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CISQVSSNKY

Form **990-EZ**

Department of the Treasury

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form

990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

Open to Public

prior	nal Revenue Service			copy of this return to satisfy state reports	ng requirements.		500
A	For the 2007 calen	dar year, o	or tax year beginning	and ending			
В	Check if applicable:	Ploase	C Name of organization		D Em	ployer ide	entification number
	Address change	use IRS	h.=		Į	-	
	Name change	label or	WEAVE A REAL PEACE, II		B /		3-1482301
	Initial return	print or type.	Humber and street (or P.O. box, if m	en is flux deinfered in street address)	Room/suite E Te	epnone	unuper
H	Termination	See	3102 N. CLASSEN BLVD F	MR 240	Ţ	A1*	3-896-9393
H	Amended return	Specific	City, town, or country	State	ZIP+4 5.00		
\vdash		Instruc-			- F Gn	oup Exe	mption
	Application pending	tions.	LOKLAHOMA CITY	OK		mber.	<u> </u>
•	Section 501(c)(3)	organizati	ions and 4947(a)(1) nonexemp	t charitable trusts must attach	G Accounting m	ethod:	X Cash Accrual
		а сотр	leted Schedule A (Form 990 c	er 990-EZ).	Other (specif		
					H Check ▶	Y ##	he organization
ŧ	Website: ► N/A				is not require		_
	Organization type (ch	act cale on	a) Vience (2) 4 G	sert no.) 4947(a)(1) or 52	,		
_							0, 990-EZ, or 990-PF).
	Check ▶ if the	organizatio	n is not a section 509(a)(3) supp	porting organization and its gross re	celpts are normally r	not more	than \$25,000.
	A return is not require	ed, but if th	e organization chooses to file a	return, be sure to file a complete ret	um.		
L	Add lines 5b, 6b, and	7b, to line	9 to determine gross receipts; i	\$100,000 or more, file Form 990 in	stead of Form 990-E	Z. ⊳ \$	36,328
_				Assets or Fund Balances (Se			
				eceived		1	27,850
						1 1	21,030
	3 Membership	diles se	t seesemente	es and contracts \dots 000	T 2010	3	7,542
	4 Investment i	uces and	Jassessments	<u>UU 0</u>	1.00 Y 14.	4	
ļ	Fo Coss smou	ncome.	alo of appoin other than inve-	ntory		├ •	936
- 1						ll	
			sis and sales expenses		 		_
اہ				Subtract line 5b from line 5a (attach		5c	0
흵				any amount is from gaming, ch	eck here ▶	lí	
ē	a Gross reven	ne (uos iu	ctuding \$	of contributions			
Revenue	reported on	line 1) .		· · · · 6a		! !	
-			other than fundraising expe			i i	
1				ities. Subtract line 6b from line 6	a	6c	0
				ces			
ı			old			l f	
- 1				ract line 7b from line 7a		7c	0
- 1	8 Other reveni	ue (descri	be ▶)	8	
\bot				18		9	36,328
)		10	
1	11 Benefits pak	d to or for	members	·		11	
8	12 Salaries, oth	er compe	insation, and employee bene	ifits		12	
뙫	13 Professional	fees and	other payments to independ	lent contractors		13	7,510
Expenses	14 Occupancy,	rent, utilit	ies, and maintenance		<i></i> .	14	
۵	15 Printing, pub	lications.	postage, and shipping			15	3,183
1	16 Other expen	ses (desc	ribe See attached state	ment)	16	39,026
1	17 Total expen	ses. Add	lines 10 through 16	ment	 ′ ≯	17	49.719
声	18 Excess or (d	eficit) for	the year. Subtract line 17 fm	m line 9		18	-13,391
8 E	19 Net assets of	r fund ba	lances at beginning of year (from line 27, column (A)) (must	agree with		
	end-of-year	figure ren	orted on prior year's return)	• • • • • • • • • • • • • • • • • • • •	J. 50 ····	19	64,123
Net A	20 Other chang	es in net	assets or fund halances /att	ich explanation)		20	<u></u>
ž	21 Net assets o	r fund ba	lances at end of year. Combi	ne lines 18 through 20	·	21	50,732
D.				olumn (B) are \$250,000 or more.			
T G	Balance S						
	_		e page 60 of the instructions.		(A) Beginning of		(B) End of year
22					64,	123 22	50,732
23	Land and building	s				23	
24	Other assets (des	cribe 🕨	·)		24	
25	Total assets				64.	123 25	50,732
26	Total liabilities (c			1	, , , , , , , , , , , , , , , , , , ,	26	
27				ust agree with line 21)	RA	123 27	50,732
			leduction Act Notice, see the			.20,	Form 990-EZ (2007)
(HTA		POLINICIE IN		ropeiem mountuons.			rum 000°CZ (2007)

