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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

| Internal                       | Revenue   | e Service   |              | requireme                             | :1115       | Inspection                 |
|--------------------------------|-----------|---|--------------|---------------------------------------|-------------|----------------------------|
|                                |           | 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-201  C Name of organization   | 0            | D Emplo                               | over i      | dentification number       |
| _                              |           | NUCLEAR AGE PEACE FOUNDATION  |              |                                       | •           |                            |
|                                | tress cl  | Doing Business As   |              | 95-3                                  | 8252        | .65                        |
| _                              | me cha    |   |              | E Telepi                              | none        | number                     |
| Inıt                           | ıal retu  | Number and street (of P or box if mail is not delivered to street address)  | Room/suite   | (805)                                 | 965         | -3443                      |
| Ter                            | mınate    | 1622 ANACAPA STREET   |              |                                       |             |                            |
| M Am                           | ended     | return City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93101  |              | <b>G</b> Gross                        | receip      | ts \$ 2,465,420            |
| M App                          | olication | n pending   |              |                                       |             |                            |
|                                |           | F Name and address of principal officer   | H(a) Is this | a group return f                      | for affilia | ates? Yes No               |
|                                |           | DAVID KRIEGER 1622 ANACAPA STREET   |              |                                       |             |                            |
|                                |           | SANTA BARBARA, CA 93101   | H(b) Are al  |                                       |             | •                          |
|                                |           |   |              | o," attach<br>ıp exemptı              |             | (see instructions)         |
| I Ta                           | x-exen    | npt status  | ]            | .p exempt                             | 011 110     |                            |
| J W                            | ebsit     | e: ► WWW WAGINGPEACE ORG  |              |                                       |             |                            |
| <b>K</b> For                   | n of or   | rganization   | L Year of fo | rmation 198                           | 32          | State of legal domicile CA |
|                                | rt I      | Summary   |              |                                       |             |                            |
|                                | 1         | Briefly describe the organization's mission or most significant activities  |              |                                       |             |                            |
| Governance                     |           | RULE OF LAW, AND TO BUILD AN ENDURING LEGACY OF PEACE THROUG  Check this box F if the organization discontinued its operations or disposed of   |              |                                       |             |                            |
|                                |           | Number of voting members of the governing body (Part VI, line 1a)   |              | .5 % 01 103                           | 3           | 19                         |
| Activities &                   |           | Number of independent voting members of the governing body (Part VI, line 1b)   |              | F                                     | 4           | 19                         |
| Ę                              |           | Total number of individuals employed in calendar year 2010 (Part V, line 2a)  |              | ·                                     | 5           | 14                         |
| ਉ                              |           | Total number of volunteers (estimate if necessary)  |              | ŀ                                     | 6           | 16                         |
| q,                             | 7a        | Total unrelated business revenue from Part VIII, column (C), line 12  |              |                                       | 7a          | C                          |
|                                | ь         | Net unrelated business taxable income from Form 990-T, line 34  |              |                                       | 7b          | 0                          |
|                                |           |   | Pric         | r Year                                |             | Current Year               |
|                                | 8         | Contributions and grants (Part VIII, line 1h)   |              | 444,832                               |             | 266,539                    |
| Revenue                        | 9         | Program service revenue (Part VIII, line 2g)  |              | 0                                     |             | 0                          |
| e Aé                           | 10        | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | ' '          |                                       |             | 150,168                    |
| ш                              | 11        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |              | 33,2                                  | 39          | 61,966                     |
|                                | 12        | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin 12)   | e            | 377,9                                 | 23          | 478,673                    |
|                                | 13        | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |              | 112,7                                 | _           | 88,822                     |
|                                | 14        | Benefits paid to or for members (Part IX, column (A), line 4)   |              | ·                                     | 0           | 0                          |
|                                | 15        | Salaries, other compensation, employee benefits (Part IX, column (A), lines !   | 5-           |                                       |             |                            |
| Expenses                       |           | 10)   |              | 558,499                               |             | 555,310                    |
| <u>₹</u>                       | 16a       | Professional fundraising fees (Part IX, column (A), line 11e)   |              |                                       | 0           | 15,113                     |
| ठ                              | ь         | Total fundraising expenses (Part IX, column (D), line 25) ► 130,795   |              |                                       |             |                            |
|                                | 17        | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  |              | 258,536<br>929,768                    |             | 259,527                    |
|                                | 18<br>19  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  |              | -551,8                                | _           | 918,772                    |
| <u>π</u> φ                     | 1.5       | Revenue less expenses Subtract line 18 from line 12   | Reginnin     | g of Currer                           | -           | ·                          |
| Net Assets or<br>Fund Balances |           |   |              | ear                                   |             | End of Year                |
| SSS-<br>Bak                    | 20        | Total assets (Part X, line 16)  |              | 4,745,4                               | 05          | 4,694,694                  |
| 2 E                            | 21        | Total liabilities (Part X, line 26)   |              | · · · · · · · · · · · · · · · · · · · | 310         | 4,655                      |
|                                | 22        | Net assets or fund balances Subtract line 21 from line 20   |              | 4,736,0                               | 95          | 4,690,039                  |
| Unde<br>know                   |           | Signature Block  Ilties of perjury, I declare that I have examined this return, including accompanying s and belief, it is true, correct, and complete. Declaration of preparer (other than office. |              |                                       |             |                            |
|                                |           | *****   |              | 11-10 20                              |             |                            |
| Sign                           | 1         | Signature of officer  |              | 011-10-28<br>ate                      |             |                            |
| Here                           |           | DAVID KRIEGER PRESIDENT   |              |                                       |             |                            |
|                                |           | Type or print name and title  |              |                                       |             |                            |
|                                |           | Print/Type Preparer's signature MACFARLANE FALETTI  Preparer's signature MACFARLANE FALETTI   | ate          | Check if self                         |             | PTIN                       |
| Paid                           | ļ         | CO LLP CO LLP   |              | employed 🕨                            | Γ           |                            |
| Prepa                          | arer      | Firm's name MACFARLANE FALETTI & CO LLP   |              |                                       |             | Firm's EIN 🕨               |
| Use (                          | Only      | Firm's address • 115 E MICHELTORENA ST 200  |              |                                       | Ī           | Phone no 🕨 (805) 966-      |

SANTA BARBARA, CA 93101

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

| Par                         | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III  |
|-----------------------------|--|
| 1                           | Briefly describe the organization's mission  |
| STRE<br>LEAE<br>REAE<br>PAR | UCLEAR AGE PEACE FOUNDATION INITIATES AND SUPPORTS WORLDWIDE EFFORTS TO ABOLISH NUCLEAR WEAPONS, T<br>GTHEN INTERNATIONAL LAW AND INSTITUTIONS, AND TO INSPIRE AND EMPOWER A NEW GENERATION OF PEACE<br>RS FOUNDED IN 1982, THE FOUNDATION IS COMPRISED OF INDIVIDUALS AND ORGANIZATIONS WORLDWIDE WHO<br>ZE THE IMPERATIVE FOR PEACE IN THE NUCLEAR AGE THE NUCLEAR AGE PEACE FOUNDATION IS A NON-PROFIT, NON-<br>SAN INTERNATIONAL EDUCATION AND ADVOCACY ORGANIZATION IT HAS CONSULTATIVE STATUS TO THE UNITED<br>INS ECONOMIC AND SOCIAL COUNCIL AND IS RECOGNIZED BY THE UN AS A PEACE MESSENGER ORGANIZATION   |
|                             |  |
|                             |  |
| 2                           | Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?  |
|                             | f "Yes," describe these new services on Schedule O   |
| 3                           | Old the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4                           | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and illocations to others, the total expenses, and revenue, if any, for each program service reported   |
| 4a                          | (Code ) (Expenses \$ 319,231 including grants of \$ ) (Revenue \$ )  |
|                             | PUBLIC EDUCATION AND OUTREACHTHE FOUNDATION'S ANNUAL AWARDS DINNER HONORED OUTSTANDING PEACE LEADERS AND REACHED APPROXIMATELY 300 PEOPLE IN THE SANTA BARBARA AREA THE ANNUAL FRANK KELLY LECTURE BRINGS LEADING THINKERS TO SANTA BARBARA FOR AN EVENING LECTURE THE 201 LECTURE REACHED 250 PEOPLE PLUS THE FOUNDATION REACHED 1000S MORE THROUGH UCTV AND PUBLISHING THE PEACE POETRY CONTEST ENCOURAGES POETS TO EXPLORE AND ILLUMINATE POSITIVE VISIONS OF PEACE AND THE HUMAN SPIRIT THE CONTEST RECEIVED 2,171 ENTRIES THE SWACKHAMER DISARMAMENT VIDEO CONTEST, STARTED IN 2008, SEEKS SHORT VIDEOS ON SUBJECTS RELATING TO NUCLEAR DISARMAMENT THE CONTEST RECEIVED 55 ENTRIES IN 2010, AND THE VIDEOS WERE VIEWED ONLINE OVER 6,000 TIMES THE FOUNDATION'S PRIMARY WEBSITES, WWW WAGINGPEACE ORG AND WWW NUCLEARFILES ORG, CONTAIN VAST AMOUNTS OF INFORMATION RELATING TO BOTH CONTEMPORARY AND HISTORICAL ISSUES OF THE NUCLEAR AGE IN 2010, THE WEBSITES WERE VISITED BY OVER 600,000 UNIQUE USERS |
| 4b                          | (Code ) (Expenses \$ 68,492 including grants of \$ 62,387 ) (Revenue \$ )  |
| 40                          | AUXILIARY PROJECTSTHE INTERNATIONAL NETWORK OF ENGINEERS AND SCIENTISTS FOR GLOBAL RESPONSIBILITY (INES) IS AN INDEPENDENT NON-PROFIT ORGANIZATION COMMITTED TO INFLUENCING THE ROLE AND THE IMPACT THAT SCIENCE AND TECHNOLOGY HAVE ON SOCIETY THE RIGHT LIVELIHOOD AWARD HONORS OUTSTANDING INDIVIDUALS IN THE FIELDS OF PEACE AND HUMAN RIGHTS, SUPPORTING THOSE "OFFERING PRACTICAL AND EXEMPLARY ANSWERS TO THE MOST URGENT CHALLENGES FACING US TODAY "THE NUCLEAR AGE PEACE FOUNDATION - SILICON VALLEY GROUP SEEKS TO ADVANCE THE FOUNDATION'S PROGRAM AND CAMPAIGNS IN THE SILICON VALLEY REGION OF CALIFORNIA THE WORLD FUTURE COUNCIL (WFC) AIMS TO BE AN ETHICAL VOICE FOR THE NEE AND RIGHTS OF FUTURE LIFE, INCLUDING THE NEED TO ABOLISH NUCLEAR WEAPONS THE NUCLEAR AGE PEACE FOUNDATION'S PRESIDENT, DAVID KRIEGER, I ONE OF THE WFC'S 50 COUNCILORS  |
| <br>4с                      | (Code ) (Expenses \$ 173,069 including grants of \$ 26,435 ) (Revenue \$ )   |
| <b>→</b>                    | PROJECTS TO ELIMINATE THE DANGERS OF NUCLEAR WEAPONSTHE DANIEL ELLSBERG FELLOWSHIP IS PROVIDED TO NOTED SCHOLAR AND AUTHOR DANIEL ELLSBERG, WHO IS WRITING ARTICLES AND A BOOK ON NUCLEAR ISSUES THE FOUNDATION'S EMERGING NUCLEAR THREATS PROGRAM COVERS MANY DIFFERE ACTIVITIES, INCLUDING -WORK WITH THE UNITED NATIONS AROUND THE NON-PROLIFERATION TREATY (REACHES THOUSANDS OF PEOPLE), -THE CREATION AND DISTRIBUTION OF 3,000 FREE COPIES OF THE DVD "THE MYTH OF NUCLEAR DETERRENCE" WHICH WILL REACH OVER 50,000 PEOPLE, THE SUNFLOWER ENEWSLETTER IS A MONTHLY NEWSLETTER ON NUCLEAR ISSUES THAT REACHES OVER 35,000 PEOPLE BY EMAIL THE ACTION ALERT NETWORK GIVES MEMBERS THE OPPORTUNITY TO EMAIL MEMBERS OF CONGRESS AND OTHER LEADERS ABOUT IMPORTANT NUCLEAR ISSUES IN ORDER TO INFLUENCE LEGISLATION AND POLICY IN 2010, OVER 20,000 ADVOCACY MESSAGES WERE SENT   |
|                             | Other program services (Describe in Schedule O ) See also Additional Data for Description  |
| TU                          | (Expenses \$ 142,824 including grants of \$ ) (Revenue \$ )  |
| 4e                          | Total program service expenses▶\$ 703.616  |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
|         |              |          |           |

