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Department of the Treasury

### **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)

► The organization may have to use a copy of this return to satisfy state reporting requiremen

OMB No 1545-0047 2008 Open to Public

- 11	ema Revenue 3	7/04/00		Cilicitis	mapecaon				
<u>A</u>			1	D					
В	Check if applicable	Please C Name of organization use IRS Peaceful Paths, Inc.	1	D Emplo	yer identification number				
느	Address change	label or Feaceful Facilis, Inc.		ΕO	1000014				
L	Name change	print or Doing Business As			1809014				
Г	Initial return	type. Number and street (or P O box if mail is not delivered to street address)  See DO BOY 5000	Room/suite		one number				
Ē	Termination	Specific FO BOX 5099	<u> </u>		<u>-377-5690</u>				
<b>-</b>	์ โ	tinstructions. City or town, state or country, and ZIP + 4  tions. Gainesville FL 32627	ł	G Gross recei	nots 1,548,295				
느	Amended return			11/41 1- 8					
L	Application pendir	F Name and address of principal officer Theresa Harrison			a group return for ss? Yes X No				
		PO Box 5099		H(b) Are all affiliates					
		Gainesville FL 32627		include					
-	<del></del>	[92]		II NO,	attach a list. (see instructions)				
+	Tax-exempt st	www.peacefulpaths.org		H/c) Group	exemption number				
<u> </u>			Year of formation 19		M State of legal domicile <b>FL</b>				
<del></del>		Summary	real of formation 2.		W State of legal domicile 2 2				
		describe the organization's mission or most significant activities.		•					
		r mission is to stop domestic violence and encourage	e neonle ir	0112					
		mmunities to make informed and healthy choices.	e beobie i	. 002					
		minitizes to make intoined and hearthy thortes.							
	D Chook	this box   if the organization discontinued its operations or disposed of more tha	n 25% of its asset	•					
(	n i	er of voting members of the governing body (Part VI, line 1a)	11 25% Ut its asset	.5   3	16				
•	8 3 Numb	-		4	16				
	5 Total	er of independent voting members of the governing body (Part VI, line 1b) number of employees (Part V, line 2a)		5	40				
;	S S Total	number of employees (Part V, line 2a) number of volunteers (estimate if necessary)		6	47				
•		pross unrelated business revenue from Part VIII, line 12, column (C)		7a					
		related business taxable income from Form 990-T, line 34		7b	0				
_	b Netur	irelated business taxable income from Form 530-1, line 34	Prior Yea		Current Year				
	8 Contri	butions and grants (Part VIII, line 1h)	1,242	2,217	1,414,255				
	<b>≝</b>	am service revenue (Part VIII, line 2g)							
$\Box$	10 Invest	ment income (Part VIII, column (A), lines 3, 4 Jand 7d)		239	224				
2010	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c and 1e)	33	3,068	-33,568				
_		evenue—add lines 8 through 11 (must equal Part VIII, column (A) fine 12)		5,524	1,380,911				
		s and similar amounts paid (Part IX, column/(%)/ lines 1-3)	milar amounts paid (Part IX, column/(%)/ lines 1-3)						
9					·				
JAN	ກ 15 Saları	es other compensation, employee benefits (Part IX, column (A) thes 5-100/	859	7,529	923,010				
$\neg$	16a Profes	ssional fundraising fees (Part IX, column (A), line (e)) EN							
	15 Saları 16a Profes b Total	fundraising expenses (Part IX, column (D), line 25)							
<u>u</u>	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	348	3,829	368,570				
Ž	18 Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,30	7,658	1,401,592				
SCANNED	19 Rever	ue less expenses Subtract line 18 from line 12		2,134	-20,681				
S	20 Total 21 Total 22 Net a		Beginning o		End of Year				
	로 20 Total	assets (Part X, line 16)		9,039	1,933,194				
1	[월 21 Total	labilities (Part X, line 26)		3,972	215,382				
		sets or fund balances Subtract line 21 from line 20	2,00	5,067	1,717,812				
_		Signature Block	<del></del>		<del></del>				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedul and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all i	es and statements, a nformation of which r	ind to the bea	st of my knowledge				
_				1 /2	(-1 -				
	ign	150		P	11/09				
-	lere T	Signature of Officer		Date					
			utive Dir	ector					
-	<del></del>	Type or print name and title			Preparer's identifying number				
5	aid	Preparer's signature CPA Date 12/1	Check self-		(see instructions)				
	reparer's	A TIMIPIO = TOO VIE	LO/09 employ	red ▶ L	<u> </u>				
	Ise Only	Firm's name (or yours Kattelf & Company, P.L.		EIN	<u> </u>				
•	,	if self-employed), 808B NW 16th Ave		Phone					
_		address, and ZIP+4 Gainesville, FL 32601		no 🕨	<del></del>				
_		cuss this return with the preparer shown above? (see instructions)		<u>n</u>	Yes No				
	AA For Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.		\(\)	© Form <b>990</b> (2008)				

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)	
1 Briefly describe the organization's mission	
Our mission is to stop domestic violence and encourage people in	our
communities to make informed and healthy choices.	
Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported	
CA ACE VE	<del></del>
4a (Code ) (Expenses \$ 680,855 including grants of \$ 64,465 ) (Revenue \$	)
Family Violence Counseling: Outreach program provides support groups and victim advocates and seeks to build a	
cooperative network to supply information, resources education and training. (1260 new clients)	
education and training. (1260 new titents)	
4b (Code ) (Expenses \$ 476,045 including grants of \$ 32,973 ) (Revenue \$	)
Crisis Shelter Programs: Provide safe emergency shelter	
to victims in immediate danger. Other services include	
but are not limited to providing food, clothing, personal	
and household products, safety planning, transportation	
and medical care. Survivors whose stay exceeds 72 hours	
receive additional individualized services. (218 adults	
and children served)	
4c (Code ) (Expenses \$ 69,639 including grants of \$ 12,574 ) (Revenue \$	<u> </u>
Transitional Housing Programs: Provide long term, low	)
income housing and supportive services to women and their	
children who are survivors of domestic violence and find	
themselves homeless. (11 indiviuals)	
·	•
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$	)
4e Total program service expenses ▶ \$ 1,226,539 (Must equal Part IX, Line 25, column (B))	
	Form <b>990</b> (2008)

