

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

- A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization MASSACHUSETTS PEACE ACTION INC
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 11 GARDEN STREET
City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02138

D Employer identification number 04-3082045
E Telephone number (617) 354-2169
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

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

I Website: WWW.MASSPEACEACTION.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 75,575

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Columns include description, sub-rows (5a-5c, 6a-6c, 7a-7c), and total revenue of 75,575.

Table with 7 rows for Expenses. Columns include description and total expenses of 96,151.

Table with 3 rows for Net Assets. Columns include description and net assets at end of year of 22,158.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	48,556	28,510
<b>23</b> Land and buildings . . . . .	0	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	314
<b>25 Total assets</b> . . . . .	48,556	28,824
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	5,822	6,666
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	42,734	22,158

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?  
THE DEVELOPMENT AND COMMUNICATION OF POLICIES PROMOTIVE OF WORLD PEACE AND DISARMAMENT.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> VARIOUS PROGRAMS AND ACTIVITIES COMMUNICATING POLICIES WHICH PROMOTE WORLD PEACE AND DISARMAMENT. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	4,070
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	4,070

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JONATHAN KING PRESIDENT	1.00	0	0	0
MARYELLEN KURKULOS TREASURER	2	0	0	0
ROSEMARY KEAN CO-CHAIR	1.00	0	0	0
ROSEMARY KEAN CLERK	1.00	0	0	0
JONATHAN KING CO-CHAIR	1.00	0	0	0
COLEMAN PETER HARRISON EXECUTIVE DIRECTOR	20	16,120	0	0
PRASANAN PARTHASARATHI DIRECTOR	2	0	0	0
JOHN RATLIFF DIRECTOR	2	0	0	0
JARED HICKS DIRECTOR	2	0	0	0
EVA MOSELEY DIRECTOR	2	0	0	0
JAMES BABSON DIRECTOR	2	0	0	0
MICHAEL VANELZAKKER DIRECTOR	2	0	0	0
SAVINA MARTIN DIRECTOR	2	0	0	0
CAROL COAKLEY	10	533	0	0

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DIRECTOR				
VALENTINE MOGHADAM	2	0	0	0
DIRECTOR				
VERNON WALKER	2	0	0	0
DIRECTOR				
YOAV ELINEVSKY	2	0	0	0
DIRECTOR				
JOSEPH GERSON	2	0	0	0
DIRECTOR				
VAUGHN GOODWIN	2	0	0	0
DIRECTOR				
KEITH HARVEY	2	0	0	0
DIRECTOR				
JACQUELINE KING	2	0	0	0
DIRECTOR				
SUSAN MIRSKY	2	0	0	0
DIRECTOR				
STEVE POWELL	2	0	0	0
DIRECTOR				
PAUL SHANNON	2	0	0	0
DIRECTOR				
JEFFREY KLEIN	2	0	0	0
DIRECTOR				
ROSALIE ANDERS	2	0	0	0
DIRECTOR				
JEFF NAPOLITANO	2	0	0	0
DIRECTOR				
SHELAGH FOREMAN	2	0	0	0
DIRECTOR				
ANDREA BURNS	2	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of ORGANIZATION Telephone no. (617) 354-2169
Located at 11 GARDEN STREET CAMBRIDGE, MA ZIP + 4 02138
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	2023-04-20
	COLEMAN HARRISON EXECUTIVE DIRECTOR	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Simon Klein	Preparer's signature	Date 2023-04-19	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00005236
	Firm's name ▶ Simon John Klein			Firm's EIN ▶	
	Firm's address ▶ 7A Acacia Street Cambridge, MA 02138			Phone no. (617) 999-2040	

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

## Additional Data

[Return to Form](#)

**Software ID:** 21013178

**Software Version:** v1.00

**Form 990-EZ, Special Condition Description:**

Special Condition Description

**SCHEDULE O**  
**(Form 990)**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
MASSACHUSETTS PEACE ACTION INC

Employer identification number

04-3082045

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description;Amount^LEGAL SETTLEMENT;5500 PROGRAM SERVICE;4070 FINANCIAL FEES;2935 MEMBERSHIP DUES;2500 INTERN STIPENDS;2000 ONLINE SERVICES;1090 REPAIRS AND MAINTENANCE;460 OTHER EXPENSES;384^Total;18939^
Form 990-EZ, Part II, Line 24	Description;EOY Amount^DUE FROM UNRELATED ORGANIZATIONS;212 OTHER;102^Total;314^
Form 990-EZ, Part II, Line 26	Description;EOY Amount^ACCOUNTS PAYABLE;6248 DONATION CLEARING ACCOUNT;418^Total;6666^

## **Additional Data**

**Return to Form**

**Software ID:** 21013178

**Software Version:** v1.00

**Name:** MASSACHUSETTS PEACE ACTION INC

**EIN:** 04-3082045

**Software ID:** 21013178

**Software Version:** v1.00

**Explanation:** THE ORGANIZATION, ALREADY BESET BY THE PANDEMIC DUE TO COVID-19, HAS UNDERGONE SIGNIFICANT CHANGES IN ITS PERSONNEL PROVIDING FINANCIAL SERVICES, INCLUDING A DIFFICULT AND TIME CONSUMING TRANSITION TO A NEW BOOKKEEPING SOFTWARE PROGRAM, THUS RESULTING IN THE LATE FILING OF THIS RETURN. THE ORGANIZATION HAS HERETOFORE COMPLIED WITH THE RULES AND REGULATIONS FOR TIMELY FILING OF ALL ITS TAX RETURNS AND EXPECTS TO RETURN TO DOING SO WITH THE AFOREMENTIONED ORGANIZATIONAL CHANGES NOW HAVING BEEN STABILIZED. BASED ON THE HERETOFORE DESCRIBED CIRCUMSTANCES, IT IS BELIEVED THAT REASONABLE CAUSE HAS BEEN ESTABLISHED TO WARRANT THE ABATEMENT OF ALL DEFICIENCY CHARGES, THEREBY ALLOWING THE ORGANIZATION TO MAXIMIZE THE USE OF ITS REVENUE IN PURSUIT OF ITS NOT FOR PROFIT ACTIVITIES.