COLUMNICA NG 12700

4R: 015



- 011		AVE A REAL PEACE, INC.		73-1402	301			- ago &
_	rt III Statement of Program Service Ac				Į	Expen		
Wh	at is the organization's primary exempt purpose?	CROSS-CULTURAL EX	CHANGE IN WEA	VING		uired for		
Des	cribe what was achieved in carrying out the organiza	tion's exempt purposes. In a	clear and concise m	anner,	and (4) organizations and 4947(a)(1) trusts;			
des	cribe the services provided, the number of persons b	enefited, or other relevant info	emation for each pri	ogram title.		nal for o		
28	FOSTER DIALOGUE AND SUPPORT WITHIN			<u> </u>	1	1	<u> </u>	<u> </u>
	MEETINGS, CLASSES							
	(Grants \$) If this amo	unt includes foreign grants	s, check here		28a	1	3:	3 <u>,524</u>
29	SERVE AS CLEARINGHOUSE FOR INFORM	TION AND TECHNICAL	ASSISTANCE					-10
	WITHIN THE INTERNATIONAL COMMUNITY		• • • • • • • • • • • • • • • • • • • •					
	(Grants \$) If this amo	unt includes foreign grants	s, check here	▶□	29a		;	3,183
30	PROVICE CROSS-CULTURAL EDUCATION A	ND SUPPORT WITHIN TI	HE WEAVING					
	COMMUNITY: TRAVELING SLIDES	••		************				
	(Grants \$) If this amo	unt includes foreign grants	s, check here .	▶ 📋	30a			393
31	Other program services (attach schedule)			· · · · · <u>· · · · · · · · · · · · · · </u>				
	(Grants \$ 0) If this amo	unt includes foreign grants	s, check here	▶□	31a			0
32	Total program service expenses. Add lines 2	Ba through 31a			32		37	7,100
Pa	t IV List of Officers, Directors, Trustees,	and Key Employees (List o	each one even if not o	ompensated. See pag	e 61 of	the instr		
		(B) Title and everage	(C) Compensation	(D) Contributions	, to		Expens	
	(A) Name and address	hours per weekdevoted to position	(If not peld, enter -0)	employee benefit pl deferred compens.			int end illowen	
N	me Deborah Brandon Str 110 Emily Drive	Title President		GENERAL GENERA	30011	- Cuitar (HAW CH	~~
	City Pittsburgh ST PA ZIP 15215	Hr/MK .00	o					
	me Susan Shadfer Davi Str 4 College Lane	Titte Board Mbr.						
=	City Haverford ST PA ZIP 19041	Hr/WK .00	0					
re.	me Cheryl Musch Str 3209 Atwood Avenue	71						
— <u>N</u>	ty Madison ST WI ZP 53704 The Sarah Saulson Str 105 Crawford Avene	Hr/WK .00						
	Try Syracuse ST NY ZP 13224	Hrwk .00	م					
Pa				V.)	1		Yes	No
33	Did the organization make a change in its activ	rities or methods of conduc	ting activities? If "	Yes." attach a				
	detailed statement of each change					. 33		x
34	Were any changes made to the organizing or g	poverning documents but n	ot reported to the	IR\$? If "Yes,"				
						34		X
35	If the organization had income from business activiti	es, such as those reported on	lines 2, 6, and 7 (an	nong others), but		1 ,		
	not reported on Form 990-T, attach a statement exp Did the organization have unrelated business of	Naining your reason for not re	porting the income o	n Form 990-T.	- al	1		
	proxy tax requirements?	1000 III O OI W1,000 OI I	111016 01 0033(8) 11	ouce, reporting, a	nu	. 35a		×
t	If "Yes," has it filed a tax return on Form 990-1	for this year?			• •	35b	N/A	^
36	Was there a liquidation, dissolution, termination	n, or substantial contraction	n during the year?	If "Yes," attach a				
37 -	statement					. 36	_	<u> </u>
V. 6	Did the organization file Form 1120-POL for the	i indirect, as described in t	ne instructions .	► [3/8]		-1,		
38 a	Did the organization borrow from, or make any	loans to any officer direct	tor toucles or key	employee erum	 10 00v	37ь		×
	such loans made in a prior year and still unpak	at the start of the period of	covered by this ret	um?	io aily	38a		X
t	If "Yes," attach the schedule specified in the lin	e 38 instructions and enter	r the amount	<u> </u>		900		
	involved			. 38ь		_		ı
39	501(c)(7) organizations. Enter:					1 1		İ
	Initiation fees and capital contributions included			39a		-4		1
	Gross receipts, included on line 9, for public us	e of aud isaintes		39b		ليب	لييا	
					F	om 990	HEZ ((2007)