DAA

# Form 990 (2008) Peaceful Paths, Inc. Part IV Checklist of Required Schedules

	A Company of Programme Company			
4	Is the arganization described in section 501(a)(2) or 4047(a)(1) (athor than a private foundation) 2 If "Vee "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	۱.	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
•	candidates for public office? If "Yes," complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<b>–</b>		
•	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		_	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
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, 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,"	1		
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	l		~-
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17 40	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	v	Х
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	X
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X
20 21	Did the organization operate one of more hospitals? If "res, complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete	-22	- 4%	
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	125		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	·		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	npp,	/2008)

# Form 990 (2008) Peaceful Paths, Inc. Part W Checklist of Required Schedules (continued)

	, and the second of the second		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		103	110
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L.			
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		x
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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 I	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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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

Form 990 (2008)

- 114	Statements regarding other into runings and rax compliance									
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			۲		Yes	No			
ıa	U.S. Information Returns Enter -0- if not applicable	1a	0							
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0							
c					- 1					
	gaming (gambling) winnings to prize winners?	portabi	•	i	1c	x				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i i			-					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	40							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing			<del></del> ,	2b	x				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	•		F						
	instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by								
	this return?	•			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty							
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		İ						
	account)?			L.	4a		X			
b	If "Yes," enter the name of the foreign country									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank								
	and Financial Accounts			•						
<b>5</b> a				<u> </u>	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			ļ!	5b		X			
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity									
•-	Regarding Prohibited Tax Shelter Transaction?				5c					
6a	Did the organization solicit any contributions that were not tax deductible?			<u> </u>	<u>6a</u>		_X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or								
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			<del>                                   </del>	6b					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than								
a	\$75?	uiaii		1.	7a		X			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs		<u> </u>	7b					
	required to file Form 8282?			] .	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	1							
	benefit contract?			,	7e	1	X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?			7f		X			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		X			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				Ì				
	required?			<u></u>	7h		X			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				- 1					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	soring								
_	organization, have excess business holdings at any time during the year?			<u> </u>	8		X			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						37			
a	Did the organization make any taxable distributions under section 4966?				9a		X			
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?			ļ	9Ь		X			
10	Section 501(c)(7) organizations. Enter	100								
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			- 1					
11	Section 501(c)(12) organizations. Enter	ַ ייטט		<b>——</b>						
'' a	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	<del>``</del>	<del></del>							
-	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		_	1	2a	1				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								

Form 990 (2008) Peaceful Paths, Inc. 59-1809014 F
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not rèquired by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management								
						Yes	No		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the							
	circumstances, processes, or changes in Schedule O See instructions	1							
1a	Enter the number of voting members of the governing body	1a	16						
b	Enter the number of voting members that are independent	1b	16						
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		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	dırect				-			
	supervision of officers, directors or trustees, or key employees to a management company or other pe				3		<u>X</u>		
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990	was filed	اه)	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets	?		1	5		X		
6	Does the organization have members or stockholders?				6		X		
7a Does the organization have members, stockholders, or other persons who may elect one or more members									
	of the governing body?			ļ	7a_		<u>_x</u>		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person				7b		<u>x</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ırıng							
	the year by the following.								
а	The governing body?			ļ	8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b	X			
9a	Does the organization have local chapters, branches, or affiliates?				9a		<u> </u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	napters	5,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	anızatı	ons						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			ļ	10	Х			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at			- 1			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		<u> </u>		
<u>Sec</u>	tion B. Policies		_						
				-		Yes	No		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X			
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give							
	rise to conflicts?			-	12b	X			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,"							
	describe in Schedule O how this is done			-	12c	X			
13	Does the organization have a written whistleblower policy?			-	13	X			
14	Does 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	•							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decis	ion						
а	The organization's CEO, Executive Director, or top management official?			-	15a		<u>X</u>		
b	Other officers or key employees of the organization?				15b		<u>X</u>		
	Describe the process in Schedule O (see instructions)								
16a		ent							
_	with a taxable entity during the year?			ļ.	<u>16a</u>		<u>X</u>		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the control of the								
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguard		I					
_	the organization's exempt status with respect to such arrangements?				16b				
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed FL								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (	501(c)	(3)s only	)					
	available for public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict (	of interes	t					
	policy, and financial statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books and	reco	ds of the						
_	organization: ► Linda Whitman PO Box 5099								
_G	rinesville F.	<u>ட 3</u>	<u> 2627</u>	<u> </u>					

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

Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the o	rganization did not comp	ensat	e an	y off	cer,	direc	ctor,	trustee, or key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer	k all	that a	PPIY)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	ğ	Key employee	Highest compensated employee	mer	the organization	organizations (W-2/1099-MISC)	compensation from the
		trust	al ta		oyee	ompe		(W-2/1099-MISC)		organization and related
		l å	stee			nsate				organizations
Brian Scarbo	rough	+	-	┢		a				
President	1	X		x				o	0	o
JoAnn Wilkes										<del>_</del>
Vice Pres	1	X		X				o	0	0
Paula Varnes	-Fussell									
Treasurer	1	X		X				0	0	0
Bryan Harmar										
Secretary	1	X		X				0	0	
Jim Ferrer	•	F								
Past Pres	1	X						0	0	0
Lea Carter										
Director	1	X		<u> </u>				0	0	0
Jay Dutton										
Director	1	X						0	0	0
Choppy Hodes										
Director	1	X						0	0	0
Joe Johnson										
Director	1	X				L		0	0	_ 0
Jeff Johnson	ı.				ĺ					
Director	11	X		L	L			0	0	0
Janet Presle										
Director	1	X			_	<u> </u>		0	0	0
Ferneise Nix					ļ					
Director	1	X			L_	igspace		0	0	0
Rita Parrot					ļ					
Director	1	X	<u> </u>			$\perp$		0	0	0
Bruce Smith		1								
Director	1	X	<u> </u>		L_	1		0	0	0
Barry Warrer										
Director	<u> </u>	X	ļ		L			0	0	0
Lynne Vaughr	_									
Director	1	X	<u> </u>	<u> </u>	ļ	Щ		0	0	0
Theresa Harr		1								
Exe Director	40	<u> </u>	<u> </u>	X	Ц_			80,735	0	4,502

