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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

2009

OMB No 1545-0047

Open to Public Inspection

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 requirements

A Fo	rthe 2	2009 ca <u>le</u>	endar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-2009	•		
3 Che	eck if ap	pplicable F	Please	C Name of organization NUCLEAR AGE PEACE FOUNDAT	D Employer i	D Employer identification number		
- Add	dress cha	ange	use IRS abel or			95-3825265 E Telephone number		
— Nai	me char	nge p	orint or	Doing Business As	E Telepnone	number		
– Init	al retur	rn S	type. See Specific	Number and street (or P.O. box	ıf maıl ıs not delivered to street addres	ss) Room/suite	(805) 965	
– Ter	mınated		instruc- ions.	1622 ANACAPA STREET		,	G Gross receip	ots \$ 3,829,136
– _{Am}	ended r	return		City or town, state or country, a	and ZIP + 4			
_		pending		SANTA BARBARA, CA 93101				
	J. 100 110 11	penang	E Nam	L ne and address of principal o	fficor	11()		_
				KRIEGER	incer		ıs a group reti ates?	urn for
				NACAPA STREET				
			SANTA	BARBARA,CA 93101			ll affiliates incl	· · ·
r Ta	x-exem	nt status	▼ 501(c)	(3) ◀ (insert no)	(1) or \square 527			st (see instructions)
					(1) 01 327	H(c) Grou	up exemption	number F
		∷ ► www \						
		janization	Corporat	ion Trust Association 🔽 Oth	er ► EXEMPT ORGANIZATION	L Year of fo	rmation 1982	M State of legal domicile CA
Pa	rt I	Summ	-					
	1	•		e organization's mission or m ION AND ADVOCACY FOR	nost significant activities A WORLD FREE OF NUCLEAR '	WEAPONS		
ల్ల		I OBLIC L	LDOCATI	TON AND ADVOCACTION	A WORLD TREE OF NOCELAR	WEATONS		
Ē								
Governance								
٥	2	Check thi	ıs box 🛏	if the organization disconti	nued its operations or disposed	of more than	25% of its ne	t assets
	3	Number o	f voting n	nembers of the governing bo	dy (Part VI, line 1a)			318
er er	4	Number o	fındepen	dent voting members of the	governing body (Part VI, line 1b)	•	418
Activities &	5	Total num	nber of en	nployees (Part V , line 2a) .				58
5	6	Total num	nber of vo	lunteers (estimate if necess	ary)			625
4	7a	Total gros	ss unrelat	ted business revenue from P	art VIII, column (C), line 12 .			7a 0
	b	Net unrel	ated busi	ness taxable income from Fo	rm 990-T, line 34			7b 0
						Pric	or Year	Current Year
	8	Contribu	utions and	d grants (Part VIII, line 1h)		2,952,688	444,832	
enne	9	Program	service		0			
ē.	10	Investm	nent incon	ne (Part VIII, column (A), lır	nes 3, 4, and 7d)		163,505	-100,148
H A	11	O ther re	evenue (P	art VIII, column (A), lines 5		43,092	33,239	
	12	Total rev	venue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), line	<u> </u>		
							3,159,285	
	13				umn (A), lines 1-3)		226,205	· · · · · · · · · · · · · · · · · · ·
	14				mn (A), line 4)			0
Ø.	15	Salaries 10)	, other co	ompensation, employee bene	fits (Part IX, column (A), lines 5	-	596,885	558,499
Expenses	16a	•	onal fund	raising fees (Part IX, columr	ι (Δ) line 11e)		330,000	0
<u>Φ</u>								
Δ	b			enses (Part IX, column (D), line 25			207.020	250 526
	17				la-11d, 11f-24f)		387,830	<u> </u>
	18 19				l Part IX, column (A), line 25)		1,210,920	· · ·
. 07	19	Kevenue	e iess exp	denses Subtract line 18 from	n line 12	D - minumin	1,948,365	-551,845
Net Assets of Fund Bafances						_	g of Current /ear	End of Year
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Total as	sets (Par	t X, line 16)			4,417,194	4,745,405
38	21			Part X, line 26)			5,292	
200	22		-		from line 20		4,411,902	
Pai	rt II	Signa	ture Blo	ock				<u> </u>
					ed this return, including accompanying			
		and belief,	, it is true, o	correct, and complete Declaration	of preparer (other than officer) is based	d on all informat	ion of which prep	parer has any knowledge
Sign	,	*****	*			2010	-10-29	
Here		IB	ure of office	er		Date	-10-29	
		N DAVID	KRIEGER P	DESIDENT				
			r print nam					
		Dronar-d	L		Date	Check If	Preparer's ide	ntifying number
Paid		Preparer's signature		Anıkouchine	s	elf-	(see instruction	
	arer's	F /	F	. k. Milerub. Te tara a me	[mpolyed 🕨		
Jse (ıf self-emp	ne (or yours oloyed),	MacFarlane Faletti & Co LLP			EIN 🕨	
J 3 C (Jilly	address, a	nd ZIP + 4	115 E Micheltorena St 200				(005) 065 1155
				Santa Barbara, CA 93101			Phone no 🕨	(805) 966-4157
√lav i	the IRS	S discuss	this retin	rn with the preparer shown al	oove? (see instructions)			▼Yes 「No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Nuclear Age Peace Foundation initiates and supports worldwide efforts to abolish nuclear weapons, to strengthen international law and institutions, and to inspire and empower a new generation of peace leaders. Founded in 1982, the Foundation is comprised of individuals and organizations worldwide who realize the imperative for peace in the Nuclear Age. The Nuclear Age Peace Foundation is a non-profit, non-partisan international education and advocacy organization. It has consultative status to the United Nations Economic and Social Council and is recognized by the UN as a Peace Messenger Organization.

