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Form 990-EZ

SCANNED DEC 07 2010

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury internal Revenue Service

Open to Public Inspection

A			lendar year, or tax year beginning JUL 1, 2009 and end	ing JUN	1 30,	2010
B	Check in applica Address Change	ble Please use IRS	C Name of organization		D Employer	identification number
Ē	Name Chang	print or	61-1220204			
	lnıtia retur	m [See	1 ' '	Room/suite	E Telephon	e number
	Tem	nin- Specific	318 WEST KENTUCKY STREET		502-	· <u>5</u> 89–6583
	Ame	ended tions	City or town, state or country, and ZIP + 4	[1	F Group Ex	emption
	Applie pendi	cation ing	LOUISVILLE, KY 40203		Number	
	• Se	ction 501(c)((3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	1	_	X Cash Accrual
_		. N NT /	Schedule A (Form 990 or 990-EZ).		pecify) 🕨	
		ite: ► <u>N/</u>		H Check		the organization is not
						dule B (Form 990, 990-EZ, or 990-PF)
ĸ	Check		the organization is not a section 509(a)(3) supporting organization and its gross receipts are i orm 990 return is not required, but if the organization chooses to file a return, be sure to file a			25,000 A Form 990-EZ or
	Add In		nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form		<u>→</u> \$	278,292.
	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (S		<u> </u>	
ستسا	1		ns, gifts, grants, and similar amounts received		1	223,895.
	2		ervice revenue including government fees and contracts		2	37,628.
	3	•	p dues and assessments		3	
	4	Investment			4	2,714.
	5a		unt from sale of assets other than inventory.		1	
	Ь		or other basis and sales expenses . 5b		_	
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ē	6		nts and activities (complete applicable parts of Schedule G). If any amount is from gaming , ch	eck here		
Revenue	1		nue (not including \$ of contributions	•		
Ě	1			14,05	5.	
_	Ь	Less direct	expenses of there transfer in dealers are the state of th	13,05		
	"	Net income	o (loss) from special events and activities (Subtract line 6b from line 6a)		6c	1,004.
	7a	Gross sales	on Mentory (6) streams and allowances 7a			
			4.1.5.414			
	6	Gross profit	or (loss) from sales of Inventory (Subtractiline 7b from line 7a)		7c	
	8	Other revenu	or (loss) from sales of Inventory (Subtract line 7b from line 7a) ue (tescribe)) 8	
_	g	Total reveni	ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ g	265,241.
	10	Grants and s	similar amounts paid (attach schedule)		10	
	11	Benefits paid	d to or for members		11	
es	12	Salaries, oth	er compensation, and employee benefits		_ 12	211,856.
penses	13	Professional	l fees and other payments to independent contractors	13	2,624.	
Exp	14	Оссиралсу,	rent, utilities, and maintenance		14	8,423.
ш	15	Printing, put	blications, postage, and shipping		15	8,968.
	16	Other expens	ses (describe ► SEE STATE)	MENT 1	_) _ 16	50,420.
	17	Total expens	ses. Add lines 10 through 16		▶ 17	282,291.
'n	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	<17,050.>
set	19	Net assets o	r fund balances at beginning of year (from line 27, column (A))			
Ą		(must agree	with end-of-year figure reported on prior year's return)		19	304,723.
Net Assets	20	Other change	es in net assets or fund balances (attach explanation)		20	
	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20	<u>. </u>	▶ 21	287,673.
Pá	art II	Balanc	e Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in	stead of Forr	n 990-EZ	
			(See the instructions for Part II)	eginning of y		(B) End of year
22	Cast	h, savings, an	nd investments	304,7	23. 22	287,673.
23	Lanc	and building	gs .		23	
24	Othe	er assets (des	cribe ▶)		24	
25		l assets		304,7		287,673.
26		ıl liabilities (d			0.26	0.
27	Net a		d balances (line 27 of column (B) must agree with line 21)	304,7	23. 27	287,673.
უა∠ I ივ_ი	71 8-10	IHA For	Privacy Act and Panerwork Reduction Act Notice see the separate instructions.	C	_	Form 990-EZ (2009)