	rt V	II Statement of Rev	enue	<u>,</u>				Page 9
	,	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a	105,076		TOYETHUE		512, 513, 0r 514
ran	b	Membership dues	1b					
Program Service Revenue   Contributions, gifts, grants and other similar amounts	0	Fundraising events	1c 1d	20,000				
e in	a	Related organizations		907,239				
sir	9	Government grants (contributions)	1e	901,239				
E E	'	All other contributions, gifts, grants, and similar amounts not included above	1f	381,940				
d ii	~	Noncash contributions included in lines 1:	<del></del>	86,438				
SE	b	Total. Add lines 1a–1f	υ-II Ψ	<b>b</b>	1,414,255			
ē		10an 71a moo 1a 1 <u>-</u>		Busn. Code				
len.	2a							
Æ.	ь					<del></del>		<del>                                     </del>
ဦ	c			_				
Šez	d					<del>-</del> -		<del> </del>
Ē	0					·	<del>"</del>	
g	f	All other program service revi	enue	<u> </u>				
<u>ا</u> ية	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividen	ds, interest, and				
i		other similar amounts)		•	224			224
	4	Income from investment of ta	x-exem	pt bond proceeds >				
	5	Royalties		<u> </u>				
		(ı) Real		(II) Personal				
	6a	Gross Rents 38	,477					
	b	Less rental exps 8	,314					
1	С	Rental inc or (loss) 30	,163					
	d	Net rental income or (loss)		<u> </u>	30,163			30,163
	/a	Gross amount from sales of assets (i) Secunti	es	(ii) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
		Gain or (loss)						
		Net gain or (loss)		<u> </u>				
_	8a	Gross income from fundraising ev						
Other Revenue			000					
8		of contributions reported on line 10		0 001				
<u>ب</u>		See Part IV, line 18	a	8,901 8,580				
t e		Less direct expenses	jd 		321			201
١		Net income or (loss) from fun Gross income from gaming activit	r	events	321			321
	Ja	See Part IV, line 19	a					
	h	Less direct expenses	ь					
		Net income or (loss) from gar	- (	tivities				<del></del>
		Gross sales of inventory, less		AVIIICS P				<del>                                     </del>
	. Ju	returns and allowances	a	86,438				
	ь	Less cost of goods sold	ь	150,490	1			
		Net income or (loss) from sal	es of inv		-64,052			-64,052
	Ť	Miscellaneous Revenu		Busn. Code	The state of the s			
	11a				1			İ
	ь							<del>                                     </del>
	С							<del>                                     </del>
	d	All other revenue						†
Ì	ө	Total. Add lines 11a-11d		<u> </u>				
	12	Total Revenue. Add lines 1h	, 2g, 3,	4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e		<b>&gt;</b>	1,380,911	o		0 -33,344
								En- 990 (2008)

#### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	<del></del>			
2	Grants and other assistance to individuals in	110 010	110 010		
_	the U S See Part IV, line 22	110,012	110,012		<u>,</u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	84,804	33,922	16,960	33,922
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	713,219	647,494	58,150	7,575
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	66,974	66,932	14	28
10	Payroll taxes	58,013	49,373	5,604	3,036
11	Fees for services (non-employees)				
a	Management	2 906		3 006	
b	Legal	3,806 11,850		3,806	
ر. د	Accounting Lobbying	11,850		11,850	
d	Professional fundraising services See Part IV, line 17				• • • • • • • • • • • • • • • • • • • •
f	Investment management fees				
g g	Other	2,411	-	2,411	
12	Advertising and promotion	688	322		366
13	Office expenses	72,214	61,494	4,401	6,319
14	Information technology				
15	Royalties				·-·
16	Occupancy	100,726	97,957	2,310	459
17	Travel	20,371	19,297	1,074	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	050			
19	Conferences, conventions, and meetings	250	250	504	
20	Interest	8,406	7,402	504	500
21	Payments to affiliates	104,811	101,667	2,096	1 040
22 23	Depreciation, depletion, and amortization Insurance	24,610	23,133	1,231	1,048 246
23	insurance	27,010	23,133	1,231	240
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Taxes & Licenses	10,484	1,137	9,347	
b	Dues & Subscriptions	4,798	3,359	960	479
C	Training	1,847	1,847		
d	Misc	1,024	667		357
0	Library	274	274		
	All other expenses	1 401 500	1 000 500	400 = 5	
	Total functional expenses. Add lines 1 through 24f	1,401,592	1,226,539	120,718	54,335
26	Joint Costs. Check here  If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DAA			<del></del>		5 000 (0000)

1	art )	Balance Sneet		<del>_</del>							
				(A) Beginning of year		(B) End of year					
_	1	Cash—non-interest bearing		25,025	1	43,537					
	2	Savings and temporary cash investments	<u> </u>	24,051	2	153,808					
	3	Pledges and grants receivable, net	<u> </u>	234,597	3	220,796					
	4	Accounts receivable, net	<u> </u>	234,331	4	782,388					
	5	Receivables from current and former officers, directors,	trustaes kov	<del></del>	-	102,366					
	3	employees, or other related parties Complete Part II of	· •		_						
	6	Receivables from other disqualified persons (as defined	<b>;</b>		5						
	"	4958(f)(1)) and persons described in section 4958(c)(3)(	<b>;</b>								
		Part II of Schedule L	B) Complete		ا ۽ ا						
<b>(</b> 0	7	Notes and loans receivable, net	<u> </u>		7						
ş	8	·	ories for sale or use								
Assets	9	Prepaid expenses and deferred charges	<u> </u>	<del></del>	9	<del></del>					
٩		Land, buildings, and equipment cost basis	10a 1,108,494		-	<del></del>					
	1	Less. accumulated depreciation Complete	100,494								
	١٣	Part VI of Schedule D	10b 378,829	1,902,366	10c	729,665					
	11	Investments—publicly traded securities	373,325	1,302,300	11	129,003					
	12	Investments—other securities See Part IV, line 11	<u> </u>	12	<del></del>						
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets			14						
	15	Other assets. See Part IV, line 11		3,000	15	3,000					
	16	Total assets. Add lines 1 through 15 (must equal line 34	,	2,189,039		1,933,194					
	17	Accounts payable and accrued expenses	7	55,737	17	94,887					
	18	34,007									
		18 Grants payable         18           19 Deferred revenue         19									
	20	Tax-exempt bond liabilities			20						
ŝ	21	Escrow account liability Complete Part IV of Schedule I	,		21						
Liabilities	22	Payables to current and former officers, directors, truste	<del> -</del>								
		employees, highest compensated employees, and disqu	· · · · · · · · · · · · · · · · · · ·								
Ë	i	persons Complete Part II of Schedule L	.=5	•	22						
	23	Secured mortgages and notes payable to unrelated third	parties	128,235	23	120,495					
	24	Unsecured notes and loans payable		24							
	25	Other liabilities Complete Part X of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25	183,972	26	215,382						
Š		Organizations that follow SFAS 117, check here ▶	and								
nces		complete lines 27 through 29, and lines 33 and 34.	-								
<u> </u>	27	Unrestricted net assets		1,851,889	27	1,600,552					
Ã	28	Temporanly restricted net assets	۰	153,178		117,260					
g	29	Permanently restricted net assets			29						
Ī		Organizations that do not follow SFAS 117, check her	• ▶ 🗍								
<b>Assets or Fund Bala</b>		and complete lines 30 through 34.	_								
8	30	Capital stock or trust principal, or current funds			30						
se	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31						
As	32	Retained earnings, endowment, accumulated income, o	r other funds		32						
Net	33	Total net assets or fund balances	L	2,005,067	33	1,717,812					
	34	Total liabilities and net assets/fund balances		2,189,039	34	1,933,194					
<u>P</u>	art)	If Financial Statements and Reporting									
						Yes No					
1		• • • • • • • • • • • • • • • • • • • •	ash 🗶 Accrual 🗌 Oth								
2		ere the organization's financial statements compiled or revere the organization's financial statements audited by an i	-	ant?		2a X					
ŀ	2b X										
•		Yes" to lines 2a or 2b, does the organization have a comm	•	~		2c X					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?										
3		a result of a federal award, was the organization required	to undergo an audit or audits as s	et torth in							
		e Single Audit Act and OMB Circular A-133?				3a X					
	י זו כ	Yes," did the organization undergo the required audit or a	udits?	<del> </del>		3b X					