2	Did the organization the prior Form 990	n undertake any significa or 990-EZ?	nt program servi	ces during the year v	which were not listed on	✓ Yes │ No
	If "Yes," describe t	hese new services on Sc	hedule O			
3	Did the organization services?	n cease conducting, or m • • • • • •	iake significant c	hanges in how it cond	ducts, any program • • • • • •	✓ Yes │ No
	If "Yes," describe t	hese changes on Schedu	le O			
4	Section 501(c)(3)		ons and section 4	1947(a)(1) trusts are	argest program services t e required to report the ar ervice reported	•
4a	(Code) (Expenses \$	331,711 in	cluding grants of \$	1,073) (Revenue \$)
	Barbara area The anr Foundation reached 1 the human spirit The nuclear disarmament www wagingpeace oi	ual Frank Kelly lecture brings I 000s more through UCTV and contest received 2,171 entries The contest received 121 entr	eading thinkers to Sa publishing The peace The Swackhamer D dies in 2009, and the ontain vast amounts	inta Barbara for an evenii poetry contest encouragi sarmament Video contest videos were viewed onlir	t, started in 2008, seeks short vine over 6,000 times The Found	ached 250 people plus the ate positive visions of peace and videos on subjects relating to
4b	(Code) (Expenses \$	15,667 ın	cluding grants of \$	5,000) (Revenue \$)
	influencing the role ai human rights, suppor in Santa Barbara, foci	nd the impact that science and ling those "offering practical ar ises on gun violence as a natic	technology have on nd exemplary answer onal and internationa	society The Right Livelihors to the most urgent chall issue. The World Future	llenges facing us today "The Co	ndividuals in the fields of peace a palition Against Gun Violence, base thical voice for the needs and rigl
4c	(Code) (Expenses \$	249,150 ın	cluding grants of \$	106,610) (Revenue \$)
	Projects to Eliminate and a book on nuclea the Non-Proliferation WEAPONS-FREE WOR people by email The	the Dangers of Nuclear Weapor r issues The Foundation's Eme Treaty (reaches thousands of p LD" WHICH reached over 50,0	nsThe Daniel Ellsberg rging Nuclear Threats people), -The creatic 00 people, The Sunf mbers the opportunit	Fellowship is provided to sprogram covers many d in and distribution of 3,00 lower e-newsletter is a m y to email members of Co	o noted scholar and author Dan Ifferent activities, including -W 10 free COPIES OF THE DVD "U Ionthly newsletter on nuclear is	iel Ellsberg, who is writing articles fork with the United Nations aroun S LEADERSHIP FOR A NUCLEAR
4d		rvices (Describe in Sche	edule O) See also	Additional Data for	Description	

Part TV	Checkl	ist of	Peguired	Schedules
	CHECK	ISL UI	reuun eu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		N o
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		N o
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		N o
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		N o
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Form	990 (2009)			Page \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 21			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	return	1		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		l No
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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l No
ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		l No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h		
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	•		
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders	-		
U	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 \boldsymbol{b} . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

Santa Barbara, CA 93101

(805) 965-3443

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body 18				
b	Enter the number of voting members that are independent 1b 18				
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	Yes		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)				
IXC	vende code.)		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes		
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	12b	Yes		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No	
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ▶ CA				
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				
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n)	
	SHARON ROSSOL 1622 ANACAPA STREEt	3			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 organization did i	not compen	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	c = =		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
See add'l data										

1b 2	Total	0		
2		-		9,337
	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►2	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Compen	
_	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			(2009)