Form 99	<u> </u>	. 110,110,1	REAL PEACE, INC			<u> </u>	V() (0		3-1482:	301	Page 3
Part	_			atement requiremen							
40 a)(3) organizations n 4911 ►		tax imposed on the or on 4912 ►	•	the yea ion 4955					
b		· · · · · · · · · · · · · · · · · · ·		ration engage in any se				during		Yes	No
	-			enefit transaction from a	•		nslqxe na	nation	40b		X
				ion managers or disq 1958					-		
				d by the organization						ſ	1
			ly time during the tr	ax year, was the orga	nization a party to	a prohi	bited tax	k shelter	`		<u> </u>
		iction?	· · · · · · · · · · · · · · · · · · ·	turn is filed. ► OK					40e	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
							Tok	ephone no. >	413.1	906.03	03
72.0	Locati	ed at PORo	, 333	len City South Ha	adlev	ST MA	ICK 1	ZiP+4 ► 0		130-30	33
				he organization have					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • •	
				ry (such as a bank ac						Yes	No
		лt)?							42b	<u> </u>	X
			of the foreign cour		TD 5 00 00			····	1		
				ng requirements for fi he organization maint			01152		42c	1	l _x
	-	•	of the foreign cou	•	an an once ouc	146 OI UI	e 0.5. r		420		
		•	_	rusts filing Form 990-	EZ in lieu of For	m 1041	Checl	k here			\blacktriangleright
				st received or accrue							
				re examined this return, incl							
Pleas	8	and belief, it is true.	xorrect, and complete. De	ecteration of preparer (other	than officer) is besed	on all infor			•	•	
Sign		Signature of officer				_	June 17,2010				
Here		DEBORAH BRANDON						PRESI	DENT		
		Type or print nam									
D-14		Preparer's			Date	Check if		Preparer's SSN	or PTIN (See Gen	. Inst. X)
Paid Prepa	rer'e		LSE W. SHUMWAY	r, CPA	6/16/2010	employer	ı ► X	P00140512			
Use O		Firm's name (or your if self-employed),	ILSE W. SHU	MWAY, CPA			EIN	▶ 04-351054	13		
		address, and ZIP + 4	409 MAIN ST.	., STE 256, AMHERS	T, MA 01002		Phone no	413-253-9	966		
		10 114 05		1.6	• •	–			Form 9	190-E2	Z (2007)
		15 IMAGE	: - Do not c	orrespond fo	or signatur	el					
	-										

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

Supplementary Information—(See separate instructions.)

2007

Department of the Internal Revenue		► MUST be completed by t	the above organizations and	attached to their For	n 990 or 990-EZ	
Name of the or						dification number
WEAVE A I					73-1482301	
Part I		nsation of the Five High				nd Trustees
		ge 1 of the instructions. L		re none, enter n	(d) Contributions to	(e) Expense
(a) Nam		of each employee paid more a \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deterred compensation	account and other allowances
NONE				_		
		ployees paid over \$50,000				
Part II-A		nsation of the Five High				
		ge 2 of the instructions. L				
	ame and addre	ss of each independent contractor (paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE						

	services	ceiving over \$50,000 for	0			
Part II-B		nsation of the Five High th contractor who perform				lividuals or
		there are none, enter "No			1,000, 1,,,00,0,	
(a) N		ss of each independent contractor (of service	(c) Compensation
NONE						
<i></i>						
	•••••					
						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