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Peaceful Paths, Inc.

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

Employer identification number 59-1809014

Schedule A (Form 990 or 990-EZ) 2008

P	art. I	Reas	on for Public Charity	Status (All organizations	must o	complet	e this	part.)	see ii	nstruc	tions)		
The	orgar			e it is (Please check only one					·				
1	Ň		•	ociation of churches described	_		)(A)(i).						
2	П		cribed in section 170(b)(1)(				/\/-						
3	Н			ce organization described in sec	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	edule H	`			
4	Н			d in conjunction with a hospital of							nenital's name		
•	ш	city, and state				5552.6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, (110 110	oopital o marile	•	
5	$\Box$	•		of a college or university owned	or operat	ed by a d	overnme	antal uni	t descri	hed in			
٠	ш		b)(1)(A)(iv). (Complete Part		or operat	ed by a g	oveninie	intal Gill	t descii	Dea III			
6				overnmental unit described in s	action 17	O(b)(4)(A	\/\						
7	X			substantial part of its support fro				from the	aanar	مراطييم اد	_		
•	4	-	section 170(b)(1)(A)(vi). (Co		om a gove	- iiiiieiilai	unit or i	iioiii iiie	genera	ii public	•		
					11.5								
8	H	-		70(b)(1)(A)(vi). (Complete Part					<b>6</b>				
9	ш	-	•	l) more than 33 1/3 % of its sup	•				•	•			
		· ·		npt functions—subject to certain	-	•	•						
			·	nd unrelated business taxable in	-			() Irom E	usines	ses			
40				0, 1975. See section 509(a)(2).									
10	H	-		exclusively to test for public safe	-			•		•			
11	Ш	-	- ·	exclusively for the benefit of, to	-			•					
				ed organizations described in so						Section	ı		
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a  Type I b Type II c Type III—Functionally Integrated d Type III—Other											
е	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
		persons other than foundation managers and other than one or more publicly supported organizations described in section											
			section 509(a)(2)		- T 1	T 11	<b>.</b>						
f		-		rmination from the IRS that it is	a type i,	rype II, d	or Type	III suppo	orting				
		•	check this box										Ш
g		-	<del>-</del>	tion accepted any gift or contrib	ution fron	any of tr	ne						
		following per											
			•	ontrols, either alone or together	with perso	ons descr	ibed in (	11)			(	Yes	No
				f the supported organization?							11g(i)		ļ
			member of a person describ								11g(ii)	_	
				described in (i) or (ii) above?							11g(iii	1	
h		Provide the f	following information about t	he organizations the organization	on suppor	ts							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of	
	org	anızatıon		(described on lines 1–9 above or IRC section		sted in your document?		nization in	organizat	on in col	supp	ort	
				(see instructions))	governing	document,		of your port?		5 ?			
				-	Yes	No	Yes	No	Yes	No			
		_											
		_											
		_											_
					-								
_													
											-		
Tota		-											-

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 1,037,017 1,039,709 2,274,775 1,242,217 1.413.865 7,007,583 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 1,037,017 1,039,709 2,274,775 1,242,217 1,413,865 7,007,583 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) Public support. Subtract line 5 from line 4 7,007,583 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 1,037,017 1,242,217 1,039,709 2,274,775 1,413,865 7,007,583 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 395 sources 810 24,452 54,228 38,701 118,586 Net income from unrelated business activities, whether or not the business is 21,472 14,078 19,772 26,851 321 regularly carried on 82,494 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 7,208,663 12 Gross receipts from related activities, etc. (see instructions) 12 First five 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 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 97.2106 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 100.0000 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	cked the box	OII lille 9 OI F	ait i.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						.,
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b			-			
8	Public support (Subtract line 7c from						
•	line 6)						
Sec	tion B. Total Support	***************************************		<b></b>	I	·k	• •
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					_	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ [
Sec	tion C. Computation of Public Su	ipport Percer	ntage				
15	Public support percentage for 2008 (line 8	, column (f) divide	ed by line 13, colur	mn (f))	_	15	%
16	Public support percentage from 2007 Scho	edule A, Part IV-A	A, line 27g			16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2008 (I	ine 10c, column (	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the orga	nization did not c	heck the box on lir	ne 14, and line 15 i	s more than 33 1/3	3 %, and line	
	17 is not more than 33 1/3 %, check this b	ox and stop here	. The organization	qualifies as a pub	licly supported org	anızation	▶∟
b	33 1/3 % support tests—2007. If the orga					•	_
	line 18 is not more than 33 1/3 %, check the						▶
20	Private foundation. If the organization did	not check a box	on line 14, 19a or	19b, check this box	x and see instructi	ons	

