	16,662	16,662	
e	All other expenses	28,710	4,694	21,004	3,012
25	Total functional expenses. Add lines 1 through 24e.	400,117	230,050	111,958	58,109
26	Joint costs. Complete this line only if the	100/11/	2007000	111,750	50,109
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

	990 (20				0:	1-04	15961 Page	: 11
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note	to ar	y line in this Part X				
					(A)		(B)	
	1				Beginning of year		End of year	
	1	Cash - non-interest-bearing			132,186	1	217,26	1
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			(35)) 4		
	5	Loans and other receivables from any current or former of						
		trustee, key employee, creator or founder, substantial con				_		
		controlled entity or family member of any of these persons		· · · · · · · · · · · · · · · · · · ·		5		
	6	Loans and other receivables from other disqualified perso						
	_	under section $4958(f)(1)$), and persons described in section				6		
ts	7	Notes and loans receivable, net				7	1.1.00	_
Assets	8	Inventories for sale or use			14,898	8	14,89	18
Ā	9	Prepaid expenses and deferred charges	• •	••••		9		
	10a	Land, buildings, and equipment: cost or other	10-	0 000				
	h	· · -	10a 10b	8,929	426	10c		
	b	Less: accumulated depreciation		8,929	436	11		
	11 12	Investments - other securities. See Part IV, line 11				12		
	13	Investments - program-related. See Part IV, line 11				12		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			848	15	36,43	
	16	Total assets. Add lines 1 through 15 (must equal line 33			148,333	16	268,59	
	17	Accounts payable and accrued expenses			2,355	17	200,39	5
	18	Grants payable	2,555	18				
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of				21		
<i>(</i> 0	22	Loans and other payables to any current or former officer						
itie		trustee, key employee, creator or founder, substantial con						
Liabilities		controlled entity or family member of any of these person				22		
Ë	23	Secured mortgages and notes payable to unrelated third		es		23		
	24	Unsecured notes and loans payable to unrelated third pa				24		
	25	Other liabilities (including federal income tax, payables to	relat	ed third				
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X				
		of Schedule D				25	41	13
	26	Total liabilities. Add lines 17 through 25			2,355	26	41	13
		Organizations that follow FASB ASC 958, check here	х					
s		and complete lines 27, 28, 32, and 33.						
nce	27	Net assets without donor restrictions			27,957	27	268,18	30
alaı	28	Net assets with donor restrictions			118,021	28		
а д		Organizations that do not follow FASB ASC 958, chec	k he	re 🗌				
Fun		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29		
iets	30	Paid-in or capital surplus, or land, building, or equipment f				30		
Ass	31	Retained earnings, endowment, accumulated income, or				31		
Vet.	32	Total net assets or fund balances	•••		145,978	32	268,18	
<u> </u>	33	Total liabilities and net assets/fund balances	••		148,333	33	268,59	13

EEA

Form 990 (2023)

Form	990 (2023) Veterans For Peace Inc	01-041596	1	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		523,	,178
2	Total expenses (must equal Part IX, column (A), line 25)	2		400,	,117
3	Revenue less expenses. Subtract line 2 from line 1	3		123,	,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		145,	,978
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		((859)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		268,	,180
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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				
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 on				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2023)

	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
Veterans For Pe	ace Inc	**-***5961
Entity address		
3407 S Jeffers	son Ave	
Saint Louis, 1	MO 63118	
Thank you for par	ticipating in IRS e-file.	
1. x 2023 990	income tax retum forFederal was filed	d electronically.
The electronic fili	ng services were provided by Davis Associates CPAs	
2. x 990	income tax retum was accepted on <u>10-27-2024</u> using a Pers	
-	nature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to D assigned to this retum is 4360872024301y40m20z	enter or generate a PIN signature.
		·
IRS. IF Y	OU DO, IT WILL DELAY THE PROCESSING OF THE RE	ETURN.

