See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990.All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form.

- The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2007 calendar year, or tax year beginning 01/01/07, and ending 01/01/08.

B Check if applicable -
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C Name: VETERANS FOR PEACE
Lake Superior Region Chapter 80
PO Box 3248
Duluth, MN 55803-3248

D Employer Identification number
01: 84-15961

E Telephone number
1234567890

F Group Exemption Number
9168

G Accounting method: Cash

H Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.VFP80.org

J Organization type (check only one) □ 501(c)(3) □ 501(c)(4) □ 501(c)(5) □ 501(c)(6) □ 4947(a)(1) □ 527

K Check □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>3483</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>0</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>2453</td>
</tr>
<tr>
<td>Investment income</td>
<td>0</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>0</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>0</td>
</tr>
<tr>
<td>c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)</td>
<td>0</td>
</tr>
<tr>
<td>6 Special events and activities (attach schedule). If any amount is from gaming, check here □</td>
<td>0</td>
</tr>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1)</td>
<td>6a</td>
</tr>
<tr>
<td>b Less: direct expenses other than fundraising expenses</td>
<td>6b</td>
</tr>
<tr>
<td>c Net income or (loss) from special events and activities. Subtract line 6b from line 6a</td>
<td>6c</td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a</td>
<td>7c</td>
</tr>
<tr>
<td>8 Other revenue (describe ▶)</td>
<td>0</td>
</tr>
<tr>
<td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td>
<td>1093</td>
</tr>
<tr>
<td>10 Grants and similar amounts paid (attach schedule)</td>
<td>0</td>
</tr>
<tr>
<td>11 Benefits paid to or for members</td>
<td>0</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>0</td>
</tr>
<tr>
<td>13 Professional fees and other payments to independent contractors</td>
<td>0</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>0</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td>0</td>
</tr>
<tr>
<td>16 Other expenses (describe ▶)</td>
<td>0</td>
</tr>
<tr>
<td>17 Total expenses. Add lines 10 through 16 ▶</td>
<td>2567</td>
</tr>
<tr>
<td>18 Excess or (deficit) for the year. Subtract line 17 from line 9</td>
<td>0</td>
</tr>
<tr>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td>0</td>
</tr>
<tr>
<td>Must agree with end-of-year figure reported on prior year's return</td>
<td>0</td>
</tr>
<tr>
<td>20 Other changes in net assets or fund balances (attach explanation)</td>
<td>0</td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>0</td>
</tr>
</tbody>
</table>

Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>19,500</td>
<td>20,091</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe ▶)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26 Total liabilities (describe ▶)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Cat No 106421 Form 990-EZ (2007)
Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? **Eliminate war, disarmament.**

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28. Made films for web-site / Sponsoring co-Sponsoring war events: Speeches: Appointments: 

(Grants $ ) If this amount includes foreign grants, check here . . . . . . . . □ 28a

29. 

(Grants $ ) If this amount includes foreign grants, check here . . . . . . . . □ 29a

30. 

(Grants $ ) If this amount includes foreign grants, check here . . . . . . . . □ 30a

31. Other program services (attach schedule) 

(Grants $ ) If this amount includes foreign grants, check here . . . . . . . . □ 31a

32. Total program service expenses. Add lines 28a through 31a 2567

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

- Gary Sorenson  
  4129 Jeffrey Road  
  Proctor, MN 55810

- Andy Anderson  
  16 East St. Andrews Street  
  Duluth MN 55503

(B) Title and average hours per week devoted to position  
(C) Compensation (If not paid, enter $-0-)  
(D) Contributions to employees benefit plans & deferred compensation  
(E) Expense account and other allowances

President:  
0 0 0

33. Did the organization make a change in its activities or methods of conducting activities? If “Yes,” attach a detailed statement of each change □ 33 X

34. Were any changes made to the organizing or governing documents but not reported to the IRS? If “Yes,” attach a conformed copy of the changes □ 34 X

35. If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a. Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? □ 35a X

b. If “Yes,” has it filed a tax return on Form 990-T for this year? □ 35b X

36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? If “Yes,” attach a statement. □ 36 X

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions. □ 37a 0

b. Did the organization file Form 1120-POL for this year? □ 37b

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? □ 38a X

b. If “Yes,” attach the schedule specified in the line 38 instructions and enter the amount involved □ 38b

39. 501(c)(7) organizations. Enter:

a. Initiation fees and capital contributions included on line 9 □ 39a

b. Gross receipts, included on line 9, for public use of club facilities □ 39b

Form 990-EZ (2007)
Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   section 4911 ▶ ☐ ☐ ; section 4912 ▶ ☐ ☐ ; section 4955 ▶ ☐ ☐
   b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during
   the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.
   c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
   d Enter amount of tax on line 40c reimbursed by the organization.
   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter
   transaction?

41 List the states with which a copy of this return is filed.

42a The books are in care of W. C. Anderson Telephone no. (215) 728-1991
   Located at No. 2 Saint Andrews St. Deloitt, Mo.
   ZIP + 4 55629
   b At any time during the calendar year, did the organization have an interest in or a signature or other authority
   over a financial account in a foreign country (such as a bank account, securities account, or other financial
   account)?
   If "Yes," enter the name of the foreign country.
   See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
   c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
   If "Yes," enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Please Sign Here

Signature of officer: Wilfred C. Anderson

Date: 04/18/08

Type or print name and title: Treasurer

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ☐

Phone no ☐ ( )