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Pe	eaceful Paths, Inc.		59-1809014
₽a	Organizations Maintaining Donor Advised Furthern the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or A Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		∐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor of	r donor advisor or other	
22111	impermissible private benefit?		Yes No
Pa	rt  ☐ Conservation Easements. Complete if the organization		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	
	Protection of natural habitat	Preservation of certified historic s	structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation of	contribution in the form of a conservation	easement
	on the last day of the tax year		
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure incl	` '	2c
	Number of conservation easements included in (c) acquired after 8/17/		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during
	the taxable year		
4	Number of states where property subject to conservation easement is I		
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, violations, and	П., П.,
_	enforcement of the conservation easements it holds?		∟ Yes     L No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		<del>-</del> -
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e		
8	Does each conservation easement reported on line 2(d) above satisfy t	ne requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easembalance short and include if applicable the text of the feetbalance to the		
	balance sheet, and include, if applicable, the text of the footnote to the the organization's accounting for conservation easements	organization's financial statements that d	escribes
Pa	It II Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Accets
7 44	Complete if the organization answered "Yes" to		ommar Assets.
15	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and halance about	not weeks of
ıa	art, historical treasures, or other similar assets held for public exhibition		
	provide, in Part XIV, the text of the footnote to its financial statements t		public service,
	provide, in that the time tox of the founder to its initiation statements t	nat describes triese terris	
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and halance sheet w	works of art
-	historical treasures, or other similar assets held for public exhibition, ed		•
	provide the following amounts relating to these items		Sid Sol Floor
	(i) Revenues included in Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		
2		other similar assets for financial assets	
2	If the organization received or held works of art, historical treasures, or	• .,	ovide the
_	following amounts required to be reported under SFAS 116 relating to t	nese nems	<b>.</b> .
	Revenues included in Form 990, Part VIII, line 1		<b>S</b>
D	Assets included in Form 990, Part X		P

Sche	dule D (Form 990) 2008 Peaceful						09014		Page 2
Pa	rt III Organizations Maintainin	g Collectio	ns of Art,	Historical Trea	sures,	or Other	Similar Asset	s (contin	ued)
3	Using the organization's accession and other items (check all that apply)	er records, che	ck any of the	following that are a	significa	int use of its	collection		
а	Public exhibition		d D Loan	or exchange progran	ns				
b	Scholarly research		e Other	on annual go program					
c	Preservation for future generations						· <del>-</del>		
4	Provide a description of the organization's c	ollections and	explain how f	they further the orga	inization'	s exempt pu	irpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than the solicity of	or receive don	ations of art, l	historical treasures, the organization's co	or other	sımılar ?	Γ	Yes	No
Pa	rt IV Trust, Escrow and Custo	-					ed "Yes" to Fo		<u>140</u>
	Part IV, line 9, or reported							·	
1a	Is the organization an agent, trustee, custod					ts not			
	included on Form 990, Part X?		_				Γ	Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete	e the following	g table			_	_	_
	,	·	-					Amount	
С	Beginning balance						1c	_	
	Additions during the year						1d		
9	Distributions during the year						1e		_
f	Ending balance						1f		
	Did the organization include an amount on F	000 Bar	4 V Ima 212				<u> </u>	T	П
	If "Yes," explain the arrangement in Part XIV		I A, IIIIe Z I /				L	Yes	∐ No
	et V Endowment Funds. Comp		anization a	newored "Vee"	lo Forn	2 000 Pa	rt IV line 10		
FO	it 4 Endowment Funds. Com	1			T		· ·		
		(a) Curr	ent year	(b) Pnor year	(c) IW	years back	(d) Three years bad	ck (e) Four	years back
1a	Beginning of year balance	ļ							·····
Ь	Contributions				ļ				
С	Investment earnings or losses								
d	Grants or scholarships								***************************************
е	Other expenditures for facilities			:					
	and programs			i					••••
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	ar end balance	held as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶ %								
С	Term endowment ▶%								
3a	Are there endowment funds not in the posse	ession of the o	rganization th	nat are held and adn	nınıstere	d for the			
	organization by		J					Γ	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
h	If "Yes" to 3a(II), are the related organization	ne lieted ae roc	nured on Sch	edule R2				3a(ii) 3b	<del></del>
_	Describe in Part XIV the intended uses of the							[30]	l
<u>4</u>	Investments—Land, Build				0 Parl	Y line 1	<u> </u>		
# ¢		- I						(4) 01	
	Description of investment	1	or other basis estment)	(b) Cost or other basis (other		(c) Del	preciation	(d) Book	value
	Land	(114			<u> </u>				1 677
	Land				,677		202 416		31,677
b	Buildings			6/4	<u>,748</u>		292,416	38	32,332
	Leasehold improvements			1	0.66		06 440		
d	Equipment			152	<u>,069</u>		86,413		55,656
	Other					L			
Tota	I. Add lines 1a-1e (Column (d) should equal	Form 990, Pa	rt X, column (	B), line 10(c) )			<b>_</b> _	<u> </u>	29,665

Schedule D (Form 990) 2008 Peaceful Paths, Inc.		59-1809014	Page
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuate	on
(including name of security)		Cost or end-of-year marke	et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuati	
		Cost or end-of-year mark	et value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	<del> </del>		(A) D
(a) Description	<del></del>		(b) Book value
			<del></del>
	<u> </u>		
		-	-
	<del></del>		
	<u>_</u>		
		<del></del>	
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
(a) Description of liability	(b) Amount		
Federal income taxes		1	
		1	
		1	
		1	
		1	
		]	
		7	
		7	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)			
In Part XIV, provide the text of the footnote to the organization's financial sta	itements that reports the o	rganization's liability for	
uncertain tax positions under FIN 48	nomenta trial reports trie o	ganization 5 hability 101	