	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
Veterans For Pe	eace Inc	**-***5961
Entity address		
3407 S Jeffer:	son Ave	
Saint Louis, 1	MO 63118	
Thank you for par	ticipating in IRS e-file.	
1. x 2023 8868 The electronic fil	-01 income tax retum for Federal was file ing services were provided by Davis Associates CPAs	d electronically.
2. x 8868-01	income tax return was accepted on 04-28-2024 using a Pers	sonal Identification Number (PIN) as
an electronic sig	nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to	
The submission I	D assigned to this return is 4360872024119iwx24bc	·
IRS. IF Y	OU DO, IT WILL DELAY THE PROCESSING OF THE RI	ETURN.



Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification								
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)						
print	Veterans For Peace Inc	01-0415961						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.							
due date for	3407 S Jefferson Ave STE 219							
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	Saint Louis MO 63118							

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return	Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of shelly Rockett, 3407 s.	Jefferson Ave. #219 Saint Louis MO 63118
Telephone No. 314-725-6005	Fax No.
• If the organization does not have an office or place of busines	ss in the United States, check this box
• If this is for a Group Return, enter the organization's four-digi	t Group Exemption Number (GEN) . If this is
for the whole group, check this box \ldots \ldots \ldots . If it is for	r part of the group, check this box \ldots \ldots \ldots and attach

a list with the names and TINs of all members the extension is for.

1	I request an automatic 6-month extension of time until	l	11-15	, 20 <u>24</u>	, to file the exempt organization return for
	the organization named above. The extension is for th	ne organiza	ation's returr	n for:	
	x calendar year 20 23 or				
	tax year beginning	, 20	, and ending	g	, 20

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return	
	Change in accounting period			

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

SCHED	DULE A
(Form 9	90)

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.

OMB No. 1545-0047
2023
Open to Public

(C)

(D)

(E)

			-		Attac	h to Form 990 or Form	990-EZ.			Open to Publ Inspection
			Go to	o www.irs.gov/For	ww.irs.gov/Form990 for instructions and the latest information.					
Name of the organization Employer identification					on number					
		ns For							01-04159	
Par						Il organizations mus			part.) See instruct	lions.
	<u> </u>				•	nes 1 through 12, check of		,		
1	=					hurches described in se		(b)(1)(A)(i)		
2	_					ch Schedule E (Form 99				
3					0	ion described in sectior	,			
4				-	perated in conjunc	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter th	e
_		•		e, city, and state:	<i>с. с.</i> и	· · ·				
5		-			-	r university owned or op	erated by a	a governm	ental unit described in	1
•			• •	(1)(A)(iv). (Comple	,	the second s	470(1)/			
6	_					I unit described in section			and the second such P	_
7		-		-		art of its support from a g	jovernmen	tai unit of t	rom the general public)
0				ection 170(b)(1)(A)		(vi). (Complete Part II.)				
8 9	_					ction 170(b)(1)(A)(ix) o	poratod in	conjunctio	n with a land grant of	
9		-		-		(see instructions). Enter		-	-	Jilege
		university	•	a non-iana-granic co	nege of agriculture		the name,	city, and s	ate of the conege of	
10	_			that normally rece	ives (1) more than ?	33 1/3% of its support fro	om contribu	itions men	hershin fees and aro	220
		receipts f	from a	ctivities related to it	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	
						business taxable income e section 509(a)(2). (Co) from businesses	
11			-	-		to test for public safety.			L).	
12		•		0 1		or the benefit of, to perfor		• • •		oses of
		-			-	ed in section 509(a)(1)				
					-	pe of supporting organiz				
а		_		0		ervised, or controlled by		•		
						rly appoint or elect a ma		-		5
					-	rt IV, Sections A and E				
b		Туре	e II. A	supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing
		contr	ol or r	nanagement of the	supporting organiza	ation vested in the same	persons that	at control o	r manage the support	ted
		orgai	nizatio	on(s). You must co	mplete Part IV, Se	ctions A and C.				
С		🗌 Туре	e III fu	nctionally integrat	ed. A supporting o	rganization operated in o	connection	with, and	functionally integrate	d with,
		its su	ipport	ed organization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	
d		🗌 Туре	e III no	on-functionally into	egrated. A support	ing organization operate	d in conne	ction with	its supported organiz	ation(s)
						n generally must satisfy a			ent and an attentivene	ess
		requi	ireme	nt (see instructions)	. You must compl	ete Part IV, Sections A	and D, ar	nd Part V.		
е		Chec	k this	box if the organizat	ion received a writte	en determination from the	e IRS that it	t is a Type	I, Type II, Type III	
		funct	ionally	v integrated, or Type	e III non-functionally	integrated supporting o	rganizatior	٦.		
f				of supported organ						• • • •
g	Pr	rovide the	follov	ving information abo	out the supported or	ganization(s).	1			
	(i	i) Name of s	upporte	d organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1-10 above (see instructions))	docum	ur governing nent?	support (see instructions)	other support (see instructions)
										Í Í
							Yes	No		
(A)										
(B)										