|     |   |     | 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 (see instruction)? $^{f 2}$   | 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         | 5   |     | No |
| 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   | 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-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  | Yes |    |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |     | No |
| C   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e |     | No |
| f   | 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 (ASC 740)? If "Yes," complete Schedule D, Part X.     | 11f | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E   | 13  |     | No |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| 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? <i>If</i> "Yes," complete Schedule F, Parts I and IV              | 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, Parts II and IV  | 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, Parts III and IV .  | 16  |     | No |
| 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 (see instructions)                                      | 17  | Yes |    |
| 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 |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                  | 20b |     |    |

| 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 the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | <sup>In</sup> <b>21</b> |         | No     |
| 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 lines 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   | h <b>25a</b>            |         | No     |
| Ь   | 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, o disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                 | 26                      |         | No     |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantic contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III         | 2 <b>7</b>              |         | No     |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part I 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                     |         | No     |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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                      |         | No     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30                      |         | No     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31                      |         | No     |
| 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                      |         | No     |
| 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                      |         | No     |
| 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                      |         | No     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35                      |         | No     |
| а   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Tes Vo  |                         |         |        |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36                      |         | No     |
| 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                      |         | No     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38                      | Yes     |        |
|     |   | F                       | orm 990 | (2010) |

| Form       | 990 (2010)  |           |     | Page ! |
|------------|---|-----------|-----|--------|
| Pa         | Statements Regarding Other IRS Filings and Tax Compliance   |           | _   |        |
|            | Check if Schedule O contains a response to any question in this Part V  | • •       | .F  |        |
| 1a         | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   |           | Yes | No     |
|            | <b>1a</b> 18  | 3         |     |        |
| b          | 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   | ı         |     |        |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 1         | .,  |        |
|            | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b        | Yes |        |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the   |           |     |        |
|            | year?   | 3a        |     | No     |
|            | 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<br>over, a financial account in a foreign country (such as a bank account, securities account, or other financial |           |     |        |
|            | account)?   | 4a        |     | No     |
| Ь          | If "Yes," enter the name of the foreign country 🕨   | -         |     |        |
|            | See instructions for ming requirements for Form FDT 90-22 1, Report of Foreign Dank and Financial Accounts  |           |     |        |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |     | Νo     |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |     | No     |
| c          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c        |     |        |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a        |     | No     |
| -          | organization solicit any contributions that were not tax deductible?  |           |     | 1,0    |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b        |     |        |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |           |     |        |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and   | 7a        | Yes |        |
| _          | services provided to the payor?   | <u> </u>  | .,  |        |
|            | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to                | 7b        | Yes |        |
| ·          | file Form 8282?   | 7c        |     | No     |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year   |           |     |        |
| e          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit   |           |     |        |
| Ĭ          | contract?   | 7e        |     | No     |
|            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |     | No     |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 5<br>  7g |     |        |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a   |           |     |        |
| •          | Form 1098-C?  | 7h        |     |        |
| 8          | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did 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.   |           |     |        |
|            | Did the organization make any taxable distributions under section 4966?   | 9a        |     |        |
|            | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b        |     |        |
| 10<br>a    | Initiation fees and capital contributions included on Part VIII, line 12   10a  |           |     |        |
|            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b   | 1         |     |        |
|            | facilities  | 1         |     |        |
|            | Section 501(c)(12) organizations. Enter   |           |     |        |
|            | Gross income from members or shareholders   | -         |     |        |
| J          | 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       |     |        |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the  |           |     |        |
| <b>.</b> - | year 12b  | -         |     |        |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           |     |        |
| а          | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O  | 13a       |     |        |
|            |   |           |     |        |
| ь          | Enter the amount of reserves the organization is required to maintain by the states   |           |     |        |
|            | In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand   | -         |     |        |
| С          | Enter the amount of reserves on hand  13c   |           |     |        |
|            | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a       |     | No     |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b       |     |        |

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 at the end of the tax year  |     |             |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent   |     |             |    |
| 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   |             | Νο |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   |             | Νο |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5   |             | No |
| 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  |             | Νο |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b  |             | Νο |
| 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 |
|     | ction B. Policies (This Section B requests information about policies not required by the Internal   |     | · · · · · · |    |
| Re  | venue Code.)   |     | 74          |    |
| 10- | Done the augustion have local chantens burnels and file to 2   | 10- | Yes         | No |
|     | Does the organization have local chapters, branches, or affiliates?  | 10a | Yes         |    |
| 11- | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b | Yes         |    |
| 114 | rias the organization provided a copy of this Form 990 to an members of its governing body before mining the form?   | 11a | Yes         |    |
| Ь   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |             |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | Yes         |    |
| b   | 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?   |     |             |    |
| а   | 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 15a or 15b, 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 |             | Νο |
| b   | 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   | _00 |             |    |
| 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  |     |             |    |

Own website Another's website 🔽 Upon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 SHARON ROSSOL 1622 ANACAPA STREET

SANTA BARBARA, CA 93101 (805) 965-3443

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### 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

- ◆ 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, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| <b>(A)</b><br>Name and Title                       | (B)<br>Average<br>hours   | verage Position (check all        |                       |   |   |                         |  | ( <b>D)</b><br>Reportable<br>compensation<br>from the | (E) Reportable compensation | (F) Estimated amount of other |                                  |   |  |
|--|---|-----------------------------------|-----------------------|---|---|-------------------------|--|---|-----------------------------|-------------------------------|----------------------------------|---|--|
|  | yer week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Highest compensated employee  Key employee  Officer |   | Key employee<br>Officei |  | Officei   |                             | Former                        | organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| (1) DAVID KRIEGER<br>PRESIDENT                     | 50 00   | х                                 |                       | х   | х |                         |  | 161,386   | 0                           | 10,309                        |                                  |   |  |
| (2) FRANK KELLY<br>SENIOR VICE PRESIDENT           | 3 00  | х                                 |                       | х   |   |                         |  | 4,500   | 0                           | 0                             |                                  |   |  |
| (3) RICHARD FALK<br>BOARD CHAIR                    | 1 50  | х                                 |                       | х   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (4) DIANDRA DE MORRELL DOUGLAS<br>DIRECTOR         | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (5) ANNA GROTENHUIS<br>DIRECTOR                    | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (6) DR PETER HASLUND<br>DIRECTOR                   | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (7) MARC KIELBURGER<br>DIRECTOR                    | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (8) ROBERT B LANEY<br>DIRECTOR AND SECRETARY       | 1 50  | х                                 |                       | х   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (9) JOHN RANDOLPH PARTEN<br>DIRECTOR               | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (10) SELMA RUBIN<br>DIRECTOR                       | 1 50  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (11) IMAGING SPENCE<br>DIRECTOR                    | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (12) PETER MACDOUGALL<br>DIRECTOR & VICE PRESIDENT | 2 00  | х                                 |                       | х   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (13) MARK HAMILTON<br>VICE CHAIR AND TREASURER     | 2 00  | х                                 |                       | х   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (14) SUE HAWES<br>DIRECTOR                         | 1 00  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (15) JILL DEXTER<br>DIRECTOR                       | 1 50  | х                                 |                       |   |   |                         |  | 0   | 0                           | 0                             |                                  |   |  |
| (16) CHRIS PIZZINAT<br>DIRECTOR                    | 1 00  | Х                                 |                       |   |   |                         |  | 0   | 0                           | 0 Form <b>990</b> (2010)      |                                  |   |  |

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and Title |   | (B)<br>Average<br>hours   |                                   | tion that a           |             |              | II                           |           | ( <b>D)</b> Reportable compensation from the | (E)<br>Reportable<br>compensation<br>from related | ו | (F) Estimated amount of othe             |                      |
|-----------------------|---|---|-----------------------------------|-----------------------|-------------|--------------|------------------------------|-----------|--|---|---|--|----------------------|
|                       |   | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei     | Key employee | Highest compensated employee | Former    | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)             |   | from s<br>organizat<br>relat<br>organiza | the<br>ion and<br>ed |
|                       | STEVE PARRY<br>CTOR & TREASURER   | 1 50  | х                                 |                       | х           |              |                              |           | 0  |   | 0 |  | 0                    |
| (18)<br>DIRE          | LAURIE HARRIS   | 1 00  | х                                 |                       |             |              |                              |           | 0  |   | 0 |  | 0                    |
|                       | LESSIE NIXON SCHONTZLER   | 1 00  | х                                 |                       |             |              |                              |           | 0  |   | 0 |  | 0                    |
| (20)                  | LAURIE ASHTON   | 1 00  | X                                 |                       |             |              |                              |           | 0  |   | 0 |  | 0                    |
| (21) DIREC            | YOLANDA NUNN GORMAN   | 1 00  | х                                 |                       |             |              |                              |           | 0  |   | 0 |  | 0                    |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
| 1b                    | Sub-Total   |   |                                   |                       | •           | •            |                              | -         |  |   |   |  |                      |
| c                     | Total from continuation sheets  | •   |                                   |                       |             |              | <b>•</b>                     | -         | 165.006                                      |   |   |  | 10 200               |
| d                     | Total (add lines 1b and 1c) .   |   |                                   |                       |             |              |                              | <u> </u>  | 165,886                                      |   | 0 |  | 10,309               |
| 2                     | Total number of individuals (incli<br>\$100,000 in reportable compens               | -   |                                   |                       |             | tea a        | above,                       | ) wnc     | o received more tha                          | n   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   | Yes                                      | No                   |
| 3                     | Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch |   |                                   |                       |             | eye<br>•     | mploy<br>•                   | ee, c     | or highest compens                           | ated employee                                     | , |  | N.a                  |
| 4                     | For any individual listed on line 1   |   |                                   |                       |             | oens         | atıon                        | and       | other compensation                           | n from the  | 3 |  | No                   |
|                       | organization and related organiza   | ations greater th   | nan \$15                          | 0,00<br>•             | 0? <i>1</i> | f "Ye        | es," co                      | mple<br>• | ete Schedule J for suc                       | ch<br>• • • •                                     | 4 | Yes                                      |                      |
| 5                     | Did any person listed on line 1a<br>services rendered to the organiz                |   | •                                 |                       |             |              |                              |           | -  | r individual for<br>•                             | 5 |  | No                   |
| Se                    | ection B. Independent Con   | tractors  |                                   |                       |             |              |                              |           |  |   |   |  |                      |
| 1                     | Complete this table for your five \$100,000 of compensation from                    | the organizatio   |                                   | ndep                  | ende        | ent c        | ontrad                       | ctors     | that received more                           |   |   |  |                      |
|                       | Nam   | (A)<br>ne and business add  | dress                             |                       |             |              |                              |           | Descr  | (B)<br>iption of services                         |   | ( <b>C</b><br>Comper                     |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |
|                       |   |   |                                   |                       |             |              |                              |           |  |   |   |  |                      |