Part XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements   1	.,,,,,	dule D (Form 990) 2008 Peaceful Paths, Inc.		<u>59-180901</u>	4	Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 2 Success of (discript) for the year Subtract line 2 form line 1 3 A CO, 681 4 Not unrealized gains (losses) on investments 5 Contacted services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Correct Control of Part XIV Control of Part IV, line 12 7 Total adjustments (net) Add lines 4-8 9 Total adjustments (net) Add lines 4-8 1 Total expenses and use of facilities 1 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited Financial Statements 8 Donated services and use of facilities 9 North (Second Part XIV) 9 Add lines 2 at through 2d 1 Control of the Control of Part IV, line 12 1 A mounts included on Form 990, Part VIII, line 12 1 A mounts included on Form 990, Part VIII, line 15 1 A mounts included on Form 990, Part VIII, line 17 1 A mounts included on Form 990, Part VIII, line 17 1 Total expenses and ioses per audited financial Statements 1 Total expenses and ioses per audited financial Statements 1 Total expenses and ioses per audited financial Statements 2 Amounts included on Form 990, Part VIII, line 17 2 Add lines 2 at through 2d 3 1,380,911 4 Amounts included on Form 990, Part VIII, line 17 2 Add lines 2 at through 2d 3 1,380,911 4 Total expenses and ioses per audited financial Statements With Expenses per Return 1 Total expenses and ioses per audited financial Statements 2 Amounts included on Form 990, Part IX, line 25 3 Donated services and use of facilities 4 Donated services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Total expenses and ioses per audited financial Statements 8 Donated services and use of facilities 8 Donated services and use of facilities 9 Prory year adjustments 1 Total expenses and ioses per audited financial Statements 9 Donated services and use of facilities 1 Incomment services and use of facilities 1 Incomment services and use of facilities	Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>o Financia</u>	l Statements		
3	1	Total revenue (Form 990, Part VIII, column (A), line 12)		,	_1	
Net unrealized gams (losses) on investments   4	2	Total expenses (Form 990, Part IX, column (A), line 25)		,	2	
5 Consided services and use of facilities (a linvestment expenses)	3	• • •			3	<u>-20,681</u>
Investment expenses				,		
7 Prior period adjustments 8 Other (Describe in Part XIV) 8 - 266, 574 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 4- 9 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 2- 1 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Add lines 3- 2 Total adjustments (net) Adjustments (net)						
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4-9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10   -287, 255 Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1   Total revenue, gains, and other support per audited financial statements 2   Amounts included on line 1 but not on Form 990, Part VIII, line 12 2   Net urinealized gains on investments 3   Donated services and use of facilities 6   Recoveries of prior year grants 6   Other (Describe in Part XIV) 2   Donated services and use of facilities 7   Other (Describe in Part XIV) 8   Add lines 2a through 2d 8   179,144 8   179,1		•				
9   7-266, 574		•		ŀ		-266 574
Decessor (deficit) for the year per financial statements Combine lines 3 and 9   10   -287,255		·			_	
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   1   1,560,055		•		Ì		
1   Total revenue, gaans, and other support per audited financial statements   2   2   2   11,760   25   26   11,760   26   11,760   27   28   28   11,760   28   28   28   28   28   28   28   2			ents With	Revenue per Ret		
2 A Motunts included on line 1 but not on Form 990, Part VIII, line 12 but not on Form 990, Part VIII, line 12 but not on line 1 but not on Form 990, Part VIII, line 12 but not on line 1:  a Net unrealized gains on investments bonated services and use of facilities 2 but not on line 1:  d Other (Describe in Part XIV)  4 Add lines 2 at through 2d  3 Subtract line 2 from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 12 but not on line 1:  b Other (Describe in Part XIV)  c Add lines 4 and 4b  5 Total revenue. Add lines 3 and 4e. (This should equal Form 990, Part II, line 12)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  2 Donated services and use of facilities  2 Losses reported on Form 990, Part IX, line 25  2 C 266, 574  445, 718  3 Ly401, 592  445, 718  3 Ly401, 592  445, 718  4 Ly501, L					1	1,560,055
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2 at through 2d 3	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
Recoveries of prior year grants   2c   2d   167,384   2d   2d   2d   2d   2d   2d   2d   2	а	Net unrealized gains on investments	2a_			
d Other (Describe in Part XIV)   2d   167,384   2e   179,144   3   1,380,911	b	Donated services and use of facilities	2b	11,760		
e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IXI, line 25 4 Detre (Describe in Part XIV) 4 Intervention 2 from line 1 4 Amounts included on Form 990, Part IXI, line 25 4 Detre (Describe in Part XIV) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 25 6 Donated services and use of facilities 6 Prior year adjustments 7 Lot alter a through 2d 8 Describe 1 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 8 Donated services and use of facilities 9 Prior year adjustments 1 Losses reported on Form 990, Part IX, line 25 9 Catalatinough 2d 9 Catalat	C	Recoveries of prior year grants	2c			
3		·	2d	167,384		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 a Mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Losses reported on Form 990, Part IX, line 25 b Pror year adjustments c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This should equal Form 990, Part IX, line 7b b Other (Describe in Part XIV) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 and 4b Part XIV Supplemental Information omplete this part to 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, Part XI, line 8 - Reconcilation of Changes - Other  Losses Reported on Return \$ 266, 574 Thrift Store COGS \$ 1,500, 490 Special Events Expense \$ 8,580 Rental Income Expense \$ 8,314 Thrift Store COGS \$ -150, 490		-				179,144
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) 5 1,380,911  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) 2 Add lines 2a through 2d 3 1, 401, 592  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part XIV Supplemental Information  omplete this part to provide the descriptions required for Part II, lines 2d and 4b, and Part XIII, lines 1a and 4, Part IV, lines 1b and 2b, Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return \$\$ \$266,574 \ Thrift Store COGS \$\$ \$150,490 \ Special Events Expense \$\$ \$8,580 \ Rental Income Expense \$\$ \$8,314 \ Thrift Store COGS \$\$ \$-150,490 \end{emater}			ſį		3	1,380,911
