

Form **990EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

# 2024

Open to  
Public  
Inspection

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024		<b>C</b> Name of organization COALITION FOR PEACE ACTION	<b>D</b> Employer identification number 22-2372962
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		% ROBERT MOORE	<b>E</b> Telephone number (609) 922-5022
		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 7 VANDEVENTER AVE	<b>F</b> Group Exemption Number ▶
		City or town, state or province, country, and ZIP or foreign postal code PRINCETON, NJ 08542	

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ MODIFIED

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

**I** Website: ▶ WWW.PEACECOALITION.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 . . . . . ▶ \$ 70,306

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	41,902
	<b>2</b> Program services revenue including government fees and contracts	<b>2</b>	166
	<b>3</b> Membership dues and assessments	<b>3</b>	11,110
	<b>4</b> Investment income	<b>4</b>	4,435
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	12,693
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	637	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	12,056	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	69,669	

<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	34,274
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	8,796
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	7,400
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	4,839
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	14,712
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	70,021	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-352	

<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	164,437
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	-7,074
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	157,011

**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 . . . . .	168,134	<b>22</b> 168,537
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	5,408	<b>24</b> 0
<b>25 Total assets</b> . . . . .	173,542	<b>25</b> 168,537
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	9,105	<b>26</b> 11,526
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	164,437	<b>27</b> 157,011

**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?  
GRASSROOTS FOR ADVOCACY FOR PEACE MOVES

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> DESIGNATED FUND ACTIVITIES (Grants \$ 2,125) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	6,900
<b>29</b> SELF SUSTAINING ACTIVITIES (Grants \$ 4,475) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	5,813
<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)	<b>32</b>	12,713

**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
ROBERT MOORE EXECUTIVE DIRECTOR	20.00	0	0	0
ED AGUILAR DIRECTOR	1.00	0	0	0
CAROL ALLEN SECRETARY	1.00	0	0	0
SIVARAM CHELLURI TRUSTEE	1.00	0	0	0
CATHY CHERRY TRUSTEE	1.00	0	0	0
REV WAYNE CONRAD TRUSTEE	1.00	0	0	0
REV CAROL HAAG TRUSTEE	1.00	0	0	0
IRENE GOLDMAN TRUSTEE	1.00	0	0	0
STEPHANIE HARRIS TRUSTEE	1.00	0	0	0
LAWRENCE KANE TRUSTEE	1.00	0	0	0
DR PARVAIZ MALIK TRUSTEE	1.00	0	0	0
DARLENE MCKNIGHT TRUSTEE	1.00	0	0	0
KRISTIN PALADINO TRUSTEE	1.00	0	0	0
MARK PEPPER TRUSTEE	1.00	0	0	0
MARC TOLO TRUSTEE	1.00	0	0	0
MICHAEL ROBERTSON TRUSTEE	1.00	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 Yes/No columns and input fields.

	Yes	No
<b>46</b> 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. . . . .	<b>46</b>	No

**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

<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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	Date
	ROBERT MOORE EXECUTIVE Type or print name and title	2025-11-15

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DINESH PATEL	Preparer's signature	Date 2025-11-16	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00268177
	Firm's name ▶ TaxSaver Services LLC			Firm's EIN ▶ 20-3607475	
	Firm's address ▶ 22 COPERNICUS CT Cranbury, NJ 08512			Phone no. (609) 371-8300	

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 of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization COALITION FOR PEACE ACTION	<b>Employer identification number</b> 22-2372962
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 COALITION FOR PEACE ACTION

**Employer identification number**  
 22-2372962

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 COALITION FOR PEACE ACTION

Employer identification number  
 22-2372962

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization COALITION FOR PEACE ACTION	Employer identification number 22-2372962
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a)</b> <b>No. from</b> <b>Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
<b>(a)</b> <b>No. from</b> <b>Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
<b>(a)</b> <b>No. from</b> <b>Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
<b>(a)</b> <b>No. from</b> <b>Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
 Inspection**

Name of the organization  
 COALITION FOR PEACE ACTION

**Employer identification number**

22-2372962

Return Reference	Explanation
Amended return information	INCORRECTLY ENTERED THE EXPENSES ON 990 PAGE 1 FOR COLUMNS FOR LINE 12,13,14,15,16- AND AS A RESULT THESE WERE OVERSTATED
Description of other expenses Part I line 16	Description AmountSELF SUSTAINING PROJECTS 1,338OFFICE EQUIPMENT 1,867MISC 1,394CREDIT CARD CHARGES 1,510TELEPHONE 2,721INSURANCE 1,756FUND RAISING-FINANCE 560INTERNET-WEBSITE 1,439MOVING EXPENSES 2,127
Other changes in net assets or fund balances Part I line 20	Description AmountNET ASSETS TOTAL DIFFERENCE (7,074)
Description of other assets Part II line 24	Category Beginning of Year End of YearEQUIPMENT 5,041 OPREPAYMENTS 367 0
Description of total liabilities Part II line 26	Category Beginning of Year End of YearDESIGNATED FUNDS 7,688 11,526PAYROLL & PENSION LIABILITIES 1,417 0
General explanation attachment	DIFFERENCE IN NET ASSETS ADJUSTMENT- \$7,074

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**