

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2024

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.

- 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. Number and street: CHURCH STREET STATION PO BOX 3357. City: NEW YORK, NY 100083357

D Employer identification number: 14-1801528. E Telephone number: (646) 732-1749. F Group Exemption Number

G Accounting Method: Cash [checked] Accrual [] Other (specify)

H Check [checked] 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) [] 501(c)(4) [checked]

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. \$30,878

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 [checked]

Table with 9 rows for Revenue. Columns include description, sub-rows (5a-5c, 6a-6c, 7a-7c), and total revenue of 30,341.

Table with 7 rows for Expenses. Columns include description and total expenses of 20,665.

Table with 3 rows for Net Assets. Columns include description and total net assets of 13,913.

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	4,237	22	13,913
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	4,237	25	13,913
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,237	27	13,913

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 RESOULTION 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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 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"/>	28a 18,599
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)	32 18,599

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
TARA CURRIE BOARD MEMBER	0.25	0	0	0
ARNOLD MATLIN SECRETARY	0.25	0	0	0
DEIDRA EMEL BOARD MEMBER	0.25	0	0	0
JUDI SALSBURG TAYLOR BOARD MEMBER	0.25	0	0	0
NEIL BERRY BOARD MEMBER	0.25	0	0	0
FRANK BRODHEAD 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.

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. (646) 732-1749
Located at CHURCH STREET STATION PO BOX 3357 CHURCH STREET STATION PO BOX 3357 NEW YORK, NY ZIP + 4 100083357
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 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in lieu 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 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	2025-11-11
	JIM ANDERSON PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name VINCENT CARTELLI	Preparer's signature	Date 2025-11-11	Check <input type="checkbox"/> if self-employed	PTIN P00363667
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY LLC			Firm's EIN ▶ 33-1374517	
	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)

(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
PEACE ACTION OF NEW YORK STATE INC

Employer identification number

14-1801528

**Return
Reference**

Explanation

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: BANK FEES. AMOUNT: 1,058. DESCRIPTION: DUES & SUBSCRIPTIONS. AMOUNT: 1,250. DESCRIPTION: OFFICE EXPENSES. AMOUNT: 2,596. DESCRIPTION: INSURANCE . AMOUNT: 689. DESCRIPTION: TRAVEL. AMOUNT: 259. TOTAL TO FORM 990-EZ, LINE 16: 5,852.
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Additional Data

Return to Form

Software ID:

Software Version:

TY 2024 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.