Form 9								Page 9
Part \	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats ste	1a	Federated cam	paıgns 1a					
	b	Membership du	es 1b					
S, Ç	С	Fundraising eve	ents 1c	1,548				
≢ <u>ĕ</u>	d	Related organiz	zations 1d					
<u>E</u>	e	Government grant	s (contributions) 1e					
afo ۳. s	f	All other contributed similar amounts no	ons, gifts, grants, and 1f	443,284				
音	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts			,549	_	444.022			
ें ल	h	Total. Add lines	s 1a-1f		444,832			
e L				Business Code				
Program Serwce Revenue	2a							
2 <u>2</u>	b							
Š	C							
À	d							
Ē	e f	All other progra	am service revenue					
D _o	'							
	g		s 2a-2f					
	3		ome (including dividen	· ·	88,848			88,848
	4		ar amounts) stment of tax-exempt bond		00,040			00,040
	5		· · · · · · · ·	▶				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	,	, ,				
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,219,379					
	b	Less cost or other basis and	3,408,375					
	 c	sales expenses Gaın or (loss)	-188,996					
	d		(ss)		-188,996			-188,996
e n	8a	Gross income f events (not inc	rom fundraising					
Other Revenue		of contributions	reported on line 1c)					
₫	b	Loss director	penses b	75,670				
₹	c		(loss) from fundraising	42,497 events ►	33,173			33,173
	9a		rom gamıng actıvıtıes					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	ınventory, less					
	Ь	Less cost of a	oods sold b	407 341				
	c		(loss) from sales of inve		66	66		
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	· .	377,923	66	0	-66,975

	990 (2009)				Page 10		
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).							
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)		
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,773			спрешее		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
_	,	34,000	34,000				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	76,960	76,960				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	179,743	145,593	17,075	17,075		
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	310,987	225,171	21,650	64,166		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits	32,932	24,233	2,447	6,252		
10	Payroll taxes	34,837	26,129	2,787	5,921		
11	Fees for services (non-employees)				_		
а	Management				_		
b	Legal						
c	Accounting	14,712	11,917	1,177	1,618		
d	Lobbying	21,574	21,574				
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	25,277		25,277			
g	Other	11,969	9,694	958	1,317		
12	Advertising and promotion	16,128	16,128		_		
13	Office expenses	32,967	26,694	2,641	3,632		
14	Information technology	23,907	19,364	1,913	2,630		
15	Royalties						
16	Occupancy	23,026	2,000	21,026	_		
17	Travel	211	171	17	23		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	18,277	14,622	1,828	1,827		
23	Insurance						
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	PROGRAM EXPENSES	37,895	37,895				
ь	FUNDRAISING	11,532			11,532		
С	AUXILIARY PROGRAMS	10,667	10,667				
d	PUBLIC EDUCATION AND OU	8,360	8,360				
e	DC EXPENSES	2,034	2,034				
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	929,768	714,979	98,796	115,993		
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						

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	56,466
	2	Savings and temporary cash investments	238,039	2	4,944
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	_
8	8	Inventories for sale or use	99,817	8	99,477
₫	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 579,309			
	ь	Less accumulated depreciation 10b 324,022	274,483	10c	255,287
	11	Investments—publicly traded securities	3,804,855	11	4,329,231
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,417,194	16	4,745,405
	17	Accounts payable and accrued expenses .	5,292	17	9,310
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ē	21	Escrow or custodial account liability $\ \textit{Complete Part IV of Schedule D}$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ξįη		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,292	26	9,310
S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			_
Fund Balance		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	2,367,584	27	2,645,657
ũ	28	Temporarily restricted net assets	425,721	28	471,841
핕	29	Permanently restricted net assets	1,618,597	29	1,618,597
Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
JO.		lines 30 through 34.		20	
뚌	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	4 444 600	32	4 700 005
Net	33	Total net assets or fund balances	4,411,902		4,736,095
	34	Total liabilities and net assets/fund balances	4,417,194	34	4,745,405

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NUCLEAR AGE PEACE FOUNDATION