Schedu	e A (Form 990) 2023 Veterans Fo					01-0415961	
Part							
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(1) 10(a)
8	Gross income from interest, dividends,						
0							
	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.						
13	First 5 years. If the Form 990 is for the or	-			-		
	organization, check this box and stop her						[]
Secti	on C. Computation of Public Support					1	
14	Public support percentage for 2023 (line 6					14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	-		-			
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	If the orgar	nization did not	t check a box c	on line 13, 16a,	or 16b, and line	e 14 is
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						🗌
b	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	t check a box c	on line 13, 16a,	16b, or 17a, ar	nd line
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			-	-		·
18	Private foundation. If the organization di						
	instructions						

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 436,014 477,706 354,497 407,133 461,364 2,136,714 Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 55,769 53,696 160,404 157,423 60,414 487,706 3 Gross receipts from activities that are not an unrelated trade or business under section 513 7,249 1,924 1,682 1,345 12,200 Tax revenues levied for the 4 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 5 491,783 538,651 516,825 566,238 523,123 2,636,620 7a Amounts included on lines 1, 2, and 3 received from disgualified persons . . **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 8 Public support. (Subtract line 7c from 2,636,620 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 491,783 2,636,620 538,651 516,825 566,238 523,123 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 2,268 210 82 56 5,808 8,424 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 С Add lines 10a and 10b 210 82 56 5,808 2,268 8,424 11 Net income from unrelated business activities not included on 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.) Total support. (Add lines 9, 10c, 11, 13 497,591 540,919 517,035 566,320 523,179 2,645,044 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 99.68 % 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 99.40 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 1.00 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization х b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

No

Yes

Veterans For Peace Inc 01-0415961 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Schedule A (Form 990) 2023

	A (Form 990) 2023 Veterans For Peace Inc 01-04155	961	F	age 5
Part I	V Supporting Organizations (continued)		Vee	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 supporte	d		
	organization, describe how the powers to appoint and/or remove officers, 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		
	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,	2		
-	supervised, or controlled the supporting organization. On C. Type II Supporting Organizations	2		
00000			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		
	on 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		
	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 organizatio	n(s). 2		
	By reason of the relationship described in line 2, above, 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			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(soo inst	ructio	ne)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	(300 1131	luciic	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).	
2	Activities Test. Answer lines 2a and 2b 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 determine	d		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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 lines 3a and 3b below.			
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
3 a b	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a 3b		

Schedul	e A (Form 990) 2023 Veterans For Peace Inc		01-041	.5961 Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1 [\Box Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
Sacti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Secu	on A - Adjusted Net Income		(A) FIIOI Teal	(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 collection			
	of gross income or for management, conservation, or maintenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions 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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally inte	egrated Type III suppor	ting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Veterans For Peace Inc V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	01-0 izations (continued		961 Page 7
Secti	on D - Distributions	, 			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		•	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
_	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
 C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA					Schedule A (Form 990) 2023

Schedule A (F	
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 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.