Total number of other contractors receiving over \$50,000 for other services

	le A (Form 990 or 990-EZ) 2007 WEAVE A REAL PEACE, INC. 73-1482301			age Z
Part	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.). Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	1_		x
	the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	28		X
b	Lending of money or other extension of credit?	2b		X
C	Furnishing of goods, services, or facilities?	2c		X
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	26		×
•	Transfer of any part of its income or assets?	20		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3ь		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<u>x</u>
đ	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>x</u>
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			
ь	lines 4f and 4g	48 4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	46		<u>x</u>
đ	Enter the total number of donor advised funds owned at the end of the tax year			
•	Enter the aggregate value of essets held in all donor advised funds owned at the end of the tax year			

1 Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-£Z) 2007

Part IV Reason for Non-Private	Foundation S	tatus (See pages 4 thr	ough 8 of the	instructions.)		
I certify that the organization is not a private f A church, convention of churches			• •	ox.)		
6 A school. Section 170(b)(1)(A)(ii).	. (Also complete F	Part V.)				
7 A hospital or a cooperative hospit	tal service organiz	cation. Section 170(b)(1)(A)(i	E).			
8 A federal, state, or local government	ent or governmen	tal unit. Section 170(b)(1)(A))(v).			
9 A medical research organization and state	operated in conj	unction with a hospital. Sec City		(di).Enter the ho	spital's name, city,	
An organization operated for the l (Also complete the Support Scho			rated by a gover	mmental unit. Sec	t ia n 170(b)(1)(A)(iv).	
11 a An organization that normally reconfocion 170(b)(1)(A)(vi). (Also complete the			ibu lanemmevo	or from the gener	ral public. Section	
11 b A community trust. Section 170(b))(1)(A)(vi). (Also c	complete the Support Sched	dule in Part IV-A	.)		
An organization that normally recorded to its support from gross investme acquired by the organization after An organization that is not controll requirements of section 509(a)(3)	its charitable, etc., ent income and un r June 30, 1975. S led by any disqual . Check the box th	tunctions—subject to certain the section of the section of the section of the section for the section of th	n exceptions, an name (less section complete the Sup andation manage sporting organiza	d (2) no more than 511 tax) from bupport Schedule in (2) and otherwise tion:	en 33 1/3% usinesses n Part IV-A.)	
	rpe II	Type III-Functionally Integr		Type III-Other		
Provide the following info (a) Name(s) of supported organization(s)	(b)	(c) Type of organization (described in lines 5 through 12 above or IRC section)		i) pported on listed in porting ation's	ructions.) (e) Amount of support	
			Yes_	No		
						0
				 -	 	0
						0
						0
Total						0
14 An organization organized and op	erated to test for p	public safety. Section 509(a)	(4). (See page 8		3.)	