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Dai	rt I	Deac	on for Bul	blic Charity Stat	us (All ord	anizations	must comr	olete this nai	rt \ See inst							
				e foundation because						i ucdons						
1	rga			on of churches, or as:					,							
2	<u></u>			ın section 170(b)(1)				/(-/(-/								
3	,			perative hospital serv				n 170(b)(1)(A	λ)(iii).							
4	,			organization operate						(A)(iii) Ent	er the					
-	,		hospital's name, city, and state						(A)(III). E110	or the						
5	Γ	_	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).															
6 7	<u> </u>			=	-						مناطنيسا	_				
,	,	describ	ed in	t normally receives a A)(vi) (Complete Pa		ii part of its	support from	a government	tal unit of nor	n the genera	i public	•				
8	Г			described in section		A)(vi) (Con	nplete Part II)								
9	<u></u>			t normally receives					itions, membe	ership fees, a	ınd gro	SS				
	•			ties related to its ex												
		-			•	-		•								
			its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10	Γ	•			•			•	•							
11	Ė	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of														
	•	one or i	nore publicly	y supported organiza pes the type of suppo b Type II	tions descri orting organi	ibed in secti ization and c	on 509(a)(1)	or section 50 s 11e through	09(a)(2) See	•	(a)(3).	Check				
e	Γ	other th	-	ox, I certify that the con managers and oth	-		•	•	•	•	•					
f g		check t	his box	eceived a written de 006, has the organiz						supporting	organız	ration,				
9			g persons?	ooo, nas the organiz	ation accep	rea any gne	or contribution	on nom un, or	tile							
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	eralone ort	ogether with p	persons descr	rıbed ın (ıı)		Yes	No				
		and (III)	below, the g	governing body of the	the suppor	ted organiza	ation?			11g(i)						
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)						
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) a	bove?			11g(iii)						
h		Provide	the followin	g information about t	he supporte	ed organizati	ion(s)									
(i) Namo suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization organization of (i) lise	(iv) Is the organization in col (i) listed in your governing document?		Is the rganization in ol (i) listed in our governing		Is the organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support? (vi) (vi) (vi) (stance) (stance) (vi) (vi) (vi) (stance) (stance) (vi) (vi) (vi) (stance) (stance) (inthe Ui)		e Ion In anized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No	1					
Total																

ınstructions

P	Support Schedule (Complete only if yo					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							
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,186,881	923,064	970,163	522,107	444,832	4,047,04
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	8,075	120,069	127,547	90,500	75,396	421,58
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,194,956	1,043,133	1,097,710	612,607	520,228	4,468,63
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	531,644	482,268	474,050	116,500	69,500	1,673,96
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	37,769	119,256	270,922	156,317	35,454	619,71
c	Add lines 7a and 7b	569,413	601,524	744,972	272,817	104,954	2,293,68
8	Public Support (Subtract line 7c from line 6)						2,174,95
	ection B. Total Support						
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	1,194,956	1,043,133	1,097,710	612,607	520,228	4,468,63
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,556	85,377	206,615	271,753	88,848	734,14
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	81,556	85,377	206,615	271,753	88,848	734,14
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)	1,276,512	1,128,510	1,304,325	884,360	609,076	5,202,78
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second, [.]	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, ►
Se	ection C. Computation of Pub						
15	Public Support Percentage for 2009) (line 8 column (f	divided by line 1	3 column (f))		15	41 800 %
16	Public support percentage from 200)8 Schedule A , Pa	rt III, line 15			16	39 370 %
Se	ection D. Computation of Inv	estment Incor	ne Percentag	e			
17	Investment income percentage for				(f))	17	14 110 %
18	Investment income percentage from	n 2008 Schedule A	, Part III, line 17			18	12 340 %
19a	33 1/3% support tests—2009. If the					han 33 1/3% and	line 17 is not
	more than 33 1/3%, check this box	and stop here. The	e organization qua	alıfıes as a publıc	ly supported		

organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. 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

Explanation

Schedule A, Part IV, List of Unusual Grants COMMON STOCK Date 07/14/08 Amount 226410 COMMON STOCK Date 07/19/08 Amount 196292 COMMON STOCK Date 05/01/08 Amount 1810000

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 95-3825265

Name: NUCLEAR AGE PEACE FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4u. Other program	ii services			
(Code)(Expenses \$	118,451 including gran	ts of \$ 50) (Revenue \$	Y