OMB No. 1545-0047 2023

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Open to Public Inspection

Employer identification number

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990. Part IV. line 6. 1 Total number at end of year	Veter	ans For Peace Inc	01-04	415961		
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Teat number at end of year	Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts			
(a) Corr shield with the set of contributions to (during year) (b) Corr shield with the set of contributions to (during year) 2 Aggregate value of contributions to (during year) (c) Corr shield with the set of contributions to (during year) 3 Aggregate value of contributions to (during year) (c) Corr shield with the set of contributions to (during year) (c) Corr shield with the set of control with the organization inform all dones and doner advisor in writing that grant funds can be used only do charachielle purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Yes No Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Preservation of advisor, or for any other purpose conferring important land area (c) Preservation assements huid by the organization (check all that app). Preservation of conservation cassements. 2a 2a 2a 2 Complete if the tax year. 2a 2						
2 Aggregate value of contributions to (duing year)		(a) Donor advised funds	(b) Funds and other	accounts	
2 Aggregate value of contributions to (duing year)	1	Total number at end of year				
3 Aggregate value of grants from (during year) Image: status at end of year 4 Aggregate value at end of year Image: status in item and corrors and door advisors in writing that the assets held in dooror advised funds are the organization inform all dorors and door advisor in writing that grant funds can be used only for charitable purposes and not to the benefit of the door or door advisor, or for any other purpose conferring impermissible private benefit? Image: status information and status information and status information advisor, or for any other purpose conferring impermissible private benefit? Image: status information and status information and status information (and the public edition of adult and baltat important land area impression of a certified historic structure impression or advisor, or the resonance in a structure induced on the 2a multified correservation caretribution in the form of a correservation easements in cold and in public use (correspondence easements in cold and in public use (corespondence easeme	2					
4 Aggregate value at end of year	3					
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only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imparmissible private benefit? Impact II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Impact III Purpose(s) of conservation casements held by the organization (cleck all that apply). Impact IIII Protection of natual habtat Impact IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	6					
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? (Yes No 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part XIII. (ii) Assets included in Form 990, Part XIII. (iii) Assets included on Form 990, Part XIII. (iiii) A	6			•••• •• 🖂		
 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	U		neaseni		ycai	
 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation as	comonte	during the yea	r	
 and section 170(h)(4)(B)(ii)?	•		Semento	during the yea		
 and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(F	8) <i>(</i> i)			
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 (ii) Assets included in Form 990, Part X				. \$		
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a Revenue included on Form 990, Part VIII, line 1	-	-	,			
	а			. \$		

	le D (Form 990) 2023 Veterans For P			_				01-041			Page 2
Par	U V	-							ssets (c	ontir	nued)
3	Using the organization's acquisition, acces	sion, ar	nd other record	ds, check a	ny of the fo	blowing that	make się	gnificant use of its			
	collection items (check all that apply):				_						
а	Public exhibition			d		r exchange p	-				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's	collecti	ons and explai	in how they	/ further the	e organizatio	n's exen	npt purpose in Par	t		
	XIII.										
5	During the year, did the organization solicit								_	-	_
	assets to be sold to raise funds rather than			part of the	organizatio	on's collectio	n?		. 🗌 Ye	s	No
Par	t IV Escrow and Custodial Arr			. –						_	
	Complete if the organization	n ansv	vered "Yes'	" on ⊢orr	n 990, P	art IV, line	9, or i	reported an an	nount on	Forr	n
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo								Π	F	-
	included on Form 990, Part X?					• • • • • •			. ∐ Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and	complete the fo	ollowing tat	ole.						
									nount		
c	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f											
2a	Did the organization include an amount on							•			No
b Par	If "Yes," explain the arrangement in Part X t V Endowment Funds	III. Che		explanation	mas been	provided on		• • • • • • • • •	• • • • •	<u>· </u>	
rai	Complete if the organization	anew	warad "Vas'	" on Forr	n aan P	art IV line	10				
					or year	(c) Two year			(a) For		book
1a	Beginning of year balance	(a)	Current year	(D) PN	or year	(C) Two year	SDACK	(d) Three years back	(e) FOI	ir years	Dack
b	Contributions										
c	Net investment earnings, gains, and										
U.											
d	Grants or scholarships										
e	Other expenditures for facilities and										
C	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	urrent ve	ear end balanc	e (line 1a.	column (a)) held as:					
_ a	Board designated or quasi-endowment			, (e . g,		,)					
b		6									
c	Term endowment %	-									
	The percentages on lines 2a, 2b, and 2c sh	nould ea	ual 100%.								
3a	Are there endowment funds not in the pos			zation that a	are held ar	nd administer	ed for th	e			
	organization by:									Yes	No
	(i) Unrelated organizations?								. 3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organ										
4	Describe in Part XIII the intended uses of	the orga	anization's end	dowment fu	nds.						
Par	t VI Land, Buildings, and Equi										
	Complete if the organization	-		" on Forr	n 990, P	art IV, line	11a. S	See Form 990,	Part X,	line	10.
	Description of property		(a) Cost or oth			r other basis		Accumulated		ok value	
			(investm	ent)	(0	other)	d	lepreciation			
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment					8,929		8,929			
e	Other	<u></u>									
Total.	Add lines 1a through 1e. (Column (d) musi		Form 990, Pa	rt X, line 10	Oc, column	(В)					
EEA								Sch	edule D (F	orm 99	90) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)Lifetime Membership Rmd	848
(2Edward Jones	35,586
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	36,434