Schedule A (Form 990 or 990-EZ) 2007

	rt IV-A Support Schedule (Complete only its: You may use the worksheet in the instructions it	if you checked a for convention fo	box on line 10,	11, or 12.) Use	cash m	ethod o	f accounting.
	endar year (or fiscal year beginning in)	(a) 2006		-			
18	Gifts, grants, and contributions received. (Do	(8) 2000	(b) 2005	(c) 2004	(d) 20	~	(e) Total
15	not include unusual grants. See line 28.)	20,326	42.464	44 004		10 540	co 220
16	Membership fees received	27,975	13,461 6,578	14,031 5,950		12,512	60,330 45,813
17	Gross receipts from admissions, merchandise	21,910	0,376	5,950		5,310	45,513
• •	sold or services performed, or furnishing of					- 1	
	facilities in any activity that is related to the					- }	
	organization's charitable, etc., purpose					1	0
18	Gross income from Interest, dividends,					-	
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties.	1	1	·		- 1	
	income from similar sources, and unrelated					- [
	business taxable income (less section 511					- 1	
	taxes) from businesses acquired by the			i		1	
	organization after June 30, 1975	59	17	14		1	90
19	Net income from unrelated business						
	activities not included in line 18						0
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on	ļ				ł	
	its behalf		į			{	0
21	The value of services or facilities furnished to						
	the organization by a governmental unit	ļ				1	
	. without charge. Do not include the value of						
	services or facilities generally furnished to the		i			j	
_	public without charge						0
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						0
<u>23</u>	Total of lines 15 through 22	48,360	20,056	19,995		17,822	106,233
24	Line 23 minus line 17	48,360	20,056	19,995		17,822	106,233
25	Enter 1% of line 23	484]	201	200		178	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in column	(e), tine 24	🕨	26a	0
	b Prepare a list for your records to show the name of an	ed amount contribe	ited by each perso	on (other than a		1	
	governmental unit or publicly supported organization)	whose total gifts f	or 2003 through 2	006 exceeded the	•	1 1	
	amount shown in line 26a. Do not file this list with y					26b	
	Total support for section 509(a)(1) test: Enter line 24,					28c	0
•	d Add: Amounts from column (e) for lines 18	19				1 1	
	22	26	ь	<u> </u>	▶	26d	0
	Public support (line 26c minus line 26d total)					260	0
	Public support percentage (line 25e (numerator) di					261	0.00%
27			lines 15, 16, and 1				
	prepare a list for your records to show the name of, ar file this list with your return. Enter the sum of such a	ra total amounts n	eceived in each ye	each "di	squaimed	person."	Do not
	-		•				
	(2006) (2005)		(2004)		(2003)		
-	For any amount included in line 17 that was received to	from each person	(other than "disqu	alified persons"),	prepare a	list for yo	xur records
	to show the name of, and amount received for each ye	ear, that was more	than the larger of	of (1) the amount	on line 25	for the ye	er or (2)
	\$5,000. (Include in the list organizations described in I After computing the difference between the amount re	res o unough in.	o, as well as indivi	iduais.) Do not til Shed in (4) or (2)	e tim ini	with you	ir return.
	differences (the excess amounts) for each year:	CONTROL OF THE	Act attend of cesa	1000 111 (17 01 (27,	GIAC! 010	2011 01 01	
	·		(2004)		(2003)		
	(2000)		(2004)		(2003)		
	Add: Amounts from column (e) for lines: 15	60,330 16	45,8	13			
	1720	2	·		▶	27c	106,143
		line 27b total		<u> </u>	>	27d	0
	Public support (line 27c total minus line 27d total) .				▶	27e	106,143
1	Total support for section 509(a)(2) test: Enter amount	from line 23, colu	mn (e) l	271	106,233]	
	Public support percentage (line 27e (numerator) di	ivided by line 271	(denominator))		▶	279	99 92%
	investment income percentage (line 18, column (e)	(numerator) div	ided by line 27f (denominator)) .		27h	0.08%
28	Unusual Grants: For an organization described in line	e 10, 11, or 12 tha	it received any un	usual grants durin	g 2003 th		
	a list for your records to show, for each year, the name	e of the contributo	r, the date and an	rount of the grant	, and a bri	ef descrip	ition of
	the nature of the grant. Do not file this list with your	return. Do not in	clude these grants	in äne 15.			

Schedule A (Form 990 or 990-EZ) 2007 73-1482301 Page 5 Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bytaws, 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with <u>32c</u> d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? . Scholarships or other financial assistance? Educational policies? . Use of facilities? Athletic programs? . . 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? . . b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34e or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