For	m 990-EZ (2009) PEACE EDUCATION PROGRAM,	INC.		61-	-12202	204 Page 2
	art III Statement of Program Service Accomplishme		Part III)		E:	xpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	3.				or section 501(c)(3)
De	scribe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and cond	cise manner, desci	ıbe		4) organizations and 17(a)(1) trusts, optiona
the	services provided, the number of persons benefited, and other relevan	nt information for each pro-	gram title.		for others)	
28	SEE STATEMENT 3					
					1 1	
	(Grants \$) If this amount includes foreign	grants, check here	•		28a	244,267.
29						
					1 1	
	(Grants \$) If this amount includes foreign	orants check here			29a	
30	The time amount more design	granto, onock note				
•					1	
	(Create \$) If this amount includes foreign	arento obsek here			30a	
24	(Grants \$) If this amount includes foreign (grants, check here		لِــــا.	308	
31	Other program services (attach schedule)		_		24.5	
20	(Grants \$) If this amount includes foreign of	grants, check here			31a	244,267.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployoon				
	art 14 List of Officers, Directors, Trustees, and Key E	Improyees. List each one e	ven if not compensated	T		
		(b) Title and average hours	(c) Compensation	1'''	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
	LEEN BLANTON, 1183 E. BROADWAY,	EXECUTIVE DIR		l _		
	DUISVILLE, KY 40204	40.00	46,119.	5	,800.	0.
	ERYL UNGERLEIDER, 3509 ST.	CHAIRPERSON	_		_	
	RMAINE CT., LOUISVILLE, KY 40207	0.00	0.		<u> </u>	0.
<u>KE</u>	VIN WIGGINTON, 510 E. CHESTNUT	VICE CHAIRPER	SON			
SI	LOUISVILLE, KY 40201	0.00	0.		0.	0.
KR	ISTIN MONRO-LEIGHTON, 2111 EASTERN	SECRETARY				
PK	WY #12, LOUISVILLE, KY 40204	0.00	0.		_0.	0.
MΑ	RGIE REDMON, 1802 ROUND RIDGE	TREASURER				
ŔŌ	AD, LOUISVILLE, KY 40207	0.00	0.		0.	0.
	NISE PAYNE WADE	BOARD MEMBER				
49	03 STOUT ROAD, LOUISVILLE, KY 40291	0.00	0.	ļ	0.	0.
		BOARD MEMBER				
	KENIL COURT, LOUISVILLE, KY 40206	0.00	0.		0.	0.
		BOARD MEMBER				
	., LOUISVILLE, KY 40299	0.00	0.	ļ	0.	0.
		BOARD MEMBER				
	AD, LOUISVILLE, KY 40207	0.00	0.	ļ	0.	0.
		BOARD MEMBER				
	UISVILLE, KY 40291	0.00	0.		0.	0.
		BOARD MEMBER				
	UISVILLE, KY 40205	0.00	0.		0.	0.
		BOARD MEMBER				
	UISVILLE, KY 40207	0.00	0.		0.	0.
<u> </u>	015V1DDE, RI 40207	0.00			`	
						
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751 5	<u></u>					
3217 2-08	د -10				Form 9	990-EZ (2009)