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Fe	deral income taxes		
(2 \$ta	te Withholdings	166	
(Зфн	Withholding	55	
(4¢it	y Withholdings	192	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (C	olumn (b) must equal Form 990, Part X, line 25 col. (B)) ..	413	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2023 Veterans For Peace Inc	01-0415961	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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		
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	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		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:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	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 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		

Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Veterans For Peace Inc

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. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Accounting adjustment

05. List of other expenses (Part IX, line 24e)

See overflow statement for detail

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	202	3 Page 1
Name(s) as shown on return		FEIN	
Veterans For	Peace Inc		01-0415961
Description			Amount
Dues- Vetera	an	\$	4,80
	ne		
<u>Membership</u> -	- Other		95,64
	Tota	1: \$	105,31
Description			Amount
	15		318,17
Revenue			60,41
Rev- Store			5,74
	Tota	1: \$	384,34
	Tota	\$	Amount 5
	Grants		
Description		<u>_</u>	Amount
Donations		<u> </u>	3,80 3,80
	Iota	⊥: \$ <u></u>	3,80
Description			Amount
Description Salaries & W		\$	Amount 81,02
Description Salaries & M Bonus	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02
Salaries & W	lages		81,02

990 Overflow Statement	2023
Image: Name(s) as shown on return (This page is not filed with the return. It is for your records only.)	Page 2
Veterans For Peace Inc	01-0415961
	01 0415901
Description	Amount
Salaries & Wages	\$ 40,510
Bonus	500
Total:	
Description Salary & Wages	_ <u>Amount</u> \$ 40,510
Bonus	500
Total:	
Description	_ <u>Amount</u> \$ 6,444
Payroll Taxes Total:	
Description Payroll Taxes Total:	<u>Amount</u> <u>\$3,222</u> \$ <u>3,222</u>
Description Payroll Taxes Total:	<u>Amount</u> <u>\$3,221</u> \$3,221
Accounting Fees	
Description	Amount
Legal & Accounting	\$ 9,350
Payroll fees	2,960
Total:	\$12,310

990	Overflow Statement	2023
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	Page 3
Veterans For	r Peace Inc	01-0415961
		01 0113501
Description		<u>Amount</u> \$ 3,000
Advertising,	/Marketing Total:	\$ <u>3,000</u> \$ 3,000
	10001.	Ŷ <u>37000</u>
	Program Services Office	
Description		Amount
Office Expen	nse	\$ 112
Telephone/Teleph		1,84⊥
Printing	Printing	<u> </u>
		\$ 13,419
	10041.	Ŷ <u>10/11/</u>
	Management and General Office	
Description		Amount
	ıse	
Postage		2,114
Office Supp	lies	
	Total:	\$2,922
Description		Amount
	nse	\$ 56
Postage		2,114
Office Supp	lies	
	Total:	\$2,921
	Program Services Occupancy	
Doggnintis		7
Domt		<u>Amount</u> <u>\$4,455</u>
	Total:	\$ <u>4,455</u>
	10041.	۲ <u> </u>