Sched	66 A (Form 990 or 990-EZ) 2007 WEAVE A REA			73-14		Page 6
Par	VI-A Lobbying Expenditures by Electing				ctions.)	
	(To be completed ONLY by an eligib					
Ched			b if you checked	a and um	ted control brove	(b)
	Limits on Lobbying E (The term "expenditures" means a	•	.med.)		(a) Affiliated group totals	To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (gr			. 36		
37	Total lobbying expenditures to influence a legislative body	(direct lobbying)		37		
38	Total lobbying expenditures (add lines 36 and 37)			38	0	0
39	Other exempt purpose expenditures			. 39		
40	Total exempt purpose expenditures (add lines 38 and 39)			40	0	0
41	Lobbying nontaxable amount. Enter the amount from the	_		1		1
		bying nontaxable		Į į		
	Not over \$500,000 20% of t					
	Over \$500,000 but not over \$1,000,000 \$100,000					
	Over \$1,000,000 but not over \$1,500,000 \$175,00			41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,00 Over \$17,000,000 \$1,000,0		•			
42	Grassroots nontaxable amount (enter 25% of line 41)			. 42	0	_ 0
43	Subtract line 42 from line 38. Enter -0- if line 42 is more the			43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more the				0	0
	Caution: If there is an amount on either line 43 or line 44	, you must file Form	1 4720.			
	4-Year Avera	ging Period Ur	der Section 501(h)		
	(Some organizations that made a section 5	501(h) election do r	ot have to complete all	of the five o	dumns below.	
	See the instructions for l	ines 45 through 50	on page 13 of the instru	rctions.)		
		Lobby	ring Expenditures D	uring 4-Ye	ar Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2007	2006	2005	2004	Total
-						
45	Lobbying nontaxable amount					
48	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48_	Grassroots nontaxable amount					0
49	Grassroots celling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures	} }	\		1	0
Par	VI-B Lobbying Activity by Nonelecting F	ublic Charitie	\$			
	(For reporting only by organizations to	nat did not com	plete Part VI-A) (Se	e page 14	of the instruct	tions.)
Dudo	the year, did the organization attempt to influence nation	al state or local loc	intation lookudan any			
	of to influence public opinion on a legislative matter or refe	-	• •		Yes No	Amount
a	Volunteers	_			X	
b	Paid staff or management (Include compensation in expe				X	
c	Media advertisements				X	
d	Mallings to members, legislators, or the public				X	
0	Publications, or published or broadcast statements	<i></i>			X	
f	Grants to other organizations for lobbying purposes		<i></i> .		×	_
8	Direct contact with legislators, their staffs, government off		•		- X	
h	Rallies, demonstrations, seminars, conventions, speeche				X_	
ŧ	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement olving				لـــــا	0

Schedule A (Form 990 or 990-EZ) 2007

Part	Δİİ			sfers To and Transaction page 14 of the instructions	ns and Relationships With Noncha .)	ritable		
51					ring with any other organization described in s 527, relating to political organizations?	ection		
				noncharitable exempt organiza			Yes	No
_		Cash		· · · · · · · · · · · · · · · · · · ·		51a(i)	· · · ·	X
						a(ii)	 	Î
ь		transactions:				2(11)	 	 ^
	a	Sales or exchanges of	of assats with a ne	orteritable exempt omanization	n	b(i)	l	x
	(11)	Purchases of assets (mm a coocharita	hie exempt amanization	"	P(II)	├──	x
				assets		P(III)		Î
						b(iv)	-	l x
						b(v)		X
				p or fundraising solicitations		b(vi)	_	x
c						c	 	X
d	If the	enswer to any of the a	bove is "Yes." co	moleta the following schedule (Column (b) should always show the fair marke			
	of the	goods, other assets, o	or services given	by the reporting organization, if	the organization received less than fair marke the goods, other assets, or services received:	t value		
	a)	(b)		(c)	(d)			
Line	no.	Amount involved	Name of nor	charitable exempt organization	Description of transfers, transactions, and sha	dng arran	gemen	ts
				·				
			 					
			 		ļ			
		 	· · · · · · · · · · · · · · · · · · ·					
								
				···				
			,					
	_			· · · · · · · · · · · · · · · · · · ·				
	descri	organization directly of ped in section 501(c) to "complete the follow"	of the Code (othe		ction 527?	☐ Yes	X	No
		Name of organization) 	(b) Type of organization	(c) Description of relationship			
			·					
								
		· ·····						
_	-				Schedule A (Fort	n 990 or 6	190-EZ	2007

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received	
1 Contributions	1 27,850
2 NonCash Contributions	2
3 Membership dues and assessments (contributions from the public)	3
4 Government contributions (grants)	4
5 Commercial co-venture	5
6 Special events contributions (Line 6 - Special Events).	6 0
7	7
8	8
9	9
10 Total	10 27,850

Weave A Real Peace, Inc. 3102 N. Classen Blvd, PMB 249 Oklahoma City, OK 73118-3899 EIN # 73-1482301

Form 990EZ, Schedule A #3a:

Scholarships recipients are chosen from a group of individuals who meet certain criteria. They must be graduate students under 35 years of age who apply for this scholarship. The application asks recipients to disclose the following items.

- 1. Area of textile interest or related fields.
- 2. Work they have done or are interested in pursing which is related to the WARP.
- 3. What are their expectations in attending the WARP conference?
- 4. How did you find out about WARP?

Based on these responses scholarship recipients are selected.