2 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

|                             |                                     |               | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or | <b>(C)</b><br>Unrelated | (D)<br>Revenue        |
|-----------------------------|-------------------------------------|---------------|-----------------------------|--------------------------|-------------------------|-----------------------|
|                             |                                     |               |                             | exempt<br>function       | business<br>revenue     | excluded<br>from      |
|                             |                                     |               |                             | revenue                  |                         | tax under<br>sections |
|                             |                                     |               |                             |                          |                         | 512,513,              |
| ated campaig                | gns 1a                              | 2,124         |                             |                          |                         | or 514                |
| ership dues                 |                                     |               |                             |                          |                         |                       |
| aising events               |                                     | 10,358        |                             |                          |                         |                       |
| -                           | ons 1d                              |               |                             |                          |                         |                       |
| ment grants (co             |                                     |               |                             |                          |                         |                       |
|                             | gifts, grants, and 1f               | 254,057       |                             |                          |                         | <br>                  |
| amounts not inc             | cluded above                        |               |                             |                          |                         |                       |
| h contributions i           | ıncluded ın lınes 1a-1f \$          | 21,081        |                             |                          |                         |                       |
| Add lines 1a                | a-1f                                |               | 266,539                     |                          |                         |                       |
|                             |                                     | Business Code |                             |                          |                         |                       |
|                             |                                     | Business data |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
| ner program (               | service revenue                     |               |                             |                          |                         |                       |
|                             |                                     | L             |                             |                          |                         |                       |
|                             | a-2f                                |               |                             |                          |                         |                       |
|                             | e (including dividends,<br>imounts) | _             | 105,918                     |                          |                         | 105,918               |
|                             | ent of tax-exempt bond proc         |               |                             |                          |                         | 100,000               |
|                             |                                     |               |                             |                          |                         |                       |
|                             | (ı) Real                            | (II) Personal |                             |                          |                         |                       |
| Rents                       | (1) 11021                           | (,            |                             |                          |                         |                       |
| ental                       |                                     |               |                             |                          |                         |                       |
| es<br>Income                |                                     |               |                             |                          |                         |                       |
| s) [                        | ( )                                 | <u>h-</u>     |                             |                          |                         |                       |
| ntai income                 | or (loss)                           | (II) O ther   |                             |                          |                         |                       |
| mount                       | 1,982,673                           | (II) O ther   |                             |                          |                         |                       |
| ales of<br>other            | , ,                                 |               |                             |                          |                         |                       |
| ventory                     |                                     |               |                             |                          |                         |                       |
| ost or<br>asıs and          | 1,938,423                           |               |                             |                          |                         |                       |
| xpenses<br>· (loss)         | 44,250                              |               |                             |                          |                         |                       |
| · · · · [                   |                                     |               | 44,250                      |                          |                         | 44,250                |
|                             | n fundraising events                |               | ,                           |                          |                         |                       |
| ncluding                    |                                     |               |                             |                          |                         |                       |
| 10,358                      | 3<br>-<br>ported on line 1c)        |               |                             |                          |                         |                       |
| art IV, line 1              |                                     |               |                             |                          |                         |                       |
|                             | а                                   | 109,975       |                             |                          |                         |                       |
|                             | nses <b>b</b>                       | 46,536        |                             |                          |                         |                       |
|                             | s) from fundraising eve             |               | 63,439                      |                          |                         | 63,439                |
| income from<br>V, line 19 . | n gaming activities See             | e             |                             |                          |                         |                       |
| direct                      | <b>.</b>                            |               |                             |                          |                         |                       |
| ses                         |                                     |               |                             |                          |                         |                       |
| come or (los                | s) from gaming activiti             | <b>b</b> es►  |                             |                          |                         |                       |
| sales of inve               |                                     |               |                             |                          |                         |                       |
| s and allowar               |                                     |               |                             |                          |                         |                       |
|                             | a                                   | 315           |                             |                          |                         |                       |
| ·=                          | s s o l d <b>b</b>                  | 1,788         |                             |                          |                         |                       |
|                             | s) from sales of invento            |               | -1,473                      | -1,473                   |                         |                       |
| cellaneous R                | tevenue                             | Business Code |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
|                             |                                     |               |                             |                          |                         |                       |
| ner revenue                 |                                     |               |                             |                          |                         |                       |
| Add lines 11                | la-11d                              |               |                             |                          |                         |                       |
| Add                         | lines 11                            | evenue        |                             | nue. See Instructions    | lines 11a-11d           | nue. See Instructions |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Δ     | Section 501(c)(3) and 501(c)(4) organizations mus<br>Il other organizations must complete column (A) but are not required to c   | -                  |                                    | (D)                                 |                          |
|-------|--|--------------------|------------------------------------|-------------------------------------|--------------------------|
| Do no | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A) Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1     | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   |                    | ·                                  |                                     | <u> </u>                 |
| 2     | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 26,435             | 26,435                             |                                     |                          |
| 3     | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   | 62,387             | 62,387                             |                                     |                          |
| 4     | Benefits paid to or for members  |                    |                                    |                                     |                          |
| 5     | Compensation of current officers, directors, trustees, and key employees   | 176,195            | 141,000                            | 17,530                              | 17,665                   |
| 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   | 312,533            | 226,332                            | 21,774                              | 64,427                   |
| 8     | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |                    |                                    |                                     |                          |
| 9     | Other employee benefits  | 29,581             | 21,670                             | 2,160                               | 5,751                    |
| 10    | Payroll taxes  | 37,001             | 27,752                             | 2,960                               | 6,289                    |
| а     | Fees for services (non-employees) Management   |                    |                                    |                                     |                          |
| b     | Legal  |                    |                                    |                                     |                          |
| С     | Accounting   | 13,340             | 10,806                             | 1,067                               | 1,467                    |
| d     | Lobbying   | 7,500              | 7,500                              |                                     |                          |
| е     | Professional fundraising services See Part IV, line 17   | 15,113             |                                    |                                     | 15,113                   |
| f     | Investment management fees   | 25,351             |                                    | 25,351                              |                          |
| g     | Other  | 3,679              | 2,980                              | 294                                 | 405                      |
| 12    | Advertising and promotion  | 6,888              | 6,888                              |                                     |                          |
| 13    | Office expenses  | 50,595             | 40,782                             | 4,264                               | 5,549                    |
| 14    | Information technology   | 17,623             | 14,274                             | 1,410                               | 1,939                    |
| 15    | Royalties  |                    |                                    |                                     |                          |
| 16    | Occupancy  | 5,772              | 501                                | 5,271                               |                          |
| 17    | Travel   | 329                | 266                                | 27                                  | 36                       |
| 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  | 16,706             | 13,365                             | 1,671                               | 1,670                    |
| 23    | Insurance  | 7,270              | 5,887                              | 582                                 | 801                      |
| 24    | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) |                    |                                    |                                     |                          |
| а     | PROGRAM EXPENSES   | 58,436             | 58,436                             |                                     |                          |
| b     | AUXILIARY PROGRAMS   | 24,196             | 24,196                             |                                     | _                        |
| c     | PUBLIC EDUCATION AND OU  | 11,559             | 11,559                             |                                     |                          |
| d     | FUNDRAISING  | 9,683              |                                    |                                     | 9,683                    |
| e     | DC EXPENSES  | 600                | 600                                |                                     |                          |
| f     | All other expenses   |                    |                                    |                                     |                          |
| 25    | Total functional expenses. Add lines 1 through 24f   | 918,772            | 703,616                            | 84,361                              | 130,795                  |
| 26    | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a  |                    |                                    | -                                   | <u> </u>                 |
|       | combined educational campaign and fundraising solicitation   |                    |                                    |                                     |                          |

Part X Balance Sheet (A) (B) Beginning of year End of year 56.466 1 51,986 4.944 4.946 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 99,477 8 110,565 Prepaid expenses and deferred charges . . . . 9 10a Land, buildings, and equipment cost or other basis Complete 579,309 10a Part VI of Schedule D 340.728 ь Less accumulated depreciation . . . . . 10b 255,287 10c 238,581 11 4.329.231 11 4.288.616 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 4,745,405 16 4,694,694 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 9.310 17 4.655 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 9.310 26 4.655 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 2.645.657 2,569,700 Temporarily restricted net assets . . . . . 501,742 28 471,841 28 Fund 1,618,597 1,618,597 29 Permanently restricted net assets . . . . . 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 4,736,095 33 4,690,039 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.745.405 4,694,694

| 1461 | Check if Schedule O contains a response to any question in this Part XI   |         |    | . [~ |         |
|------|---|---------|----|------|---------|
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   |         |    |      | 170.67  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    |      | 918,77  |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3       |    |      | 140,099 |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |    | 4,7  | 736,09  |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)  | 5       |    | 3    | 394,04  |
| 6    | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6       |    | 4,6  | 590,039 |
| Par  | Table Transport |         | •  | দ    | ı       |
| 1    | Accounting method used to prepare the Form 990  |         |    | Yes  | No      |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a |      | No      |
| 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 to 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  |         | 2c | Yes  |         |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both   | ssued   |    |      |         |
|      | ▼ Separate basis  |         |    |      |         |
| 3a   | 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?  | e       | 3a |      | Νο      |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | equired | 3b |      |         |

**Employer identification number** 

#### DO NOT PROCESS

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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.

OMB No 1545-0047

2010

Open to Public Inspection

NUCLEAR AGE PEACE FOUNDATION 95-3825265 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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, city, and state 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 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the US? |    | (vii)<br>A mount of<br>support |  |
|---|-------------|---|-----------|----|---|----|--|----|--------------------------------|--|
|   |             | instructions))  | Yes       | No | Yes   | No | Yes  | No |                                |  |
|   |             |   |           |    |   |    |  |    |                                |  |
|   |             |   |           |    |   |    |  |    |                                |  |
|   |             |   |           |    |   |    |  |    |                                |  |
|   |             |   |           |    |   |    |  |    |                                |  |
|   |             |   |           |    |   |    |  |    |                                |  |
| Total                                       |             |   |           |    |   |    |  |    |                                |  |