The Foundation works to strengthen international law through writing original articles and holding and participating in symposia The Foundation works to empower a new generation of peace leaders through working with students interested in pursuing a world free of nuclear weapons. The internship program hosts approximately 10 interns per year, both paid and unpaid. The Foundation also works with young people through its UC Nuclear Free campaign, which seeks to stop the University of California's continued management of the United States' nuclear weapons labs.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C) Ition (d that ap	hec		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Former Ighest compensated imployee Key employee Officer Institutional Trustee or director		Individual trustee or director		l ansal l		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DAVID KRIEGER PRESIDENT	50 00	X		X	X			161,091	0	9,337	
FRANK KELLY SENIOR VICE PRESIDENT	3 00	X		X				9,000	0	0	
RICHARD FALK BOARD CHAIR	1 50	X		X				0	0	0	
DIANDRA DE MORRELL DOUGL DIRECTOR	1 00	X						0	0	0	
ANNA GROTENHUIS DIRECTOR	1 00	X						0	0	0	
DR PETER HASLUND DIRECTOR	1 50	Х						0	0	0	
MARC KIELBURGER DIRECTOR	1 00	X						0	0	0	
ROBERT B LANEY SECRETARY	1 50	X		х				0	0	0	
JOHN RANDOLPH PARTEN DIRECTOR	1 00	X						0	0	0	
SELMA RUBIN DIRECTOR	1 50	Х						0	0	0	
IMAGING SPENCE DIRECTOR	1 00	X						0	0	0	
PETER MAC DOUGALL VICE PRESIDENT	1 50	Х		X				0	0	0	
MARK HAMILTON VICE CHAIR AND TREASURER	2 00	Х		X				0	0	0	
SUE HAWES DIRECTOR	1 00	Х						0	0	0	
JILL DEXTER DIRECTOR	1 50	Х						0	0	0	
CHRIS PIZZINAT DIRECTOR	1 00	Х						0	0	0	
STEVE PARRY DIRECTOR	1 50	Х						0	0	0	
LAURIE HARRIS DIRECTOR	1 00	X						0	0	0	
STEVEN CRANDELL DIR OF DEVEL & PUBLIC AF	40 00					X		111,949	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM EXPENSES	37,895	37,895		
FUNDRAISING	11,532			11,532
AUXILIARY PROGRAMS	10,667	10,667		
PUBLIC EDUCATION AND OU	8,360	8,360		
DC EXPENSES	2,034	2,034		

DLN: 93493314032600

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

	ection 527 organizations Complete	e Part I-A only s," to Form 990, Part IV, Line 4, or	Form 990-F7 P	eart VI line 47 (Lobbyir	na Activities) then
	-	have filed Form 5768 (election under		, -	-
	, ,, ,	: have NOT filed Form \$768 (election u	, , ,	·	•
	_	s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or For	m 990-EZ, line 35a (reg	garding proxy tax), then
	ection 501(c)(4), (5), or (6) organiz	zations Complete Part III		T	
	me of the organization CLEAR AGE PEACE FOUNDATION			Employer i	dentification number
				95-38252	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 5	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	cal campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	<u> </u>	e tax incurred by the organization und			
2	Enter the amount of any excise	tax incurred by organization manag	ers under sectio	n 4955	• \$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c) except section 5	501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	pt function activities 🕨	- \$
2		rganızatıon's funds contributed to ot	her organizations	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			┌ Yes
5	were made For each organizate contributions received that we	nd employer identification number (E ion listed, enter the amount paid fron re promptly and directly delivered to ittee (PAC) If additional space is ne	n the filing organ a separate politi	ızatıon's funds Also ent cal organızatıon, such a	er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid froi filing organization's funds If none, enter -	contributions received

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768 ((election
	Check If the filing organization belongs to			
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" means a	O rganization's Totals	Group Totals	
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	8,945	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	24,518	
c	Total lobbying expenditures (add lines 1a and 1	b)	33,463	
d	Other exempt purpose expenditures		896,305	
е	Total exempt purpose expenditures (add lines 1	929,768		
f	Lobbying nontaxable amount Enter the amount columns	164,465		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	41,116	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	0		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
_2a	Lobbying non-taxable amount	162,730	194,316	196,092	164,465	717,603			
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					1,076,405			
c	Total lobbying expenditures	30,187	40,620	15,692	33,463	119,962			
d	Grassroots non-taxable amount	40,683	48,579	49,023	41,116	179,401			
e	Grassroots ceiling amount (150% of line 2d, column (e))					269,102			
f	Grassroots lobbying expenditures	25,687	32,496	13,991	8,945	81,119			

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Forn	า 5768
	(election under section 501(h)).	

	,	(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- Dues, assessments and similar amounts from members

 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

 Current year

 Carryover from last year

 Total

 Dues, assessments and similar amounts from members

 1

 2a

 2b

 2c
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
 3
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
· '	Political Campaign Activities	THROUGH MAILINGS AND DIRECT CONTACT WITH LEGISLATORS, EFFORTS ARE MADE TO ENCOURAGE SUPPORT FOR NUCLEAR DISARMAMENT AND NON-PROLIFERATION