Page 3

complete applicable parts of Sch N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	Pε	Other Information (Note the statement requirements in the instructions for Part V)			
Were any changes made to the organization or governing documents? If Yes, "attach a conformed copy of the changes 34	,	-		Yes	No
34 Were any changes made to the organization of governing documents? If "Nes," attain a conformed copy of the changes 34 If the organization had accome from business activities, such as these reported on lines 2, so, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization and not report the income on Form 990-T and forex tax requirements? 35 If "Nes," has if filed a tax return on Form 990-T for this year? 36 If "Nes," has if filed a tax return on Form 990-T for this year? 37 If the removation organization for promises of the complete applicable parts of Sch. N 38 If the removation organization for Form 1120-POL for this year? 38 If the organization fore form 1120-POL for this year? 39 If the organization file Form 1120-POL for this year? 39 If the organization file Form 1120-POL for this year? 30 If the organization file Form 1120-POL for this year? 30 If the organization file Form 1120-POL for this year? 310 If the organization file Form 1120-POL for this year? 320 If the organization file Form 1120-POL for this year? 331 If the organization file Form 1120-POL for this year? 34 If "Yes," complete Schedule L. Part I and enter the total amount involved 35 Section 501((7)) organizations Enter 36 If the organization file Form 1120-POL for this year or the organization file Form 1120-POL for this year or is it aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and that the transaction flavor or is it aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Form 990 organization managers or disqualified person and prior is the organization file Form 1120-POL for this return is file in the organization file Form 1120-POL for Its return is file in the organization file Form 1120-POL for Its return is file in the organization file Form 1120-POL for Its return is file in the organization	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
reported on Form 990-T attach a statement explaining why the organization during the programation flave unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a	34		34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 If V'es, final filed a tax return on Form 990-T for this year? 5 Out the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Hill Yes, complete agriculture of Sch N 5 If Yes, final filed a tax return on Form 990-T for this year? 5 If the organization disposition, dissolution, termination, or significant disposition of net assets during the year? Hill Yes, complete Schedule X filed the organization for which organization for the year? 5 If Yes, complete Schedule I, Part II and enter the total amount involved 6 If Yes, complete Schedule I, Part II and enter the total amount involved 7 If Yes, complete Schedule I, Part II and enter the total amount involved 8 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 If V'es, final filed a tax return on Form 990-T for this year? 5 Out the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Hill Yes, complete agriculture of Sch N 5 If Yes, final filed a tax return on Form 990-T for this year? 5 If the organization disposition, dissolution, termination, or significant disposition of net assets during the year? Hill Yes, complete Schedule X filed the organization for which organization for the year? 5 If Yes, complete Schedule I, Part II and enter the total amount involved 6 If Yes, complete Schedule I, Part II and enter the total amount involved 7 If Yes, complete Schedule I, Part II and enter the total amount involved 8 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, complete Schedule I, Part II and enter the total amount involved 9 If Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,					
and proxy tax requirements? b if Yes,* has if filed a tax return on Form 990-T for this year? 75 Ort the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N. A. 78 Enter amount of pointical expendatures, direct or indirect, as described in the instructions. 78 bid the organization borrow from, or make any leans to, any officer, director, furstee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 88	а				
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parks of Sch N 37a Enter amount of policial expenditures, direct or indirect, as described in the instructions bid the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL form 1120-P			35a		
complete applicable parts of Sch N 37	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
37a Inter amount of political expenditures, direct or indirect, as described in the instructions bild the organization file Form 1120-PCL for this year? 37b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
Did the organization file Form 1120-POL for this year? 38 a bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38 b N/A 38 section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations prior Forms 990 or 990-EZT (17%); complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 or 990-EZT (17%); complete Schedule L, Part I d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 or 990-EZT (17%); complete Schedule L, Part I d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 495, and 4958 or 990-EZT (17%); complete Schedule L, Part I d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization and apriy to a prohibited tax shelter transaction? If Yes, complete form 8886-T L Section 501(c)(3) and 501(c)(4) organizations the part and the organization shelt and the transaction organization shelter t			***************************************		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter a indiation fees and capital contributions included on line 9 39a N/A 39b N/A 39b N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. 39b N/A 40a Section 501(c)(3) and 501(c)(4) organizations. Both the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations Finer amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. 4 List the states with which a copy of this return is file NONE 4 List the states with which a copy of this return is file NONE 4 List the states with which a copy of this return is file NONE 4 List the states with which a copy of this return is file NONE 4 List the states with which a copy of	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	b	Did the organization file Form 1120-POL for this year?	37b		X_
n a pnor year and shill outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 40b N/A 40b X 40					
b if Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \(\bigcirc \) 0. section 4915 \(\bigcirc \) 0. Section 501(c)(3) and 501(c)(4) organizations bit the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ2 if Yes, complete Schedule L, Part I 40b X 5 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 1 List the states with which a copy of this return is filled \(\bightarrow \) NONE 1 List the states with which a copy of this return is filled \(\bightarrow \) NONE 2 Telephone no \(\bightarrow \) 502-589-6583 2 Located at \(\bightarrow \) 318 W KENTUCKY, LOUTSVILLE, KY 2 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 \(\bightar			38a	[X
39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . section 4912 ▶ 0 . section 4955 ▶ 0 . Section 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or s it 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 organizations Finer amount of tax imposed on organization managers or disqualified persons during the year under sections 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified person soluting the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If Yes, complete Form 8886-T Located at ▶ 318 W KENTUCKY, LOUISVILLE, KY 21P+4 ▶ 40203 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If Yes, enter the name of the foreign country Section 4947(a)(1) nonexemptic charable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Part of the organization maintai	b	37/2			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N	39	· · · · · · · · · · · · · · · · · · ·	1		
D Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . , section 4912 ▶ 0 . , section 4915 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 excess benefit transaction during the year or is it 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 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 10 Located at ▶ 31 8 W KENTUCKY, LOUISVILLE, KY 11 List the states with which a copy of this return is filed ▶ NONE 12 The organization's books are in care of ▶ EILEEN BLANTON Telephone no ▶ 502-589-6583 12 IP+4 ▶ 40203 13 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 accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No 14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Is any		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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is return, including accompanying schedules and statements, and to the best of my knowledge ficer) is baged on all information of which preparer has any knowledge Sign Here Check if self-Paid Preparer's Date identifying number (See Instr.) Preparer's employed 🕨 Use Only MULLIGAN, HILL, CLEMENTS EIN ▶ Firm's name (or yours 231 BRECKENRIDGE LANE Phone > if self-employed). address, and ZIP + 4 (502)893-2565 LOUISVILLE, KY 40207 ► X Yes May the IRS discuss this return with the preparer shown above? See instructions