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

|          | dider rate III. If the  | organización i      | ans to quanty t    | maci die tests      | iisted below, pie    | case complet      | c raic III.    |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S        | ection A. Public Support  |                     | _                  |                     |                      |                   |                |
| Cale     | endar year (or fiscal year beginning in)                          | (a) 2006            | <b>(b)</b> 2007    | (c) 2008            | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 1        | Gifts, grants, contributions, and                                 |                     |                    |                     |                      |                   |                |
|          | membership fees received (Do not                                  |                     |                    |                     |                      |                   |                |
|          | ınclude any "unusual  |                     |                    |                     |                      |                   |                |
|          | grants ")   |                     |                    |                     |                      |                   |                |
| 2        | Tax revenues levied for the                                       |                     |                    |                     |                      |                   |                |
|          | organization's benefit and either                                 |                     |                    |                     |                      |                   |                |
|          | paid to or expended on its  |                     |                    |                     |                      |                   |                |
| _        | behalf  |                     |                    |                     |                      |                   |                |
| 3        | The value of services or facilities                               |                     |                    |                     |                      |                   |                |
|          | furnished by a governmental unit to                               |                     |                    |                     |                      |                   |                |
|          | the organization without charge                                   |                     |                    |                     |                      |                   |                |
|          | 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                              |                     |                    |                     |                      |                   |                |
| Ü        | line 4  |                     |                    |                     |                      |                   |                |
| S        | ection B. Total Support   | 1                   |                    |                     |                      | I                 |                |
|          | endar year (or fiscal year beginning                              |                     |                    |                     |                      |                   |                |
| Cur      | in) ►   | (a) 2006            | <b>(b)</b> 2007    | <b>(c)</b> 2008     | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 7        | A mounts from line 4  |                     |                    |                     |                      |                   |                |
| 8        | Gross income from interest,                                       |                     |                    |                     |                      |                   |                |
| 0        | dividends, payments received on                                   |                     |                    |                     |                      |                   |                |
|          | securities loans, rents, royalties                                |                     |                    |                     |                      |                   |                |
|          | and income from similar   |                     |                    |                     |                      |                   |                |
|          | sources   |                     |                    |                     |                      |                   |                |
| 9        | Net income from unrelated   |                     |                    |                     |                      |                   |                |
| -        | business activities, whether or                                   |                     |                    |                     |                      |                   |                |
|          | not the business is regularly                                     |                     |                    |                     |                      |                   |                |
|          | carried on  |                     |                    |                     |                      |                   |                |
| 10       | Other income Do not include gain                                  |                     |                    |                     |                      |                   |                |
|          | or loss from the sale of capital                                  |                     |                    |                     |                      |                   |                |
|          | assets (Explain in Part IV )                                      |                     |                    |                     |                      |                   |                |
| 11       | Total support (Add lines 7  |                     |                    |                     |                      |                   |                |
|          | through 10)   |                     |                    |                     |                      |                   |                |
| 12       | Gross receipts from related activities                            | es, etc (See inst   | ructions )         |                     |                      | 12                |                |
| 13       | First Five Years If the Form 990 is f                             | or the organization | on's first, second | , third, fourth, or | fifth tax year as a  | 501(c)(3) orga    | nızatıon,      |
|          | check this box and <b>stop here</b>                               | _                   | r                  |                     | •                    | . , . , .         | <b>▶</b> ┌॔    |
|          |   |                     |                    |                     |                      |                   |                |
| S        | ection C. Computation of Pub                                      | lic Support P       | ercentage          |                     |                      |                   |                |
| 14       | Public Support Percentage for 2010                                | (lıne 6 column (    | f) divided by line | 11 column (f))      |                      | 14                |                |
| 15       | Public Support Percentage for 2009                                | Schedule A Par      | rt II line 14      |                     |                      | 15                |                |
|          |   |                     |                    |                     |                      |                   | <del> </del>   |
| 16a      | <b>33 1/3% support test—2010.</b> If the                          |                     |                    |                     | line 14 is 33 1/3%   | or more, chec     |                |
|          | and <b>stop here.</b> The organization qua                        | •                   |                    |                     |                      | 2.2.4.204         | <b>▶</b> [     |
| b        | 33 1/3% support test—2009. If the                                 |                     |                    |                     | oa, and line 15 is : | 1/3% or mor کد    | . <del>-</del> |
| 17-      | box and <b>stop here.</b> The organization                        |                     |                    |                     | 12 16 1C             | handler - 4.4     | ▶              |
| r/a      | 10%-facts-and-circumstances test-                                 |                     |                    |                     |                      |                   | ın.            |
|          | is 10% or more, and if the organization made                      |                     |                    | •                   |                      |                   |                |
|          | in Part IV how the organization mee                               | is the facts and    | circumstances"     | test ine organiz    | acion quanifies as   | a publicly supp   | orted<br>F     |
| <b>L</b> | organization 10%-facts-and-circumstances test-                    | _2000 Ifthe era     | anization did not  | chack a hay an lu   | no 13 165 166 5      | or 17a and line   | F1             |
| ט        | 15 is 10% or more, and if the organ                               |                     |                    |                     |                      |                   |                |
|          | Explain in Part IV how the organizat                              |                     |                    | •                   |                      | <u>-</u>          | clv            |
|          | supported organization  | aon meets the 16    | aces and circuitis | tances test life    | . organization qual  | iiiies as a publi | ETY<br>▶ ¯     |
| 18       | Private Foundation If the organizati                              | on did not check    | a box on line 13   | . 16a. 16b. 17a o   | r 17b. check this    | box and see       | - 1            |
|          | instructions  | a.a not eneck       | , on mic 19,       | , , 0 0 , 7 0 0     | . 2. 2, 511558 61115 |                   | <b>▶</b> □     |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se         | ction A. Public Support   |                               |                      |                      |                   |                 |                      |
|------------|---|-------------------------------|----------------------|----------------------|-------------------|-----------------|----------------------|
| Cale       | ndar year (or fiscal year beginn<br>in) ►   | (a) 2006                      | <b>(b)</b> 2007      | (c) 2008             | <b>(d)</b> 2009   | (e) 2010        | (f) Total            |
| 1          | Gifts, grants, contributions, and<br>membership fees received (Do<br>include any "unusual grants")  |                               | 970,163              | 522,107              | 444,832           | 376,514         | 3,236,68             |
| 2          | Gross receipts from admission merchandise sold or services performed, or facilities furnishe any activity that is related to to organization's tax-exempt purpose | ed in 120,069                 | 127,547              | 90,500               | 75,396            | 315             | 413,82               |
| 3          | Gross receipts from activities to are not an unrelated trade or business under section 513  | that                          |                      |                      |                   |                 |                      |
| 4          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                               |                      |                      |                   |                 |                      |
| 5          | The value of services or faciliti<br>furnished by a governmental ur<br>the organization without charge  | nit to                        |                      |                      |                   |                 |                      |
| 6          | Total. Add lines 1 through 5  | 1,043,133                     | 1,097,710            | 612,607              | 520,228           | 376,829         | 3,650,50             |
| 7a         | Amounts included on lines 1, 2 and 3 received from disqualifie persons  |                               | 474,050              | 116,500              | 69,500            | 74,500          | 1,216,81             |
| b          | Amounts included on lines 2 ar<br>received from other than<br>disqualified persons that excee<br>the greater of \$5,000 or 1% of                                  | ed 119,256                    | 270,922              | 156,317              | 35,454            | 92,050          | 673,99               |
| _          | amount on line 13 for the year<br>Add lines 7a and 7b   | 601,524                       | 744,972              | 272,817              | 104,954           | 166,550         | 1,890,81             |
| 8          | Public Support (Subtract line 7 from line 6)  | -                             | 711,372              | 272,017              | 101,931           | 100,330         | 1,759,69             |
| Se         | ction B. Total Support  |                               |                      |                      |                   |                 |                      |
| Cale       | <b>ndar year</b> (or fiscal year beginni  | ng <b>(a)</b> 2006            | <b>(b)</b> 2007      | (c) 2008             | (d) 2009          | (e) 2010        | (f) Total            |
| _          | ın)   |                               |                      |                      |                   |                 |                      |
| 9          | A mounts from line 6  | 1,043,133                     | 1,097,710            | 612,607              | 520,228           | 376,829         | 3,650,50             |
| 10a        | Gross income from interest, dividends, payments received a securities loans, rents, royaltie and income from similar sources                                      |                               | 206,615              | 271,753              | 88,848            | 105,918         | 758,51               |
| Ь          | Unrelated business taxable income (less section 511 taxe from businesses acquired after June 30, 1975   |                               |                      |                      |                   |                 |                      |
| c          | Add lines 10a and 10b   | 85,377                        | 206,615              | 271,753              | 88,848            | 105,918         | 758,51               |
| 11         | Net income from unrelated<br>business activities not include<br>in line 10b, whether or not the<br>business is regularly carried or                               |                               |                      |                      |                   |                 |                      |
| 12         | Other income Do not include<br>gain or loss from the sale of<br>capital assets (Explain in Part<br>IV)  |                               |                      |                      |                   |                 |                      |
| 13         | Total support (Add lines 9, 100 11 and 12)  | 1,120,310                     | 1,304,325            | 884,360              | 609,076           | 482,747         | 4,409,01             |
| 14         | First Five Years If the Form 990 check this box and stop here   | U is for the organizatio      | n's first, second, f | third, fourth, or fi | ntn tax year as a | section501(c)(3 | ) organization,<br>► |
| Se         | ction C. Computation of I   |                               |                      |                      |                   |                 |                      |
| 15         | Public Support Percentage for 2   | 2010 (line 8 column (f        | ) divided by line 1  | 3 column (f))        |                   | 15              | 39 910 %             |
| 16         | Public support percentage from  | 2009 Schedule A, Pa           | rt III, line 15      |                      |                   | 16              | 41 800 %             |
| <u>د</u> م |   |                               |                      |                      |                   |                 |                      |
|            | ction D. Computation of   | Investment Incor              | ne Dercentag         | ρ                    |                   |                 |                      |
| 17         | ction D. Computation of Investment income percentage  |                               |                      |                      | (f))              | 17              | 17 200 %             |
|            |   | for <b>2010</b> (line 10c col | umn (f) dıvıded by   | line 13 column       | (f))              | 17              | 17 200 %<br>14 110 % |

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. 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

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanations             |
|---------|--|
|         | required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any |
|         | additional information. (See instructions).  |

| Facts | Ana | Circumstances | ı est |
|-------|-----|---------------|-------|
|       |     |               |       |
|       |     |               |       |
|       |     |               |       |
|       |     |               |       |

**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) 2010

#### **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)

| 4d. Other program services |  |
|----------------------------|--|
|----------------------------|--|

(Code ) (Expenses \$ 142,824 including grants of \$ ) (Revenue \$

PEACE LEADERSHIP PROGRAMTHE 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 THE FOUNDATION WORKS TO STRENGTHEN INTERNATIONAL LAW THROUGH WRITING ORIGINAL ARTICLES AND HOLDING AND PARTICIPATING IN SYMPOSIA THE FOUNDATION WORKS TO EMPO WER 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

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

DLN: 93493305005251

#### 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 V, line 46 (Political Campaign Activities), |
|--|
| then   |
| ♣ Section 501(c)(3) organizations. Complete Parts LA and B. Do not complete Part LC  |

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

|     | ection 501(c)(4), (5), or (6) organ<br>ame of the organization<br>ICLEAR AGE PEACE FOUNDATION | Zadenie Gemplete Fareni   |   | Employerıder   | ntification number  |
|-----|---|---|---|--|---|
| 110 | CLEMIC NOE I ENCE I COMBINION   |   |   | 95-3825265   |   |
| Par | rt I-A Complete if the or   | ganization is exempt und  | er section 501(                               | c) or is a section 527   | organization.   |
| 1   | Provide a description of the or   | ganızatıon's dırect and ındırect po   | olitical campaign ac                          | tivities in Part IV  |   |
| 2   | Political expenditures  |   |   | ▶  | \$  |
| 3   | Volunteer hours   |   |   |  |   |
| Par | rt I-B Complete if the or   | ganization is exempt und  | er section 501(                               | (c)(3).  |   |
| 1   | •   | e tax incurred by the organization  |   |  | \$  |
| 2   | Enter the amount of any excis   | e tax incurred by organization mai  | nagers under sectio                           | on 4955 🕨  | \$  |
| 3   | If the organization incurred a s  | section 4955 tax, did it file Form 4  | 4720 for this year?                           |  | ☐ Yes ☐ No  |
| 4a  | Was a correction made?  |   |   |  | ┌ Yes ┌ No  |
| b   | If "Yes," describe in Part IV   |   |   |  |   |
| Par | rt I-C Complete if the or   | ganization is exempt und  | er section 501(                               | c) except section 50:  | 1(c)(3).  |
| 1   | Enter the amount directly exp   | ended by the filing organization fo   | r section 527 exem                            | pt function activities 🕨   | \$  |
| 2   | Enter the amount of the filing of exempt funtion activities                                   | organization's funds contributed to   | o other organization                          | s for section 527<br>►   | \$  |
| 3   | Total exempt function expend  | itures Add lines 1 and 2 Enter he   | ere and on Form 112                           | 20-POL, line 17b   | \$  |
| 4   | Did the filing organization file  | Form 1120-POL for this year?  |   |  | ☐ Yes ☐ No  |
| 5   | organization made payments<br>amount of political contributio                                 | nd employer identification number<br>For each organization listed, enter<br>ns received that were promptly an<br>political action committee (PAC) | r the amount paid fr<br>nd directly delivered | om the filing organization's<br>I to a separate political orga       | funds Also enter the<br>anization, such as a  |
|     | (a) Name  | ( <b>b)</b> Address   | (c) EIN                                       | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political |
|     |   |   |   |  | organization If none,<br>enter -0-  |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | -   |
|     |   |   |   |  | _   |

section 4911 tax for this year?

