

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Form header section containing: A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022; B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending; C Name of organization: PEACE ACTION OF NEW YORK STATE INC; D Employer identification number: 14-1801528; E Telephone number: (212) 870-2304; F Group Exemption Number

Form section containing: G Accounting Method: Cash (checked), 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.PANYS.ORG; J Tax-exempt status: 501(c)(3) (checked), 501(c)(4), 4947(a)(1), 527

Form section containing: K Form of organization: Corporation (checked), 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. Total: \$12,642

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: Description, Sub-column, Total. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program services revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Investment income. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less: cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Gaming and fundraising events. Row 6a: Gross income from gaming. Row 6b: Gross income from fundraising events. Row 6c: Less: direct expenses from gaming and fundraising events. Row 6d: Net income or (loss) from gaming and fundraising events. Row 7a: Gross sales of inventory, less returns and allowances. Row 7b: Less: cost of goods sold. Row 7c: Gross profit or (loss) from sales of inventory. Row 8: Other revenue. Row 9: Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Total: 12,642

Table with 7 rows for Expenses. Columns: Description, Total. Row 10: Grants and similar amounts paid. Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors. Total: 14,510. Row 14: Occupancy, rent, utilities, and maintenance. Total: 460. Row 15: Printing, publications, postage, and shipping. Total: 3,988. Row 16: Other expenses. Total: 3,106. Row 17: Total expenses. Add lines 10 through 16. Total: 22,064.

Table with 3 rows for Net Assets. Columns: Description, Total. Row 18: Excess or (deficit) for the year. Total: -9,422. Row 19: Net assets or fund balances at beginning of year. Total: 19,577. Row 20: Other changes in net assets or fund balances. Total: 0. Row 21: Net assets or fund balances at end of year. Total: 10,155.

**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 . . . . .	19,577	<b>22</b>	10,155
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	19,577	<b>25</b>	10,155
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	19,577	<b>27</b>	10,155

**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

What is the organization's primary exempt purpose?  
 PEACE ACTION OF NEW YORK STATE, INC. IS DEDICATE TO PROMOTING NON-VIOLENT RESOLUTION OF CONFLICT, THE ABOLITION OF NUCLEAR WEAPONS, HALTING GLOBAL SPREAD OF CONVENTIONAL ARMS, BUILDING HUMAN RIGHTS CULTURE AND SUPPORTING HUMAN NEEDS INSTEAD OF MILITARISM. THE ORGANIZATION PURSUES THESE GOALS THROUGH THE PRODUCTION AND DISSEMINATION OF EDUCATIONAL MATERIALS FOR THE PUBLIC, ACTIVISTS AND POLICY MAKERS, AS WELL AS THROUGH COMMUNITY ORGANIZING INITIATIVES AND PUBLIC OUTREACH.

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.

	28a	29a	30a	31a	32
<b>28</b> TO PROMOTE AND EDUCATE THE PUBLIC ON PEACE PROGRAMS AND MILITARY POLICY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>					22,064
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>					
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>					
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>					
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>					22,064

**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
JIM ANDERSON PRESIDENT	0.25	0	0	0
MARGARET MELKONIAN BOARD MEMBER	0.25	0	0	0
CHERYL WERTZ TREASURER	0.25	0	0	0
VICKI ROSS BOARD MEMBER	0.25	0	0	0
JOANNA FREDERICKS SECRETARY	0.25	0	0	0
TARA CURRIE BOARD MEMBER	0.25	0	0	0
ARNOLD MATLIN BOARD MEMBER	0.25	0	0	0

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.



Main form area containing questions 33 through 45b with corresponding input fields and Yes/No columns.

	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** 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 . . . . .

47		
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b		
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**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 . . . . .  Yes  No

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	2023-11-13
	JIM ANDERSON PRESIDENT Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name VINCENT CARTELLI	Preparer's signature	Date 2023-11-10	Check <input type="checkbox"/> if self-employed	PTIN P00363667
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY LLC			Firm's EIN ▶ 87-3231666	
	Firm's address ▶ 245 PARK AVE 12TH FLOOR NEW YORK, NY 10167			Phone no. (212) 867-8000	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**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

**2022****Open to Public  
Inspection**Name of the organization  
PEACE ACTION OF NEW YORK STATE INC**Employer identification number**

14-1801528

**Return  
Reference****Explanation**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: BANK FEES. AMOUNT: 522. DESCRIPTION: DUES & SUBSCRIPTIONS. AMOUNT: 170. DESCRIPTION: MISCELLANEOUS. AMOUNT: 441. DESCRIPTION: OFFICE EXPENSES. AMOUNT: 1,973. TOTAL TO FORM 990-EZ, LINE 16: 3,106.

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**Software Version:**

## TY 2022 IRS 990 e-File Render

**Name:** PEACE ACTION OF NEW YORK STATE INC

**EIN:** 14-1801528

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.