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) 5 1 Total expenses and losses per audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 2 2 266,574 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b ad 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XIV, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  \$ 266, 574  Thrift Store COGS \$ 150, 490  \$ 8, 580  Rental Income Expense \$ 8, 314  Thrift Store COGS \$ -150, 490						
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Donated services and use of facilities 5 Donated services and use of facilities 6 Losses reported on Form 990, Part IX, line 25 2 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9 Donated services		•				
Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)   5   1,380,911		,	40	· · · · · · · · · · · · · · · · ·	4.	
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1   Total expenses and losses per audited financial statements   1   1,847,310   2   Amounts included on line 1 but not on Form 990, Part IX, line 25   2a   11,760   3   Donated services and use of facilities   2a   11,760   4   Pror year adjustments   2b   2c   266,574   4   Other (Describe in Part XIV)   2d   167,384   5   Amounts included on Form 990, Part IX, line 25   2c   266,574   6   Other (Describe in Part XIV)   2d   167,384   7   Amounts included on Form 990, Part IX, line 25, but not on line 1: 8   Amounts included on Form 990, Part IX, line 25, but not on line 1: 9   Add lines 2a and 4b   4c   4a   4a   4a   4a   4a   4a   9   Other (Describe in Part XIV)   4b   4c   4c   4c   4c   4c   4c   4c				ŀ		1 380 911
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Cac 266, 574 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b nd 2b, Part X, line 4, Part X, Part XII, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8, Part XII, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8, Part XII, line 8, Part XII, line 3, 5, and 9, Part IIII, lines 1a and 4, Part IV, lines 1b nd 2b, Part X, line 8, Part XII, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8, Part XII,			nents With	Expenses per R		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2						
b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) 2 d 167, 384  2 e 445, 718 3 1, 401, 592  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18)  5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18)  6 Depart XIV Supplemental Information  6 omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b load 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  6 Part XII, Line 8 - Reconcilation of Changes - Other  6 Losses Reported on Return  7 Special Events Expense  8 8, 580  8 8, 580  8 8, 580  Rental Income Expense  \$ 8, 314  Thrift Store COGS  \$ -150, 490	2					
C Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b ad 2b, Part XIV Supplemental Information omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part IIII, lines 1a and 4, Part IV, lines 1b ad 2b, Part X, Line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return \$ 266,574 Thrift Store COGS \$ 150,490  Special Events Expense \$ 8,580  Rental Income Expense \$ 8,314 Thrift Store COGS \$ -150,490	а	Donated services and use of facilities	2a	11,760		
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b nd 2b, Part X, Iine 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return 5 Part XI Store COGS 5 Pecial Events Expense 5 Rental Income Expense 5 Rental Income Expense 5 Rental Income Expense 5 Rental Income Expense 7 Part XI Store COGS 7 Part XI Store COGS 7 Part XI Store COGS 7 Part XI Store COGS 7 Part XI Store COGS 8 Part XI Store COGS 9 Part XI St	b	Prior year adjustments	2b			
e Add lines 2a through 2d  3  Subtract line 2e from line 1  4  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a  Investment expenses not included on Form 990, Part VIII, line 7b  b  Other (Describe in Part XIV)  c  Add lines 4a and 4b  5  Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  \$  266, 574  Thrift Store COGS  \$  150, 490  Special Events Expense  \$  8, 580  Rental Income Expense  \$  8, 314  Thrift Store COGS  \$ -150, 490	C	Losses reported on Form 990, Part IX, line 25	2c			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS \$ 150,490  Special Events Expense \$ 8,314  Thrift Store COGS \$ -150,490	d	Other (Describe in Part XIV)	2d	167,384		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b ad 2b, Part V, line 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Special Events Expense  \$ 8,580  Rental Income Expense  \$ 150,490  Thrift Store COGS  \$ -150,490	ө	<b>G</b>				
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to 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, Part XI, line 8, Part XIII, lines 2d and 4b Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  S 266,574  Thrift Store COGS  Rental Income Expense  \$ 8,580  Rental Income Expense  \$ 8,314  Thrift Store COGS  \$ -150,490			ſı		3	1,401,592
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Sepecial Events Expense  Rental Income Expense  Thrift Store COGS  Sepecial Store COGS  Thrift Store COGS  Sepecial Store COGS						
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Special Events Expense  Rental Income Expense  \$ 8, 580  Thrift Store COGS  \$ -150,490						
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Special Events Expense  Rental Income Expense  \$ 8,314  Thrift Store COGS  \$ -150,490		`	40	<del></del>	40	
Part XIV Supplemental Information  omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b  ond 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Special Events Expense  Rental Income Expense  Thrift Store COGS  Thrift Store COGS  Rental Store COGS  Thrift Store COGS  Supplemental Income Expense  Supplemental				ŀ		1.401.592
omplete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return  Thrift Store COGS  Special Events Expense  Rental Income Expense  Thrift Store COGS  \$ 3,580  Rental Store COGS  \$ 4,314  Thrift Store COGS  \$ -150,490	*****				<u> </u>	2/402/002
mod 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Part XI, Line 8 - Reconcilation of Changes - Other  Losses Reported on Return \$ 266,574  Thrift Store COGS \$ 150,490  Special Events Expense \$ 8,580  Rental Income Expense \$ 8,314  Thrift Store COGS \$ -150,490			lines 1a and 4	, Part IV, lines 1b		
Losses Reported on Return       \$ 266,574         Thrift Store COGS       \$ 150,490         Special Events Expense       \$ 8,580         Rental Income Expense       \$ 8,314         Thrift Store COGS       \$ -150,490						
Thrift Store COGS       \$ 150,490         _Special Events Expense       \$ 8,580         _Rental Income Expense       \$ 8,314         _Thrift Store COGS       \$ -150,490	_1	Part XI, Line 8 - Reconcilation of Changes	Othe	er	_	
_Special Events Expense       \$8,580         _Rental Income Expense       \$8,314         _Thrift Store COGS       \$150,490	_;	Losses Reported on Return			\$_ 	266,574
_Special Events Expense       \$8,580         _Rental Income Expense       \$8,314         _Thrift Store COGS       \$150,490	_;	Thrift Store COGS			\$_ 	150,490
Rental Income Expense	_ :					
_Thrift Store COGS	_1				\$_	8,314