┌ Yes ┌ No

| Р          | 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                  |   |  |   |
| В          | Check   If the filing organization checked bo                | x A and "limited control" provisions apply        |  |   |
|            | Limits on Lobbying E<br>(The term "expenditures" means a     |   | (a) Filing<br>Organization's<br>Totals | <b>(b)</b> A ffiliated<br>Group<br>Totals |
| <b>1</b> a | Total lobbying expenditures to influence public o            | opinion (grass roots lobbying)                    | 8,128                                  |   |
| b          | Total lobbying expenditures to influence a legisl            | ative body (direct lobbying)                      | 7,307                                  |   |
| c          | Total lobbying expenditures (add lines 1a and 1              | b)  | 15,435                                 |   |
| d          | Other exempt purpose expenditures                            |   | 903,108                                |   |
| е          | Total exempt purpose expenditures (add lines 1               | c and 1d)   | 918,543                                |   |
| f          | Lobbying nontaxable amount Enter the amount columns          | 162,781   |  |   |
|            | 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                                       |  |   |
|            |  |   |  |   |
| g          | Grassroots nontaxable amount (enter 25% of lir               | ne 1f)  | 40,695                                 |   |
| 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          | er - 0 -  | 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<br>beginning in)             | (a) 2007 | <b>(b)</b> 2008 | (c) 2009 | ( <b>d)</b> 2010 | (e) Total |  |  |
| 2a    | Lobbying non-taxable amount                                | 194,316  | 196,092         | 164,465  | 162,781          | 717,654   |  |  |
| b     | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |                 |          |                  | 1,076,481 |  |  |
| c     | Total lobbying expenditures                                | 40,620   | 15,692          | 33,463   | 15,435           | 105,210   |  |  |
| d     | Grassroots non-taxable amount                              | 48,579   | 49,023          | 41,116   | 40,695           | 179,413   |  |  |
| е<br> | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |                 |          |                  | 269,120   |  |  |
| f     | Grassroots lobbying expenditures                           | 32,496   | 13,991          | 8,945    | 8,128            | 63,560    |  |  |

| Part II-B | Complete if the organization is exempt under section $501(c)(3)$ an | d has NOT filed Form 5768 |
|-----------|---|---------------------------|
|           | (election under section 501(h)).                                    |                           |

|     | (election under section 301(n)).   | (     | a)    |      | (b)    |          |
|-----|--|-------|-------|------|--------|----------|
|     |  | Yes   | No    | 4    | A moun | ıt       |
| 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?  |       |       |      |        |          |
| ь   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |       |       |      |        |          |
| c   | Media advertisements?  |       |       | 1    |        |          |
| d   | Mailings to members, legislators, or the public?   |       |       |      |        |          |
| e   | 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  |       |       |      |        |          |
| c   | 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?   |       |       |      |        |          |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | 501(c | )(5), | or s | ectio  | n        |
|     | West residents the all (0.00) and are all does not residents the best residents and a  |       | _     |      | 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    |        | <u> </u> |
| 3   | Did the organization agree to carryover lobbying and political expenditures from the prior year?   | =044  | \     | 3    |        |          |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part answered "Yes".   |       |       |      | ectio  | n        |
| 1   | Dues, assessments and similar amounts from members   | 1     |       |      |        |          |
| 2   | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political   |       |       |      |        |          |

| 2 | 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).  |    |  |
|---|--|----|--|
| а | Current year   | 2a |  |
| ь | Carryover from last year   | 2b |  |
| c | Total  | 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? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

#### 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   | Ret urn Reference | Explanation   |
|--|-------------------|---|
| ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN |                   | THROUGH MAILINGS AND DIRECT CONTACT WITH LEGISLATORS, EFFORTS ARE MADE TO ENCOURAGE |
| ACTIVITIES   |                   | SUPPORT FOR NUCLEAR DISARMAMENT AND NON-<br>PROLIFERATION                           |

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2010

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization
NUCLEAR AGE PEACE FOUNDATION

Employer identification number
95-3825265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if

|  | organization answered "Yes" to Form 9  | (a) Donor ac   | vised funds   | (b)  | Funds and o  | ther account   | ts         |
|--|--|--|---|--|--|--|------------|
| Tota   | Il number at end of year   |  |   |  |  |  |            |
| Aggr   | regate contributions to (during year)  |  |   |  |  |  |            |
| Aggr   | regate grants from (during year)   |  |   |  |  |  |            |
| Aggr   | regate value at end of year  |  |   |  |  |  |            |
|  | the organization inform all donors and donor adv<br>is are the organization's property, subject to the   |  |   | nor advised  | i  | ☐ Yes  | ΓN         |
| used   | the organization inform all grantees, donors, and<br>d only for charitable purposes and not for the bei<br>ferring impermissible private benefit   |  |   |  | urpose   | ☐ Yes  | ┌ĸ         |
| rt II  | Conservation Easements. Complete   | of the organization  | answered "Yes"  | to Form 9  | 90, Part I\  | /, line 7.   |            |
|  | pose(s) of conservation easements held by the o<br>Preservation of land for public use (e g , recreat<br>Protection of natural habitat   | _  |   |  |  |  |            |
| Γ  | Preservation of open space   |  |   |  |  |  |            |
| Com  | nplete lines 2a-2d if the organization held a qua  | lified conservation co   | ntribution in the forr  | n of a cons  | ervation   |  |            |
| ease   | ement on the last day of the tax year  |  |   |  |  |  |            |
|  |  |  |   |  | Held at the  | End of the Y   | /ear       |
| Tota   | al number of conservation easements  |  |   | 2a   |  |  |            |
| Tota   | al acreage restricted by conservation easements  | S  |   | 2b   |  |  |            |
| Num  | nber of conservation easements on a certified hi   | storic structure includ  | ed ın (a)   | 2c   |  |  |            |
| Num  | nber of conservation easements included in (c) a   | acquired after 8/17/06   |   | 2d   |  |  |            |
| the  | nber of conservation easements modified, transf<br>taxable year ▶  |  |   | ed by the o  | nganization  | auring   |            |
|  | nber of states where property subject to conserv   |  |   |  |  |  |            |
|  | s the organization have a written policy regardin<br>orcement of the conservation easements it holds   |  | ing, inspection, har  | ıdlıng of vıc  | olations, and  | │<br>│ Yes   | <b>┌</b>   |
| Staf   | ff and volunteer hours devoted to monitoring, ins  | pecting and enforcing  | conservation easer  | nents durır  | ng the year 🖡  | <b>-</b>   |            |
|  | ount of expenses incurred in monitoring, inspect   |  |   |  |  |  |            |
| A mo   | and a superious meaning in monitoring, inspect   | ing, and enforcing con   | servation easement  | s during th  | ie year 🟲 \$ _   |  |            |
| Doe  | s each conservation easement reported on line in (h)(4)(B)(ii) and 170(h)(4)(B)(ii)?   |  |   |  | e year ►\$ _   | ☐ Yes  |            |
| Doe<br>170<br>In P<br>bala   | s each conservation easement reported on line  | 2(d) above satisfy the<br>conservation easemen<br>the footnote to the ore  | requirements of se  | ction<br>d expense   | statement,   | <b>TYes</b>  | <b>┌</b> ĸ |
| Doe<br>170<br>In P<br>bala<br>the  | s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Part XIV, describe how the organization reports of the content of the cont | 2(d) above satisfy the conservation easementhe footnote to the order t | requirements of se<br>ts in its revenue an<br>janization's financia   | ction<br>d expense<br>il statemen  | statement, a   | <b>Yes</b><br>and<br>cribes  | <b>┌</b> ► |
| Doe<br>170<br>In P<br>bala<br>the o  | s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collection  | 2(d) above satisfy the conservation easementhe footnote to the orments  ons of Art, Histor "Yes" to Form 990, 5 116, not to report in for public exhibition,   | ts in its revenue an ganization's financial ical Treasures, Part IV, line 8. Its revenue statem education or resea  | d expense Il statemen  or Other  ent and bal   | statement, sits that descriptions of the state of the sta | Tyes and cribes Assets. works of                                     |            |
| Doe 170 In P bala the o  If th art, prov If th histo   | s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collection Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held  | conservation easementhe footnote to the orderes  conservation easementhe footnote to the orderes  cons of Art, Histor  "Yes" to Form 990,  5 116, not to report in  d for public exhibition, nancial statements the  5 116, to report in its public exhibition, edu  | ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement                     | d expense of Other ent and balach in further and balance and balance and balance descriptions. | statement, and state that described ance sheet erance of pure sheet work   | Yes and cribes  Assets.  works of iblic service,                     | ┌ N        |
| In P bala the of | s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Fart XIV, describe how the organization reports of ince sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collectic Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held in organization elected, as permitted under SFAS orical treasures, or other similar assets held for   | conservation easementhe footnote to the orments  ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus   | ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement                     | d expense of Other ent and balach in further and balance and balance and balance descriptions. | statement, and state that described ance sheet erance of public ance and ance ance and ance and ance and ance and ance ance and ance ance and ance ance and ance ance ance and ance ance ance ance ance and ance ance ance ance and ance ance ance ance ance ance ance ance  | Yes and cribes  Assets.  works of iblic service,                     |            |
| In P bala the crt IIII   | s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collection Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held for organization elected, as permitted under SFAS orical treasures, or other similar assets held for orical treasures.  | conservation easementhe footnote to the orments  ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus   | ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement                     | d expense of Other ent and balach in further and balance and balance and balance descriptions. | statement, and state that described ance sheet erance of public sheet work ance of public sheet work and sheet sheet work and sheet work and sheet work and sheet work and sheet sheet sheet work and sheet s | Yes and cribes  Assets.  works of blic service, ks of art, service,  |            |
| In P bala the control of the control | s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Part XIV, describe how the organization reports of ince sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collectic Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held order, in Part XIV, the text of the footnote to its fine organization elected, as permitted under SFAS orical treasures, or other similar assets held for order the following amounts relating to these items. Revenues included in Form 990, Part VIII, line 2   | conservation easementhe footnote to the orderents  ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus  torical treasures, or of   | ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or resear at describes these revenue statement cation, or research | d expense I statemen  or Othe  ent and bal ch in furthe items and balanc in furtherar          | statement, ats that descriptions of public states and the states are states as a second secon | Yes and cribes  Assets.  works of iblic service, ks of art, service, |            |
| In P bala the control of the control | s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Fart XIV, describe how the organization reports of ince sheet, and include, if applicable, the text of organization's accounting for conservation ease  Organizations Maintaining Collectic Complete if the organization answered the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held vide, in Part XIV, the text of the footnote to its fine organization elected, as permitted under SFAS orical treasures, or other similar assets held for vide the following amounts relating to these items. Revenues included in Form 990, Part VIII, line is a organization received or held works of art, historical treasures.  | conservation easementhe footnote to the orderents  ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus  torical treasures, or of   | ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or resear at describes these revenue statement cation, or research | d expense I statemen  or Othe  ent and bal ch in furthe items and balanc in furtherar          | statement, ats that descriptions of public states and the states are states as a second secon | Yes and cribes  Assets.  works of iblic service, ks of art, service, |            |