932174

Form 990-EZ (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

20047

Open to Public Inspection

Name of the organization Employer identification number 61-1220204 PEACE EDUCATION PROGRAM, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III - Other c ____ Type III - Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organizátion in col organization in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Pe	Support Schedule for . (Complete only if you checke	_			/(D)(T)(A)(IV) an	a 1/U(b)(1)(A)(VI)
Se	ction A. Public Support	A THE DOX OF THE	o, r, or o or Fart I.)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2005	(6) 2000	(6) 2001	(d) 2000	(e) 200 3	(i) Iotai
•	membership fees received. (Do not			1			ľ
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				 		
_	ization's benefit and either paid to						
	or expended on its behalf			}			
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge	1		1			
4	Total. Add lines 1 through 3					· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly]			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u></u>		<u> </u>		<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	ĺ			ľ		
	securities loans, rents, royalties						
	and income from similar sources	L					
9	Net income from unrelated business						
	activities, whether or not the		ļ				
	business is regularly carried on			· · · · · · · · · · · · · · · · · · ·			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						. ▶ 🔲
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the or	rganization did not	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	cand
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ [
	33 1/3% support test - 2008. If the or	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	• •	• • •				. ▶∟
17a	10% -facts-and-circumstances test	: - 2009. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-		•			t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	_	•	*			
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						. —
	organization meets the "facts-and-circ						. ▶Ц
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-EZ) 2009

P	art III Support Schedule for (Organizations	Described in	Section 509(a	(2) (Complete only	if you checked the	box on line 9 of Part I
Se	ction A. Public Support	,				,	-,
Cal	e 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				225 252		
	include any "unusual grants.")	168,899.	207,038.	209,507.	215,968.	ļ	801,412.
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	63,045.	91,332.	63,120.	65,582.		283,079.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			:			
	ization'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	231,944.	298,370.	272,627.	281,550.		1084491.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)		Tr 1 10 10 700 1100				1084491.
_	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	231,944.	298,370.	272,627.	281,550.		1084491.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,971.	7,039.	7,554.	4,443.		23,007.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	3,971.	7,039.	7,554.	4,443.		23,007.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,9/1.	7,039.	7,354.	4,445.		23,007.
12	Other income. Do not include gain or loss from the sale of capital			1,047.			1,047.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	235,915.	305,409.	281,228.	285,993.		1108545.
	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organı	zation,
	check this box and stop here		•				▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2009 (li			olumn (f))		15	97.83 %
	Public support percentage from 2008		•			16	98.07 %
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	2.08 %
	Investment income percentage from 2				[18	1.85 %
	33 1/3% support tests - 2009. If the			n line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2008. If the	nd stop here. The c	organization qualifi	es as a publicly su	ipported organizat	tion .	ightharpoons
	line 18 is not more than 33 1/3%, che						▶ 🛄
	Private foundation. If the organization						
					Sche	edule A (Form 99	0 or 990-EZ) 2009

FORM 990EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING		2,264.
BOARD EXPENSE		230.
COMMUNITY RELATIONS		2,843.
CONTINUING EDUCATION		7,870.
DUES & SUBSCRIPTIONS		1,525.
INSURANCE		4,183.
MISCELLANEOUS		122.
OFFICE		8,165.
STIPEND		1,685.
PAYROLL TAXES		14,487.
TRAVEL		7,042.
UNREALIZED LOSS ON HELD SECURIT	IES	4.
TOTAL TO FORM 990-EZ, LINE 16		50,420.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEME	NT	2	
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	ſ] YES [x j 1	NO	
-	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [] YES [x j 1	NO	

990-EZ PG 2

STATEMENT

3

THE PROGRAM ADVANCES THE INTEGRITY OF PEOPLE AND THEIR DIVERSE CULTURES AND PROMOTES METHODS OF CONFLICT RESOLUTION. ITS PROGRAMS ARE DIRECTED TOWARD YOUNG PEOPLE AND INCLUDES BUT IS NOT LIMITED TO EDUCATIONAL ACTIVITIES.