Schedule D (Form 990) 2008 Peaceful Paths, Inc.	59-1809014	Page 5
Part XIV Supplemental Information (continued)		
Rental Income Expense	\$	8_,314
Part XII, Line 2d - Revenue Amounts Includ	ed in Financials - Ot	 her
_Thrift Store COGS	<b>\$_</b> _	
_Special_Events_Expense		8,580
Rental Income Expense		8_,314
Part XIII, Line 2d - Expense Amounts Inclu	ded in Financials - O	t <u>her</u>
Thrift Store COGS	\$	150,490
	\$	
	_	
Rental Income Expense	<del>-</del>	8,314
	<del>-</del>	
	- <b>- -</b>	
	<b>-</b>	
_ <del> </del>		
	<b>-</b>	
		<b>-</b>
	- <b></b>	<b>-</b>
		- <b>-</b>

# SCHEDULE G

Total

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number Peaceful Paths, Inc. 59-1809014 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants **Email solicitations** Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (iii) Did fund-(I) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (i) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		e G (Form 990 or 990-EZ)				09014	F	age 2
P	art i			ganization answered "Yes" t			port	ed
		, more than \$10	(a) Event #1  Guest Chef	(b) Event #2 Mission Makeove	(c) Other Events	(d) Total (Add col (i		
e			(event type)	(event type)	(total number)	<del>col</del>	(c))	
Revenue	1 2	Gross receipts Less Charitable	18,401	. 10,500			28,	901
	3	contributions Gross revenue (line 1	12,750				20,	000
		minus line 2)	5,651	3,250			<u>8,</u>	901
	4	Cash prizes						_
Direct Expenses	5	Non-cash prizes						
# Ex	6	Rent/facility costs						
Direc	7	Other direct expenses	5,500	3,080			8,	580
	8		y Add lines 4 through 7 in column	• •	<b>.</b>	<u>k</u>	8,	580
	9 art i		ombine lines 3 and 8 in column (o	i) nswered "Yes" to Form 990,	Part IV line 19 or rei	norted more		321
			on Form 990-EZ, line 6a.			Jorted IIIore		
ıne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gar		
Revenue				Bringor progressive Bringo		ωι (a) απου	gricor	(0))
<u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direc	4	Rent/facility costs						·
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary	y Add lines 2 through 5 in column	(d)	•	<u> </u>		
	8	Net gaming income sum	mary Combine lines 1 and 7 in co	olumn (d)	<u> </u>			
9	Fn	iter the state(s) in which th	ne organization operates gaming a	activities			Yes	No
a b	ls :	` '	to operate gaming activities in eac			9a		
10a b		ere any of the organizatior 'Yes," Explain	n's gaming licenses revoked, susp	pended or terminated during the tax	year?	10a		
11	Do	pes the organization opera	te gaming activities with nonmem	bers?		11		
12	ls 1	the organization a grantor	, beneficiary or trustee of a trust o	r a member of a partnership or othe	er entity		:	
	for	med to administer charital	ble gaming?	<u> </u>	Schedule G (F	12 Form 990 or 9	90-EZ	L ) 2004

Sche	dule G (Form 990 or 990-EZ) 2008 Peaceful Paths, Inc.	<u>59-180901</u>	4	P	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The 'organization's facility	13a %			
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address				ĺ
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer   □ Employee   □ Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
þ	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	,			
	in the organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part i

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Inc.

Peaceful Paths,

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 59-1809014 ×

☐ Yes

Grant and Other Assistance to Covernments and Organizations in the United States, Complete if the organization answered "Yes" on Part IV and Schedule 1-1 (Form 990), if additional space is needed or session of a session of or government or g	the s Desc	the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of g	nitoring the use of	grant funds	rant funds in the United States					ह दो
ti applicable assistance (d) Amount of cash grant (e) Amount of non-cash (now, FWA, appraval) non-cash assistance other) assistance other (hook, FWA, appraval) non-cash assistance other (hook) assis	<b>==</b>	Grants and Other Assistance to Go Form 990, Part IV, line 21, for any rePart IV and Schedule I-1 (Form 990)	vernments an ecipient that re ) if additional s	d Organ ceived rr space is r	izations in the Ur nore than \$5,000. needed	nited States. Com Check this box if	plete if the org no one recipie	yanization ansv ent received m	wered "Yes" on ore than \$5,000. Use	<b> </b>
		(a) Name and address of organization or government		(c) IRC section if applicable		(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Inter total number of section 501(c)(3) and government organizations										
Inter total number of section 501(c)(3) and government organizations										
inter total number of section 501(c)(3) and government organizations										
nter total number of section 501(c)(3) and government organizations										
nler total number of section 501(c)(3) and government organizations										
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nter total number of section 501(c)(3) and government organizations										
	nter	total number of section 501(c)(3) and government of	organizations						•	

Schedule I (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Page 2

Schedule I (Form 990) 2008 Peaceful Paths, Inc. 59–1809014

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

	OSC OCHEGAIRE I-1 (1 OHII SSO) II AGAROLIAI SPACE IS	וו מחתונותוומו שלמכל ול	S HOCOCO.			
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
Emerge	Emergency Assistance	783		46,829	Est of FMV	Clothing/Supply
Transp	Transportation/other serv	217	63,183			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information.	complete this part to	provide the informatic	on required in Part I. I	ine 2, and any other addition	onal information.

### SCHEDULE M (Form 990)

. . . .

### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Peaceful Paths, Inc.

Employer identification number 59-1809014

Pa	Types of Property		7			100 200	7014		
		(a)	(b)	(c)		(d)			
		Check if	Number of Contributions	Revenues reported on		Method of det	ermining		
		applicable		Form 990, Part VIII, line 1g		revenue	es		
1	ArtWorks of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
_	goods	X		86,438	Sell	ing price			
6	Cars and other vehicles						_		
7	Boats and planes								
8	Intellectual property					****			
9	Securities—Publicly traded	-				·-····································	-		
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,					_			
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation		,						
	contribution (historic								
	structures)								
14	Qualified conservation								
	contribution (other)								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				_				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts				_				
25	Other ►(	·			_				
26	Other ►(	-			_				
27	Other ►(	<u> </u>	<u> </u>						
<u>28</u>	Other ►(								
29	Number of Forms 8283 received by	_	<del>-</del>						
	which the organization completed F	orm 8283,	Part IV, Donee Acknow!	edgement	29				
								Yes	No
30a	During the year, did the organization		• • •	•					
	it must hold for at least three years			ion, and which is not require	ed to be				
	used for exempt purposes for the er	•	g period?				30a	ļ	X
b	If "Yes," describe the arrangement i								
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard					
	contributions?						31	<b>├</b> ──	X
32a		ird parties	or related organizations	to solicit, process, or sell n	on-cash				
	contributions?						32a	<b>├</b> ─┤	X
	If "Yes," describe in Part II		-h (-) f-v - 1						
33	If the organization did not report rev	enues in co	olumn (c) for a type of pi	operty for which column (a	) is checked	d,			
	describe in Part II							لــــــــــــــــــــــــــــــــــــــ	<u> </u>

Schedule M (Form 990) 2008 Peaceful Paths, Inc. 59-1809014

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Peaceful Paths, Inc.

Employer identification number 59–1809014

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Copies of the Form 990 are emailed to the finance committee (executive board) and are reviewed at the following board meeting prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members sign a conflict of interest statement when they join the

board and any conflicts are addressed if they arise.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director is evaluated in February by the Executive Committee.

The decision regarding compensation is made by this group and presented to the full board for informational purposes at the March meeting.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents are made available to the public by request.