| 3       | Using the organization's accession and othe  |                              |         |          |                          |         |                          |            |           |                      |          | <u>Ontinueu)</u> |
|---------|--|------------------------------|---------|----------|--------------------------|---------|--------------------------|------------|-----------|----------------------|----------|------------------|
| -       | items (check all that apply)   |                              | d       | $\vdash$ | Loano                    | raych   | ange prog                | rame       |           |                      |          |                  |
| а       | Public exhibition  |                              | u       | _        |                          | i excii | ialige plog              | Iaiiis     |           |                      |          |                  |
| Ь       | Scholarly research   |                              | e       | ı        | Other                    |         |                          |            |           |                      |          |                  |
| c       | Preservation for future generations  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| 4       | Provide a description of the organization's c<br>Part XIV                                  | ollections and expla         | ıın how | they     | y further                | the o   | rganızatıor              | ı's ex     | empt pu   | irpose ir            | 1        |                  |
| 5       | During the year, did the organization solicit assets to be sold to raise funds rather than |                              |         |          |                          |         |                          |            | ıılar     | Г                    | _<br>Yes | □ No             |
| Pai     | t IV Escrow and Custodial Arrang   |                              |         |          |                          |         |                          |            | es" to F  |                      |          | , 110            |
|         | Part IV, line 9, or reported an ar   |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| 1a      | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?             | lian or other interme        | ediary  | for c    | ontribut                 | ions o  | rotherass                | sets r     | not       | Г                    | Yes      | ┌ No             |
| b       | If "Yes," explain the arrangement in Part XI   | V and complete the           | follow  | ıng ta   | able                     |         | г                        | I          |           |                      |          |                  |
| _       |  |                              |         |          |                          |         | -                        | _          |           | A M                  | ount     |                  |
| с       | Beginning balance  |                              |         |          |                          |         | -                        | 1c         |           |                      |          |                  |
| d       | Additions during the year  |                              |         |          |                          |         | -                        | 1d         |           |                      |          |                  |
| e       | Distributions during the year  |                              |         |          |                          |         | -                        | 1e         |           |                      |          |                  |
| f       | Ending balance   |                              |         |          |                          |         |                          | <b>1</b> f |           |                      |          |                  |
| 2a      | Did the organization include an amount on F  | orm 990, Part X, line        | e 21?   |          |                          |         |                          |            |           | Γ                    | Yes      | ☐ No             |
|         | If "Yes," explain the arrangement in Part XIV  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| Pa      | rt V Endowment Funds. Complete   |                              |         |          |                          |         |                          |            |           |                      | (a) Faur | Vanna Da ak      |
| 1-      | Beginning of year balance  | (a)Current Year<br>4,760,555 | (D)     | Prior '  | ,228,369                 | (C)IW   | o Years Back<br>3,114,1  |            | Three Yea | ars back             | (e)Four  | Years Back       |
| 1a<br>L |  | 1,700,333                    |         | •        | 269,861                  |         | 2,438,5                  | _          |           |                      |          |                  |
| b       | Contributions  |                              |         |          | 738,910                  |         | -1,118,6                 | _          |           |                      |          |                  |
| C       | Investment earnings or losses  |                              |         |          | 750,510                  |         | 1,110,0                  |            |           |                      |          |                  |
| d       | Grants or scholarships   | 3,141,958                    |         |          | 476,585                  |         | 205,7                    | 90         |           |                      |          |                  |
| е       | Other expenditures for facilities and programs   | 3,141,730                    |         |          | 470,303                  |         | 203,7                    |            |           |                      |          |                  |
| f       | Administrative expenses  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| g       | End of year balance  | 1,618,597                    |         | 4        | ,760,555                 |         | 4,228,3                  | 69         |           |                      |          |                  |
| 2       | Provide the estimated percentage of the yea  | r end balance held a         | as      |          |                          |         |                          | <u> </u>   |           |                      |          |                  |
| а       | Board designated or quasi-endowment  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| ь       | Permanent endowment 100 000 %  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
|         |  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| c<br>3a | Term endowment ►  Are there endowment funds not in the posse                               | ssion of the organiz         | ation t | hat s    | re held                  | and a   | dministere               | d for      | the       |                      |          |                  |
| -       | organization by  | solon of the organiza        | acion c |          | ire mera                 | unu u   |                          | u 101      |           |                      | Yes      | No               |
|         | (i) unrelated organizations  |                              |         |          |                          |         |                          |            |           | . 3a(i               | )        | Νο               |
|         | (ii) related organizations   |                              |         |          |                          | •       |                          |            |           | 3a(i                 | i)       | No               |
| b       | If "Yes" to 3a(II), are the related organization   |                              |         |          |                          |         |                          |            |           | . Зь                 |          |                  |
| 4       | Describe in Part XIV the intended uses of th   |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| Pai     | t VI Investments—Land, Building  | s, and Equipme               | nt. S   |          |                          |         |                          |            | 1         |                      | 1        |                  |
|         | Description of investment  |                              |         |          | ) Cost or<br>sis (invest |         | (b)Cost or<br>basis (oth |            |           | umulated<br>eciation | (d) E    | Book value       |
| 1a      | Land   |                              |         |          |                          |         | 13                       | 4,792      |           |                      |          | 134,792          |
| b       | Buildings  |                              |         |          |                          |         | 34                       | 7,677      |           | 246,59               | 8        | 101,079          |
| c       | Leasehold improvements   |                              |         |          |                          |         |                          |            |           |                      |          |                  |
|         | Equipment  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
| a       |  |                              |         |          |                          |         |                          |            |           |                      |          |                  |
|         | Other  |                              |         |          |                          |         | 9                        | 6,840      |           | 94,13                | 0        | 2,710            |

| Investments—Other Securities. See  | roi ili 990, Pait X, ilile 12   |                              |       |
|--|---------------------------------|------------------------------|-------|
| (a) Description of security or category  | (b)Book value                   | (c) Method of valuation      |       |
| (including name of security)   | (2)20011 10100                  | Cost or end-of-year market v | alue  |
| (1)Financial derivatives   |                                 |                              |       |
| (2)Closely-held equity interests   |                                 |                              |       |
| Other  |                                 |                              |       |
| Other  |                                 |                              |       |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)                                   |                                 |                              |       |
|  |                                 | 12                           |       |
| Part VIII Investments—Program Related. See   | : гогиг ээо, rait x, ime .<br>T |                              |       |
| (a) Description of investment type   | (b) Book value                  | (c) Method of valuation      | ماليم |
|  |                                 | Cost or end-of-year market v | aiue  |
|  |                                 |                              |       |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )                                  |                                 |                              |       |
| Part IX Other Assets. See Form 990, Part X, In   | e 15.                           |                              |       |
| (a) Descrip  | tion                            | (b) Book v                   | alue  |
|  |                                 |                              |       |
|  |                                 |                              |       |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1                                     | 5.)                             |                              |       |
|  |                                 |                              |       |
| Part X Other Liabilities. See Form 990, Part X   | , line 25.                      |                              |       |
|  |                                 |                              |       |
| Part X Other Liabilities. See Form 990, Part X   | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability                       | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | , line 25.                      |                              |       |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability                         | , line 25.                      |                              |       |

| T   | Total revenue (Form 990, Part VIII, column (A), line 12)                                    |                     | 1         | 4/8,6/3  |
|-----|---|---------------------|-----------|----------|
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                     |                     | 2         | 918,772  |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1                                |                     | 3         | -440,099 |
| 4   | Net unrealized gains (losses) on investments  |                     | 4         | 394,043  |
| 5   | Donated services and use of facilities  |                     | 5         |          |
| 6   | Investment expenses   |                     | 6         |          |
| 7   | Prior period adjustments  |                     | 7         |          |
| 8   | Other (Describe in Part XIV)  |                     | 8         |          |
| 9   | Total adjustments (net) Add lines 4 - 8   |                     | 9         | 394,043  |
| 10  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9             | 9                   | 10        | -46,056  |
| Par | t XII Reconciliation of Revenue per Audited Financial Statem                                |                     | er Return |          |
| 1   | Total revenue, gains, and other support per audited financial statements .                  |                     | 1         | 872,716  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12                          |                     |           |          |
| а   | Net unrealized gains on investments   | <b>a</b> 394,043    |           |          |
| b   | Donated services and use of facilities  | b                   |           |          |
| c   | Recoveries of prior year grants   | lc .                |           |          |
| d   | Other (Describe in Part XIV)  | d                   |           |          |
| e   | Add lines <b>2a</b> through <b>2d</b>   |                     | 2e        | 394,043  |
| 3   | Subtract line <b>2e</b> from line <b>1</b>  |                     | 3         | 478,673  |
| 4   | A mounts included on Form 990, Part VIII, line 12, but not on line 1                        | •                   |           |          |
| а   | ·   | а                   |           |          |
| b   | Other (Describe in Part XIV)  | ь                   |           |          |
| c   | Add lines <b>4a</b> and <b>4b</b>   |                     | 4c        | 0        |
| 5   | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 1 | •                   | 5         | 478,673  |
| -   | Reconciliation of Expenses per Audited Financial State                                      | ments With Expenses | per Retu  |          |
| 1   | Total expenses and losses per audited financial statements                                  |                     | 1         | 918,772  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |                     | _         |          |
| a   | 1   | 2a                  |           |          |
| ь   | F   | 2b                  |           |          |
| С   | Other losses  | 2c                  |           |          |
| d   | Other (Describe in Part XIV)  | 2d                  |           |          |
| e   | Add lines <b>2a</b> through <b>2d</b>   |                     | 2e        | 0        |
| 3   | Subtract line <b>2e</b> from line <b>1</b>  |                     | 3         | 918,772  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |                     |           |          |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                  |           |          |
| b   | Other (Describe in Part XIV)  | 4b                  |           |          |
| c   | Add lines <b>4a</b> and <b>4b</b>   |                     | 4c        | 0        |
| 5   | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line  | 18)                 | 5         | 918,772  |
| Pai | t 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   |
|---|------------------|---|
| DESCRIPTION OF INTENDED USE<br>OF ENDOWMENT FUNDS   | ,                | THE FOUNDATION INVESTS ITS PERMANENTLY RESTRICTED ENDOWMENT FUNDS AND WITHDRAWS 5% PER ANNUM FOR GENERAL OPERATING SUPPORT AND PROGRAM EXPENSES                   |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 |                  | NUCLEAR AGE PEACE FOUNDATION IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2010, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS IS STILL OPEN |

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Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

**Statement of Activities Outside the United States** 

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

| 110 | LEAR AGE PEACE FOUNDATIO                                 | N                 |                                  |   |  |  |
|-----|--|-------------------|----------------------------------|---|--|--|
|     | LLAR AGE FLACE TOUNDATIO                                 | IN                |                                  |   | 95-3825265                                   |  |
| ٦,  | rt I General Informatio                                  | n on Activiti     | es Outside th                    | e United States. C                              |  | ation answered                         |
|     | "Yes" to Form 990, Pa                                    |                   |                                  |   |  |  |
|     | For grantmakers. Does the                                | organization n    | naintain record:                 | s to substantiate the                           | amount of the grants                         | or                                     |
|     | assistance, the grantees' elig                           | gibility for the  | grants or assis                  | tance, and the selecti                          | on criteria used to awa                      | ard                                    |
|     | the grants or assistance?                                |                   |                                  |   |  | ✓ Yes                                  |
|     | <b>For grant makers.</b> Describe in Pa<br>United States | art V the organiz | zation's procedur                | es for monitoring the use                       | e of grant funds outside t                   | he                                     |
|     | Activites per Region (Use Part                           | V ıf addıtıonal s | pace is needed)                  |   |  |  |
|     | (a) Region   | (b) Number of     | (c) Number of                    | (d) Activities conducted in                     | (e) If activity listed in (d) is             | (f) Total                              |
|     |  | offices in the    | employees or agents in region or | region (by type) (e g ,<br>fundraising, program | a program service, describe specific type of | expenditures for<br>region/investments |
|     |  | region            |                                  | services, investments, grants                   |  | in region                              |
|     |  |                   | contractors                      | to recipients located in the                    |  |  |
|     | BERLIN, GERMANY  |                   |                                  | region)<br>GRANTS GIVEN                         |  | 61,387                                 |
|     |  |                   |                                  | OKKIN O GIV ZIK                                 |  | 01,507                                 |
|     | STOCKHOLM, SWEDEN  |                   |                                  | GRANTS GIVEN                                    |  | 1,000                                  |
|     | -  |                   |                                  |   |  |  |
|     |  |                   |                                  |   |  |  |
|     |  |                   |                                  |   |  |  |
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|     |  |                   |                                  |   |  |  |
| 3:  | Sub-total  |                   | 0                                |   |  | 62,387                                 |
|     | <b>b</b> Total from continuation sheets                  |                   | 1                                |   |  | 02,507                                 |