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314032600

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	·	onii 990. F See Separate instructions.		2115	pect	
	me of the organization CLEAR AGE PEACE FOUNDATION		Employer	ident if icat ion	numbe	r
	<u></u>		95-3825	265		
a '	rt I Organizations Maintaining Donor Ad		unds or A	ccounts. Co	mplet	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Fu	unds and other	accour	nts
	Total number at end of year	. ,	, ,			
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi		oradvised	Г	Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	pose	Yes	┌ No
aı	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 99	0, Part IV, lın	e 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an Preservation of a o	certified his	toric structure	nd area	1
	easement on the last day of the tax year		н	eld at the End	of the	Year
a	Total number of conservation easements		2a	old at the Line		
b	Total acreage restricted by conservation easements		2b			
5	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year			janization durin	g	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand			Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during	the year ►		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the	year ► \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	Г	Yes	┌ No
	In Part XIV, describe how the organization reports co- balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial				
ar	TIII Organizations Maintaining Collection Complete if the organization answered "		or Other	Similar Asse	ets.	
9	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in further			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA					
a	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

a	ns (check all that apply) Public exhibition Scholarly research										
ь Г с Г 4 Pro				_							
4 Pro	Scholarly research		d	ı	Loan or	exch	ange progr	ams			
4 Pro			e	Г	Other						
	Preservation for future generations										
	vide a description of the organization's co t XIV	ollections and expla	ın hov	w they	further	the o	rganızatıon	's ex	empt purpose	ın	
	ring the year, did the organization solicit o ets to be sold to raise funds rather than t								ılar	┌ Yes	┌ No
Part IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	990,	
	the organization an agent, trustee, custod luded on Form 990, Part X?	ıan or other ınterme	diary	for co	ntrıbutı	ons o	r other ass	ets r	not	┌ Yes	┌ No
b If"	Yes," explain the arrangement in Part XI\	/ and complete the	follow	/ıng ta	ble		Г		Ar	nount	
c Bed	ginning balance							1c			
_	ditions during the year						 	1d			
	stributions during the year						 	1e			
_	ding balance						F	1f			
	the organization include an amount on Fo	orm 990 Part X line	217				L			┌ Yes	□ No
	Yes," explain the arrangement in Part XIV									,	, 110
Part V	<u> </u>		ans	were	d "Yes'	" to F	orm 990	Par	t IV line 10		
Idit	Endownent i dilasi complete i	(a)Current Year		Prior Y					Three Years Back	(e)Four	Years Back
1a Beg	jinning of year balance	4,228,369		3,	114,178						
b Cor	ntributions	269,861		2,	438,592						
c Inv	estment earnings or losses	738,910		-1,	118,611						
d Gra	ints or scholarships										
	ner expenditures for facilities I programs	476,585			205,790						
f Adr	ministrative expenses										
g End	i of year balance	4,760,555		4,	228,369						
2 Pro	vide the estimated percentage of the yea	r end balance held a	is								
a Boa	ard designated or quasi-endowment 🕨	56 090 % %									
b Per	manent endowment 🕨 9910 % %										
	m endowment ► 34 000 % %										
	there endowment funds not in the posses	ssion of the organiza	ation	that ai	re held a	and a	dministered	d for	the		
orga	anization by	•								Yes	No
(i)	unrelated organizations							•	3a		No
	related organizations					•			3a(No_
	Yes" to 3a(II), are the related organization	·						•	3	b	
	scribe in Part XIV the intended uses of th					0 Da	ut V lung	10			
Part VI	Investments—Land, Buildings	s, and Equipme	nt. 5				i '			. 1	
	Description of investment				Cost or o		(b)Cost or o basis (oth		(c) Accumulate depreciation	d (d)	Book value
1a Land			•				134	,792			134,792
b Build	dings						347	,677	234,3	11	113,366
c Leas	ehold improvements										
d Equi	pment										
e Othe							96	,840	89,7	11	7,129
Total. Ad	d lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)), line	10(c).)						255,287

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	377,923
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	929,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-551,845
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	876,038
9	Total adjustments (net) Add lines 4 - 8	9	876,038
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	324,193
_	t XII Reconciliation of Revenue per Audited Financial Statements With		
1	Total revenue, gains, and other support per audited financial statements		1,253,961
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a	876,038	
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	876,038
3	Subtract line 2e from line 1	3	377,923
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		377,923
Part	Reconciliation of Expenses per Audited Financial Statements Wit	th Expenses per F	
1	Total expenses and losses per audited financial statements	1	929,768
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	929,768
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	929,768
	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete 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. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
,	Endowment Funds	THE FOUNDATION INVESTS ITS PERMANENTLY RESTRICTED ENDOWMENT FUNDS AND WITHDRAWS 5% PER ANNUM FOR GENERAL OPERATING SUPPORT AND PROGRAM EXPENSES
Part XI, Line 8 - Other Adjustments		UNREALIZED GAIN ON INVESTMENTS 876038

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314032600

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Internal Revenue Service Employer identification number Name of the organization NUCLEAR AGE PEACE FOUNDATION 95-3825265 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) AMSTERDAM, NEDERLAND GRANTS GIVEN 71,960 stockholm, sweden GRANTS GIVEN 5,000

