

Form **990EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

- A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023
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
1991 MASSACHUSETTS AVENUE
City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02140

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 \$ 93,886

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

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Table with 3 columns: Line number, Description, Amount. Rows include Contributions, gifts, grants, and similar amounts received (47,150); Program service revenue including government fees and contracts (7,709); Membership dues and assessments (23,788); Investment income (144); Gross amount from sale of assets other than inventory (80); Less: cost or other basis and sales expenses (0); Gain or (loss) from sale of assets other than inventory (80); Gaming and fundraising events (6d: 5,336); Gross sales of inventory, less returns and allowances (7a: 0); Less: cost of goods sold (7b: 0); Gross profit or (loss) from sales of inventory (7c: 0); Other revenue (8: 1,250); Total revenue (9: 85,457).

Table with 3 columns: Line number, Description, Amount. Rows include Grants and similar amounts paid (10: 0); Benefits paid to or for members (11: 0); Salaries, other compensation, and employee benefits (12: 56,152); Professional fees and other payments to independent contractors (13: 7,341); Occupancy, rent, utilities, and maintenance (14: 5,801); Printing, publications, postage, and shipping (15: 9,348); Other expenses (16: 12,327); Total expenses (17: 90,969); Excess or (deficit) for the year (18: -5,512).

Table with 3 columns: Line number, Description, Amount. Rows include Net assets or fund balances at beginning of year (19: 37,966); Other changes in net assets or fund balances (20: 631); Net assets or fund balances at end of year (21: 33,085).

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
22 Cash, savings, and investments	47,920	22	48,812
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	2,730
25 Total assets	47,920	25	51,542
26 Total liabilities (describe in Schedule O).	9,954	26	18,457
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,966	27	33,085

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.

28 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"/>	28a	6,004
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	6,004

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	0	0	0
MARYELLEN KURKULOS TREASURER	1	0	0	0
ROSEMARY KEAN CLERK, CO-CHAIR	1	0	0	0
COLEMAN PETER HARRISON EXECUTIVE DIRECTOR	20	10,500	0	0
BRIAN GARVEY ASSISTANT DIRECTOR	20	20,289	0	0
KEITH HARVEY DIRECTOR	1	0	0	0
JARED HICKS DIRECTOR	1	0	0	0
MICHAEL VANELZAKKER DIRECTOR	1	0	0	0
PAUL SHANNON DIRECTOR	1	0	0	0
CALLA WALSH DIRECTOR	1	0	0	0
SUSAN MIRSKY DIRECTOR	1	0	0	0
JEFFREY KLEIN DIRECTOR	1	0	0	0
JACQUELINE KING DIRECTOR	1	0	0	0
PRASANAN PARTHASARATHI	1	0	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				
STEVE POWELL	1	0	0	0
DIRECTOR				
JOHN RATLIFF	1	0	0	0
DIRECTOR				
MERRIAM ANSARA	1	0	0	0
DIRECTOR				
KEVING PETERSON	1	0	0	0
DIRECTOR				
NICK RABB	1	0	0	0
DIRECTOR				
HAYAT IMAM	1	0	0	0
DIRECTOR				
VERNON WALKER	1	0	0	0
DIRECTOR				
VALENTINE MOGHADAM	1	0	0	0
DIRECTOR				
CLAIRE SCHAEFFER-DUFFY	1	0	0	0
DIRECTOR				
ROSALIE ANDERS	1	0	0	0
DIRECTOR				
AVERY JOHNSON	1	0	0	0
DIRECTOR				
SHELAGH FOREMAN	1	0	0	0
DIRECTOR				
JOSEPH GERSON	1	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 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.

Sign Here	Signature of officer	2024-09-24
	COLEMAN HARRISON ADMINISTRATIVE DIRECTOR Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Simon Klein	Preparer's signature	Date 2024-09-23	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00005236
	Firm's name <input type="text"/> Simon John Klein			Firm's EIN <input type="text"/>	
	Firm's address <input type="text"/> 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

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Software ID: 23018249

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 for the latest information.**

OMB No. 1545-0047

2023**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 8	Description;Amount^ADMINISTRATIVE FEES;1250^Total;1250^
Form 990-EZ, Part I, Line 16	Description;Amount^PROGRAM SERVICE;6004 MEMBERSHIP DUES;3500 ADVERTISING;1776 IT SERVICES;1047^Total;12327^
Form 990-EZ, Part I, Line 20	Description;Amount^UNREALIZED GAINS;856 PREPAID CONTRIBUTIONS;-225^Total;631^
Form 990-EZ, Part II, Line 24	Description;EOY Amount^VARIOUS;2730^Total;2730^
Form 990-EZ, Part II, Line 26	Description;EOY Amount^ACCOUNTS PAYABLE;14148 DUE FROM OTHER ORGANIZATIONS;3284 PREPAID CONTRIBUTIONS;1025^Total;18457^

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