| AMSTERDAM, GENERAL SUPPORT 61,387 WIRE TRANSFER MONTHLY THE DANGERS OF NUCLEAR WEAPONS  STOCKHOLM, GENERAL SUPPORT 1,000 WIRE TRANSFER SWEDEN 1,000 WIRE TRANSFER | appraisal, other) | of non-cash<br>assistance | of non-cash<br>assistance | (f) Manner of<br>cash<br>disbursement | (e) A mount of<br>cash grant | (d) Purpose of<br>grant                      | (c) Region | (b) IRS code<br>section<br>and EIN (if<br>applicable) | ( <b>a)</b> Name of organization |
|---|-------------------|---------------------------|---------------------------|---------------------------------------|------------------------------|--|------------|---|----------------------------------|
| STOCKHOLM, GENERAL SUPPORT 1,000 WIRE TRANSFER  |                   |                           |                           |                                       |                              | FOR ELIMINATING<br>THE DANGERS OF<br>NUCLEAR |            |   |                                  |
|   |                   |                           |                           | WIRE TRANSFER                         | 1,000                        | GENERAL SUPPORT                              |            |   |                                  |
|   |                   |                           |                           |                                       |                              |  |            |   |                                  |
|   |                   |                           |                           |                                       |                              |  |            |   |                                  |
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| Part III | Grants and Ot    | her Assistance to     | Individuals | Outside the Unit | ed States. Complete | ıf the organızatıon a | nswered "Yes" to Form 9 | 990, Part IV, line 16. |
|----------|------------------|-----------------------|-------------|------------------|---------------------|-----------------------|-------------------------|------------------------|
|          | Use Part V if ad | ditional space is ne- | eded.       |                  |                     |                       |                         |                        |
|          |                  |                       |             |                  |                     |                       |                         |                        |

| (a) Type of grant or assistance | ( <b>b)</b> Region | (c) Number of recipients | ( <b>d)</b> A mount of<br>cash grant         | (e) Manner of cash<br>disbursement | (f) A mount of non-cash | (g) Description of non-cash | (h) Method of valuation          |
|---------------------------------|--------------------|--------------------------|--|------------------------------------|-------------------------|-----------------------------|----------------------------------|
|                                 |                    |                          |  |                                    | assistance              | assistance                  | (book, FMV,<br>appraisal, other) |
|                                 |                    |                          | <u> </u>                                     |                                    |                         | 1                           |                                  |
|                                 |                    |                          | <u>.                                    </u> |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u>.                                    </u> |                                    |                         |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
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|                                 |                    |                          |  |                                    | !                       |                             |                                  |
|                                 |                    |                          | 1  |                                    | ,                       |                             |                                  |

#### Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)  | Γ | Yes | ⊽ | Νo |
|---|--|---|-----|---|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)  | Γ | Yes | 굣 | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)  | Γ | Yes | r | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | V | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)  | Г | Yes | ্ | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).   | Г | Yes | ⊽ | Νo |

Schedule F (Form 990) 2010

Part V Supplemental Information

| Complete this part to | provide the information | (see instructions) | ) required in Part I, | , line 2, and any | addıtıonal |
|-----------------------|-------------------------|--------------------|-----------------------|-------------------|------------|
| information           |                         |                    |                       |                   |            |

| Identifier               | ReturnReference | Explanation  |
|--------------------------|-----------------|--|
| PROCEDURE FOR MONITORING |                 | SCHEDULE F, PART I, LINE 2 THE GRANTEE PROVIDES                              |
| GRANTS OUTSIDE THE U S   |                 | 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 |
|                          |                 | FONDS TO THE BOARD OF DIRECTORS  |
|                          |                 |  |
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|                          |                 | Schedule F (Form 990) 2010   |

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**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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.

Open to Public Inspection

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| NUCL | EAR   | AGE   | PEA   | CE   | FO | UND | DA | ГΙО |

**Employer identification number** 95-3825265

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply e F Solicitation of non-government grants Mail solicitations Internet and e-mail solicitations Solicitation of government grants Phone solicitations Special fundraising events
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
  - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

| (i) Name and address of<br>ındıvıdual<br>or entity (fundraiser) | (ii) Activity  | (iii) Did<br>fundraiser have<br>custody or<br>control of<br>contributions? |    | fundraiser have<br>custody or<br>control of |         | fundraiser have<br>custody or<br>control of |  | fundraiser have<br>custody or<br>control of |  | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|---|--|--|----|---|---------|---|--|---|--|--------------------------------------|--|--|
|   |  | Yes  | No |   |         |   |  |   |  |                                      |  |  |
| 11962 SULPHUR MOUNTAIN<br>RD                                    | RESEARCH<br>POTENTIAL<br>FUNDERS, WRITE<br>& SUBMIT GRANT<br>APPLICATION |  | No | 0   | 15,113  | -15,113                                     |  |   |  |                                      |  |  |
| Total   |  |  |    | 15,113                                      | -15,113 |   |  |   |  |                                      |  |  |

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

CA

| Pa          | rt II | Fundraising Events. Com<br>more than \$15,000 on Form          |  |  |                                     |  |
|-------------|-------|--|--|--|-------------------------------------|--|
|             |       |  | (a) Event #1  ANNUAL AWARD DINNER (event type) | (b) Event #2  (event type)                       | (c) O ther Events  2 (total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |
| ₽           | 1     | Gross receipts   | 117,119  | )  | 3,214                               | 120,333  |
| Revenue     | 2     | Less Charitable contributions                                  | 117,119  | )  | 3,214                               | 120,333  |
|             | 3     | Gross income (line 1 minus line 2)                             |  |  |                                     |  |
|             | 4     | Cash prizes  |  |  |                                     |  |
| မှ          | 5     | Non-cash prizes  |  |  |                                     |  |
| Expenses    | 6     | Rent/facility costs  |  |  |                                     |  |
|             | 7     | Food and beverages   |  |  |                                     |  |
| <u>D</u> eg | 8     | Entertainment  |  |  |                                     |  |
| Δ           | 9     | Other direct expenses .  | 44,482   | 2  | 2,054                               | 46,536   |
|             | 10    | Direct expense summary Add line                                | es 4 through 9 in column                       | (d)  | 🛌                                   | 46,536   |
|             | 11    | Net income summary Combine lir                                 |  |  |                                     | -46,536  |
| Par         | t III | <b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin |  | "Yes" to Form 990, Pa                            | rt IV, line 19, or repo             | rted more than                                       |
| Revenue     |       |  | <b>(a)</b> Bingo                               | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) O ther gaming                   | (d) Total gaming<br>(Add col (a) through<br>col (c)) |
|             | 1     | Gross revenue  |  |  |                                     |  |
| နှ          | 2     | Cash prizes  |  |  |                                     |  |
| Expenses    | 3     | Non-cash prizes  |  |  |                                     |  |
| ш<br>Х      | 4     | Rent/facility costs  |  |  |                                     |  |
| Direct      | 5     | Other direct expenses  |  |  |                                     |  |
|             | 6     | Volunteer labor  | ┌ Yes % ┌ No                                   | ∀es %     No                                     | ┌ Yes %<br>┌ No                     |  |
|             | 7     | Direct expense summary Add lines                               | 2 through 5 in column (                        | d)   |                                     |  |
|             | 8     | Net gaming income summary Com                                  | bine lines 1 and 7 in colu                     | ımn (d)  |                                     |  |
| 9           |       | er the state(s) in which the organiza                          |  |  |                                     |  |
| a<br>b      |       | the organization licensed to operate<br>No," Explain           |  |  |                                     | · Fyes Fno   |
| 10a<br>b    |       | re any of the organization's gaming l<br>Yes," Explain         |  |  | the tax year?                       | · · Fyes Fno   |

| 11  | Does the organization operate ga        | aming activities with nonmembers?  |   | <b>Г</b> үе     | s $\Gamma_{No}$ |
|-----|---|--|---|-----------------|-----------------|
| 12  | Is the organization a grantor, be       | neficiary or trustee of a trust or a mer                                 | nber of a partnership or other entity   |                 |                 |
|     | formed to administer charitable (       | jaming?  |   | Г <sub>Yе</sub> | s $\Gamma_{No}$ |
| 13  | Indicate the percentage of gamin        | ng activity operated in  |   |                 |                 |
| а   | The organization's facility             |  |   | 1               |                 |
| b   | An outside facility                     |  |   | ,               |                 |
| 14  | Provide the name and address or records | f the person who prepares the organız                                    | ation's gaming/special events books and | d               |                 |
|     | Name 🟲                                  |  |   |                 |                 |
|     | Address 🟲                               |  |   |                 |                 |
| 15a |   | ntract with a third party from whom th                                   |   | _               | _               |
|     |   |  |   |                 | s No            |
| ь   |   | ning revenue received by the organizated by the third party 🟲 \$         | ation <b>&gt;</b> \$ and the            |                 |                 |
| c   | If "Yes," enter name and address        | 5  |   |                 |                 |
|     | Name 🟲                                  |  |   |                 |                 |
|     | Address 🟲                               |  |   |                 |                 |
| 16  | Gaming manager information              |  |   |                 |                 |
|     | Name 🟲                                  |  |   |                 |                 |
|     | Gaming manager compensation l           | <b>\$</b> \$   |   |                 |                 |
|     | Description of services provided        | <b>&gt;</b>  |   |                 |                 |
|     | Director/officer                        | Employee   | Independent contractor                  |                 |                 |
| 17  | Mandatory distributions                 |  |   |                 |                 |
| а   |   | er state law to make charitable distrib                                  |   | _               | _               |
| p.  |   |  |   | ·   Ye          | s No            |
| D   |   | required under state law distributed activities during the tax year - \$ | to other exempt organizations or spent  |                 |                 |
| Par |   | <u>-</u>   | r responses to question on Schedul      | e G (see        |                 |
|     | Identifier                              | ReturnReference  | Explanation                             |                 |                 |

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493305005251

OMB No 1545-0047

## **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

Inspect ion

| Name of the organization  | Employer identificati                          | Employer identification number           |                              |   |   |  |                                     |
|---|--|--|------------------------------|---|---|--|-------------------------------------|
| NUCLEAR AGE PEACE FOUNDATION  | O N  |  |                              |   |   | 95-3825265                             |                                     |
| Part I General Information  | on on Grants and                               | d Assistance                             |                              |   |   | 1                                      |                                     |
| <ol> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organiz</li> <li>Part II Grants and Other A</li> </ol> | ward the grants or as<br>ation's procedures fo | sistance? or monitoring the use o        | f grant funds in the Unite   |   |   |  | Yes Tes" to                         |
|   | ne 21 for any recip                            | ient that received r                     | nore than \$5,000. Ch        | eck this box if no one                    | recipient receive   | ed more than \$5,000                   |                                     |
| 1 (a) Name and address of organization or government  | (b) EIN  | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gra<br>or assistance |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
|   |  |  |                              |   |   |  |                                     |
| 2 Enter total number of section 5   |  |  |                              |   |   | _                                      |                                     |
| <b>3</b> Enter total number of other org  | anızatıons                                     |  |                              |   |   | <u> ▶ _</u>                            |                                     |

| 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<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|-------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) WRITING/PUBLISHING ARTICLES,<br>BOOK CHAPTERS AND BOOK | 1                       | 26,435                      |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |

**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     | PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 THE GRANTEE PROVIDES FINANCIAL INFORMATION TO THE ORGANIZATION'S   |
| MONITORING GRANTS |                  | DEVELOPMENT DIRECTOR AND PROGRAM DIRECTOR THE DEVELOPMENT DIRECTOR AND PROGRAM DIRECTOR       |
| IN THE U S        |                  | 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                                |

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OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

**Compensation Information** 

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.