Totals

0

76,960

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		AMSTERDAM, NEDERLAND	GENERAL SUPPORT FOR ELIMINATING THE DANGERS OF NUCLEAR WEAPONS	71,960	WIRE TRANSFER MONTHLY			
		stockholm, sweden	general support	5,000	wire transfer			
			I sted above that are r ee or counsel has pro					1
3 Enter total nu	mber of other	organizations or ei	ntities				. ▶	2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to p	rovide the information required	ın Part I, lıne 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 THE GRANTEE PROVIDES FINANCIAL AND PROGRAM INFORMATION TO THE PRESIDENT OF THE ORGANIZATION WHO REVIEWS IT AND THEN ANNUALLY REPORTS THE UTILIZATION OF THE FUNDS TO THE BOARD OF DIRECTORS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314032600

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NUCLEAR AGE PEACE FOUNDATION

Employer identification number

						95-3825	5265
	ctivities. Comple ers are not require					to Form 990, Pai	rt IV, line 17.
1 Indicate whether the orga	anızatıon raised fund:	s through a	anv of the	e follow	ına actıvıtıes Ch	eck all that apply	
a Mail solicitations		-				n-government gran	ts
b Internet and e-mail s	olicitations		f		Solicitation of go		
c Phone solicitations			а		Special fundraisii		
d In-person solicitation	าร		J				
2a Did the organization have or key employees listed i							
b If "Yes," list the ten higher to be compensated at lea							
		(iii)	Dıd				
		fundrais				(v) A mount paid	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	•		Gross receipts rom activity	(or retained by fundraiser listed	(or retained by)
or entity (lundraiser)		control of contributions?		'	oni activity	col (i)	organization
		Yes	No				
Гotal			.				
				1		<u> </u>	
3 List all states in which t	:he organization is re	gistered o	rlicense	d to so	licit funds or has	been notified it is e	exempt from registration or
licensing	=						_

			(a) Event #1 ANNUAL AWARD DINNER	(b) Event #2 08 ADDITIONAL AWARD DINNER ACTIVITY	(c) O ther Events (total number)	(d) Tot (Add col col		
			(event type)	(event type)				
Ē	1	Gross receipts	64,718	12,500			77	7,218
Revenue	2	Less Charitable contributions	1,548	0			1	1,548
	3	Gross income (line 1 minus line 2)	63,170	12,500			7 5	5,670
	4	Cash prizes						
Expenses	5	Non-cash prizes						
90 80 80	6	Rent/facility costs						
ă	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses .	41,050	1,447			42	2,497
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		42	2,497
	11	Net income summary Combine li	nes 3, column d, and line	10			33	3,173
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	J
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
<u>~</u>	1	Gross revenue						
တ္ဆ	2	Cash prizes						
penses	3	Non-cash prizes						
Dreat Exp	4	Rent/facility costs						
<u>5</u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes% Г No	Г Yes	Г Yes% Г No			
	7	Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7			Yes	N-
9 a		er the state(s) in which the organization organization licensed to operate			 .	. 9a	res	No
b		No," Explain	.			34		
.0a b		re any of the organization's gaming l Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
_							1	
.1		es the organization operate gaming a	activities with name	arc 2				

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	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 ▶ \$	1	

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Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493314032600

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Employer identification number

N U	UCLEAR AGE PEACE FOUNDATION 95-38252										
P	art I General Infor	mation on Gran	ts and Assistance								
1 2	the selection criteria use	ed to award the grant	ibstantiate the amount of t is or assistance? dures for monitoring the us			, ,	•	✓ Yes			
Pa	Form 990, Part	IV, line 21 for any	to Governments and recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance			

2	Enter total	number o	fsection	501	(c)(3)	and	government	organizations
---	-------------	----------	----------	-----	--------	-----	------------	---------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
WRITING/PUBLISHING ARTICLES, BOOK CHAPTERS AND BOOK	1	34,000			
See Additional Data Table					
•					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE GRANTEE PROVIDES FINANCIAL INFORMATION TO THE ORGANIZATION'S DEVELOPMENT DIRECTOR AND PROGRAM DIRECTOR THE DEVELOPMENT DIRECTOR AND PROGRAM DIRECTOR THEN PROVIDE THE INFORMATION TO THE ORGANIZATION'S PRESIDENT WHO REVIEWS IT AND THEN ANNUALLY REPORTS THE UTILIZATION OF THE FUNDS TO THE BOARD OF DIRECTORS
•		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493314032600

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization NUCLEAR AGE PEACE FOUNDATION **Employer identification number**

95-3825265

Pa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymer	nt?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
С	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8	<u> </u>	Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

							1	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID KRIEGER	(I) (II)	161,091 0	0	0	0	l '	170,428 0	156,214 0
						•		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

DLN: 93493314032600

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization **Employer identification number** NUCLEAR AGE PEACE FOUNDATION 95-3825265

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . .

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes From No No Yes No Τо Yes

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction transaction revenues? person and the organization No Yes ROBERT LANEY SECRETARY SECRETARY AND ROBERT LANEY IS BOTH THE Νo INVESTMENT ORGANIZATION'S BROKER SECRETARY AND INVESTMENT BROKER FRANK KELLY SENIOR VICE SENIOR VICE 9,000 FRANK KELLY IS BOTH THE Νo **PRESIDENT** PRESIDENT AND ORGANIZATION'S SENIOR CONSULTANT VICE PRESIDENT AND A CONSULTANT

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

	e of the organization EAR AGE PEACE FOUNDATION				Employer identificat	ion nu	mber	
JCL	TAK AGE LEACE LOONDATION				95-3825265			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	2		FAIR MARKET VAL	UE		
0	Securities—Closely held stock \blacksquare	•						
1	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other ► ()							
6	Other ►()							
7	Other ►()							
8	O ther ▶ ()							
9	Number of Forms 8283 received for which the organization compl				29		1	
_							Yes	No
i0a	During the year, did the organiza must hold for at least three year			, ,				
	for exempt purposes for the enti	re holding p	period?			30a		No
Ь	If "Yes," describe the arrangem	ent in Part I	II					
1	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?				non-cash	32a		No
b	If "Yes," describe in Part II					J24		140
	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a	ı) ıs checked,			

describe in Part II

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization NUCLEAR AGE PEACE FOUNDATION Employer identification number

95-3825265

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	PEACE LEADERSHIP PROGRAM THE PEACE LEADERSHIP PROGRAM OFFERS INDIVIDUALS A NEW WAY OF LEARNING ABOUT PEACE, SOCIAL JUSTICE AND THE ACTIONS PEOPLE CAN TAKE TO CREATE A MORE PEACEFUL WORLD THE PROGRAM GIVES PARTICIPANTS THE TRAINING AND SKILLS NEEDED TO BECOME STRONG LEADERS THE PROGRAM FOCUSES PRIMARILY ON STUDENTS BUT REACHES OUT TO PEOPLE OF ALL AGES
Form 990, Part III, line 3	Changes in Program Services	The Foundation ceased w orking with The International Network of Engineers and Scientists Against Proliferation (INESAP), formerly one of its Auxiliary Programs
Form 990, Part VI, Section A, line 2		ROBERT LANEY IS AN INVESTMENT ADVISOR TO DAVID KRIEGER, THE PRESIDENT OF THE ORGANIZATION, RETIREMENT ACCOUNT
Form 990, Part VI, Section B, line 11		THE CEO, FINANCE COMMITTEE, AND NUCLEAR AGE PEACE FOUNDATION BOARD OF DIRECTORS WILL REVIEW THE 990 PRIOR TO ITS FILING
Form 990, Part VI, Section B, line 12c		ANNUALLY, ALL BOARD MEMBERS AND KEY EMPLOYEES COMPLETE THE CONFLICT OF INTEREST FORM AND STAFF FOLLOW-UP TO ENSURE ALL FORMS ARE COLLECTED DURING THE YEAR, BOARD MEMBERS ARE REQUIRED TO ALERT THE BOARD IF A CONFLICT OF INTEREST ARISED DURING THE YEAR
Form 990, Part VI, Section B, line 15		The Personnel Committee periodically recommends to the Executive Committee which recommends to the Board regarding the CEO's compensation and the foundation's officers and key employees compensation. THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS SPECIFICALLY APPROVED BY THE BOARD OUTSIDE THE GENERAL APPROVAL OF THE BUDGET.
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
FORM 990 PART XI, LINE 2C	FINANCIAL STATEMENT AND ACCOUNTANT SELECTION RESPONSIBILITY	THE ORGANIZATION'S BOARD OF DIRECTORS AND FINANCE COMMITTEE TAKE RESPONIBILITY FOR THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	EXECUTIVE COMMITTEE	NUCLEAR AGE PEACE FOUNDATION HAD A EXECUTIVE COMMITTEE DURING 2009 CONSISTING OF RICHARD FALK, MARK HAMILTON, PETER HASLUND, FRANK KELLY, DAVID KRIEGER, ROB LANEY, PETER MACDOUGALL AND SELMA RUBIN THE COMMITTEE MEETS REGULARLY BETWEEN BOARD MEETINGS IN 2009, THE EXECUTIVE COMMITTEE MET FOUR TIMES