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 4
Name(s) as shown on return		FEIN
Veterans For	Peace Inc	01-0415961
	Management and General Occupancy	
		Amount
Rent	Total	\$ <u>2,22</u> : \$ <u>2,22</u>
	Fundraising Occupancy	
Description		Amount
Rent		<u>\$ 2,22</u>
	Total	: \$ <u>2,22</u>
Description		Amount
Board		<u> </u>
Travel - Exe	C DIR & President	33
	Total	:\$ <u>74</u>
Description		Amount
<u>Board</u> Exec Dir/Pres	sident	<u>\$20</u> 16
	Total	
Description Board		<u> </u>
	c Dir & President	<u>\$20</u> 16
	Total	

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023	3 Page 5
Name(s) as shown on return	(This page is not nice with the retaint, it is for your records only.)	FEIN	raye J
Veterans For	r Peace Inc		01-0415961
	Program Conferences		
Description Convention		\$	Amount 4,04
	e Campaign	<u> </u>	15
SOVA			4,59
Zinn Chapter	r Fund		8,00
DVAP			4,44
	Project		15
			21,70
Fiscal Spons	sor		12,71
	arming 2022		
	te Crisis		4,07
VFP Peace Wa	alk		10
	Total:	\$	
		- ===	
Deggadation			Ame
Description		<u>ہ</u> –	Amount
<u>pepreciation</u>	n & Amort Expenses		43
	Total:	ې 	43
Description Liability Health		\$	8,29
Liability Health Description	Total:	\$ <u></u>	2,39 8,29 10,68 Amount
Liability Health Description Liability	Total:	\$ <u></u>	2,39 8,29 10,68 Amount 1,19
Liability Health Description	Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14
Liability Health Description Liability	Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14
Liability Health Description Liability	Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14
Liability Health Description Liability Health	Total: Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14
Liability Health Description Liability Health Description	Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34
Liability Health Description Liability Health Description	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14
Liability Health Description Liability Health Description Liability	Total: Total:	\$\$	2,39 8,29 10,68 Amount 1,19 4,14 5,34 Amount 1,19 4,14

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 6
Name(s) as shown on return		FEIN
<u>Veterans</u> Fo	r Peace Inc	01-0415961
Description		Amount
	- Activism	
<u>Program- Go</u>	lden Rule	\$ <u>1,458</u>
	Total:	\$1,458
	Bank Charges	
Description		Amount
Bank Charge	S	
Merchant Fe	e	6,341
	Total:	\$6,446
	Bank Charges	
Description		Amount
Bank Charge		
Merchant Se	rvice	6,341
		\$6,446
	Program Other Expenses	
Description		Amount
<u>Equipment L</u>		
<u>Computer Ha</u>		1,495
	Total:	\$4,694
	Management Other Expenses	
Description		Amount
Gifts		<u>\$ 263</u>
Miscellaneo		518
<u>Store Expen</u>		18,367
Printing Par Prior year	yments from Paypal	<u>670</u> 1,186
PIIOI year		\$\$21,004
	10041.	

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 7
Name(s) as shown on return	(THIS PAGE IS NOT THEN WITH THE TERMIN. IT IS TOLYOUL TECOLOS UTILY.)	FEIN
Veterans For	r Peace Inc	01-0415961
	Fundraising Other Expenses	
		<u> </u>
		_ <u>Amount</u>
Fundraising	Total:	_ <u>\$3,01</u> ¢3,01
	10041:	۶ <u>5,01</u>
Description		Amount
Operating Cl	necking Account	<u>\$ 136,44</u>
	Checking Accoount	
<u>Capone Savi</u>	ngs	<u>31,08</u>
<u>capone – Zii</u>	nn Fund	
	Total:	\$217,26
Description		Amount
Inventory As	sset	<u>\$ 14,89</u>
	sset Total:	\$ 14,89 \$ 14,89
	sset Total:	\$14,89 \$ 14,89
	Total:	<u>\$ 14,89</u> \$ 14,89
	Total:	<u>\$ 14,89</u> \$ 14,89
Inventory A:		
Inventory A: Description		Amount
Inventory A:	adjustment	Amount \$(85
Inventory A: Description		Amount \$(85
Inventory A: Description	adjustment	Amount \$(85