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

95-3825265

| Pa | Questions Regarding Compensation   | n          |   |    |     |    |
|----|--|------------|---|----|-----|----|
|    |  |            |   |    | Yes | Νo |
| 1a | Check the appropiate box(es) if the organization pro<br>990, Part VII, Section A, line 1a Complete Part II |            |   |    |     |    |
|    | First-class or charter travel  | Г          | Housing allowance or residence for personal use                     |    |     |    |
|    | Travel for companions  | Γ          | 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 officers, directors, trustees, and the CEO/Executiv   |            |   | 2  |     |    |
| 3  | Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t   |            | y   |    |     |    |
|    | Compensation committee   | <u> </u>   | Written employment contract   |    |     |    |
|    | Independent compensation consultant  | <br>       | Compensation survey or study  |    |     |    |
|    | Form 990 of other organizations  | <u>~</u>   | 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 ${f 1a}$ with respect to the filing organization |    |     |    |
| а  | Receive a severance payment or change-of-contro  | l paymer   | nt from the organization or a related organization?                 | 4a |     | Νo |
| Ь  | Participate in, or receive payment from, a suppleme  | ental non  | qualified retirement plan?  | 4b |     | Νo |
| c  | 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   | plete 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         | , lıne 1a, | , did the organization pay or accrue any                            |    |     |    |
| а  | The organization?  |            |   | 6a |     | Νo |
| b  | Any related organization?  |            |   | 6b |     | Νο |
|    | 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  |     | Νo |
| 8  | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i     |            |   |    |     |    |
|    | in Part III  | itogs      | 200.0 20 1/4/2/ 11 103, 463611110                                   | 8  |     | No |
| 9  | If "Yes" to line 8, did the organization also follow th  | ne rehutt  | able presumption procedure described in Regulations                 |    |     |    |
| -  | section 53 4958-6(c)?  | .5 .55466  | 22.2 F. 22 amption processing accompany in Negatiations             | 9  |     |    |

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name          |             | (R) Breakdown of      | W-2 and/or 1099-MI                  | SC compansation                     | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                                |
|-------------------|-------------|-----------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|---|
| (A) Name          |             | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| (1) DAVID KRIEGER | (1)<br>(11) | 161,386<br>0          | 0                                   |                                     | 0 0                            |                | 171,695<br>0         | 0 0   |
| (2)               |             |                       |                                     |                                     |                                |                |                      |   |
| (3)               |             |                       |                                     |                                     |                                |                |                      |   |
| (4)               |             |                       |                                     |                                     |                                |                |                      |   |
| (5)               |             |                       |                                     |                                     |                                |                |                      |   |
| (6)               |             |                       |                                     |                                     |                                |                |                      |   |
| (7)               |             |                       |                                     |                                     |                                |                |                      |   |
| (8)               |             |                       |                                     |                                     |                                |                |                      |   |
| (9)               |             |                       |                                     |                                     |                                |                |                      |   |
| ( 10 )            |             |                       |                                     |                                     |                                |                |                      |   |
| ( 11 )            |             |                       |                                     |                                     |                                |                |                      |   |
| ( 12 )            |             |                       |                                     |                                     |                                |                |                      |   |
| (13)              |             |                       |                                     |                                     |                                |                |                      |   |
| ( 14 )            |             |                       |                                     |                                     |                                |                |                      |   |
| ( 15 )            |             |                       |                                     |                                     |                                |                |                      |   |
| ( 16 )            |             |                       |                                     |                                     |                                |                |                      |   |

Schedule J (Form 990) 2010 Page **3** 

## 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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#### 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. OMB No 1545-0047 2010

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| Name of the organization<br>NUCLEAR AGE PEACE FOUNDATION |                 |          |                            |             |                                  |          |                | <b>mployer i</b>       |            | tion numbe               | r     |
|--|-----------------|----------|----------------------------|-------------|----------------------------------|----------|----------------|------------------------|------------|--------------------------|-------|
| Part I Excess Benefit Tran Complete if the organizat     |                 |          |                            |             |                                  |          | organ          | izations (             | only).     | ıno 40h                  |       |
|  |                 |          |                            |             |                                  |          |                | (c) Corrected          |            |                          |       |
| 1 (a) Name of disqu                                      | ualified person |          |                            |             | <b>(b)</b> Desc                  | ription  | of trans       | action                 |            | Yes                      | No    |
|  |                 |          |                            |             |                                  |          |                |                        |            | - 1.05                   | +     |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          | †     |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          | +     |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
| 2 Enter the amount of tax impos section 4958             | ed on t         | -        |                            | _           | r dısqualıfıed pers              |          | _              |                        | r<br>· \$  |                          |       |
| 3 Enter the amount of tax, If any                        | , on line       | e 2, abo | ve, reımburs               | ed by th    | ne organization .                |          |                | •                      | · \$       |                          |       |
| Part II Loans to and/or f                                |                 |          |                            |             | D. Part IV. line 26              | . or For | m 990-         | EZ. Part V             | . line 38  | a                        |       |
|  |                 | oan to   |                            |             |                                  | ĺ        |                | (f)                    | •          |                          |       |
| (a) Name of interested person and                        |                 | om the   |                            |             |                                  | (e)      |                |                        |            | (g)Written<br>agreement? |       |
| purpose  | organı          | zation?  | principal a                |             | (d)Balance due                   | default? |                | by board or committee? |            |                          |       |
|  | To              | From     | 1                          |             |                                  | Yes      | No             | Yes                    | No         | Yes                      | No    |
|  | "               | 1        |                            |             |                                  |          | 1              | +                      |            | 1.00                     |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
| Total  |                 |          |                            | <b>▶</b> \$ |                                  |          |                |                        |            |                          |       |
| Part III Grants or Assistar Complete if the orga         |                 |          |                            |             |                                  | /, line  | 27.            |                        |            |                          |       |
| (a) Name of interested pers                              | on              | (        | <b>b)</b> Relationsh<br>an | nip betwe   | een interested pei<br>ganization | rson     | <b>(c)</b> A r | nount of g             | rant or ty | pe of assis              | tance |
|  |                 |          |                            |             | _                                |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |
|  |                 |          |                            |             |                                  |          |                |                        |            |                          |       |

| Part IV Business Transactions Involving Interested Persons |
|--|
|--|

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

| Complete if the organization             | on answered "Yes" on                         | Form 990, Part IV, II | ne 28a, 28b, or 28c.   |   |          |
|--|--|-----------------------|--|---|----------|
| (a) Name of interested person            | person and the transaction                   |                       | (d) Description of transaction   | (e) Sharing of organization's revenues? |          |
| (1) ROBERT LANEY SECRETARY               | organization SECRETARY AND INVESTMENT BROKER |                       | ROBERT LANEY IS BOTH THE<br>ORGANIZATION'S<br>SECRETARY AND<br>INVESTMENT BROKER | Yes                                     | No<br>No |
| (2) FRANK KELLY SENIOR VICE<br>PRESIDENT | SENIOR VICE<br>PRESIDENT AND<br>CONSULTANT   |                       | FRANK KELLY IS BOTH THE ORGANIZATION'S SENIOR VICE PRESIDENT AND A CONSULTANT    |   | No       |
|  |  |                       |  |   | +        |
|  |  |                       |  |   |          |

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization NUCLEAR AGE PEACE FOUNDATION

Employer identification number
95-3825265

| ldentifier                     | Return Reference              | Explanation   |
|--------------------------------|-------------------------------|---|
| CHANGES IN PROGRAM<br>SERVICES | FORM 990, PART III,<br>LINE 3 | THE FOUNDATION CEASED WORKING WITH THE COALITION AGAINST GUN VIOLENCE, FORMERLY ONE OF ITS AUXILIARY PROGRAMS |

| ldentifier                              | Return<br>Reference | Explanation   |
|---|---------------------|---|
| FORM 990, PART VI,<br>SECTION A, LINE 2 |                     | ROBERT LANEY IS AN INVESTMENT ADVISOR TO DAVID KRIEGER, THE PRESIDENT OF THE ORGANIZATION, RETIREMENT ACCOUNT |

| ldentifier                                  | Return<br>Reference | Explanation   |
|---|---------------------|---|
| FORM 990, PART<br>VI, SECTION B,<br>LINE 11 |                     | EACH BOARD MEMBER RECEIVES A DRAFT COPY OF THE 990 FOR REVIEW AND APPROVAL THE<br>BOARD IS THEN GIVEN APPROXIMATELY 1 WEEK TO REVIEW THE DOCUMENT AND SUBMIT QUESTIONS<br>OR COMMENTS BEFORE THE DOCUMENT GOES TO FINAL FORM FOR RE-SUBMISSION TO THE BOARD |

| Identifier | Return Reference    | Explanation  |
|------------|---------------------|--|
|            | SECTION B, LINE 12C | ANNUALLY, ALL BOARD MEMBERS AND KEY EMPLOYEES COMPLETE THE CONFLICT OF INTEREST FORM<br>AND STAFF FOLLOW-UP TO ENSURE ALL FORMS ARE COLLECTED DURING THE YEAR, BOARD<br>MEMBERS ARE REQUIRED TO ALERT THE BOARD IF A CONFLICT OF INTEREST ARISED DURING THE YEAR |

| ldentifier | Return<br>Reference                            | Explanation  |
|------------|--|--|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE EVALUATION COMMITTEE AND PERSONNEL COMMITTEE WORK TOGETHER TO CONDUCT AN INDEPENDENT CEO EVALUATION THIS EVALUATION IS CONDUCTED ON AN EVERY-OTHER-YEAR-BASIS AND INCLUDES THE COMPENSATION OF THE PRESIDENT THIS INFORMATION IS SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND DISCUSSION AND THEN A RECOMMENDATION IS PRESENTED TO THE BOARD FOR APPROVAL THE EVALUATION INFORMATION IS KEPT CONFIDENTIAL, BUT INFORMATION DESCRIBING THE EVALUATION PROCESS IS INCLUDED IN THE BOARD MINUTES |

| Identifier | Return Reference                         | Explanation   |
|------------|--|---|
|            | FORM 990, PART VI,<br>SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE AT THE FOUNDATION'S OFFICE BY ADVANCE APPOINTMENT WITH THE OFFICE MANAGER |

| ldentifier                             | Return Reference          | Explanation                                 |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 394,043 |

| ldentifier  | Return<br>Reference          | Explanation  |
|---|------------------------------|--|
| FINANCIAL STATEMENT AND<br>ACCOUNTANT SELECTION<br>RESPONSIBILITY | FORM 990 PART<br>XI, LINE 2C | THE FINANCE COMMITTEE HAS RESPONIBILITY FOR THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

| ldentifier             | Return<br>Reference  | Explanation  |
|------------------------|----------------------|--|
| EXECUTIVE<br>COMMITTEE | FORM 990<br>PART VII | NUCLEAR AGE PEACE FOUNDATION HAD AN EXECUTIVE COMMITTEE DURING 2010 CONSISTING OF RICHARD FALK, MARK HAMILTON, PETER HASLUND, FRANK KELLY, DAVID KRIEGER, ROB LANEY, PETER MACDOUGALL, STEVE PARRY AND SELMA RUBIN THE COMMITTEE MEETS REGULARLY BETWEEN BOARD MEETINGS IN 2010, THE EXECUTIVE COMMITTEE MET FOUR TIMES AN EXECUTIVE COMMITTEE, CONSTITUTED OF ALL OF THE OFFICERS OF THE FOUNDATION AND THE CHAIRS OF STANDING COMMITTEES, SHALL EXERCISE THE POWERS OF THE BOARD IN THE INTERIM BETWEEN BOARD MEETINGS, ENSURE EFFECTIVE DELEGATION FROM THE BOARD TO THE PRESIDENT, AND ORGANIZE THE WORK OF THE BOARD, INCLUDING THE BOARD'S AGENDA THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE IN THE ABSENCE OF THE CHAIR, THE PRESIDING OFFICE SHALL BE DETERMINED AS SET FORTH IN THE BY-LAWS MEETINGS OF THE EXECUTIVE COMMITTEE ARE OPEN TO ALL BOARD MEMBERS |

| ldentifier            | Return<br>Reference | Explanation   |
|-----------------------|---------------------|---|
| BOARD OF<br>DIRECTORS |                     | DURING THE YEAR, STEVE PARRY REPLACED MARK HAMILTON AS TREASURER ALSO, UPON HIS DEATH ON JUNE 11, 2010, FRANK KELLY WAS NOT REPLACED AS SENIOR VICE PRESIDENT |