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## Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

### Contributions, Gifts, Grants, and Similar Amounts Received
- [ ] 48,690
- [ ] 1,590

### Program Service Revenue including Government Fees and Contracts
- [ ]
- [ ]
- [ ]

### Membership dues and Assessments
- [ ]
- [ ]
- [ ]

### Investment Income
- [ ]
- [ ]
- [ ]

### Gross amount from sale of assets other than inventory
- [ ]
- [ ]
- [ ]

### Less cost or other basis and sales expenses
- [ ]
- [ ]
- [ ]

### Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
- [ ]
- [ ]
- [ ]

### Gaming and Fundraising Events

#### Gross income from gaming (attach Schedule G if greater than $15,000)
- [ ]
- [ ]
- [ ]

#### Gross income from fundraising events (not including $0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)
- [ ]
- [ ]
- [ ]

#### Less direct expenses from gaming and fundraising events
- [ ]
- [ ]
- [ ]

### Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)
- [ ]
- [ ]
- [ ]

### Gross sales of inventory, less returns and allowances
- [ ]
- [ ]
- [ ]

### Less cost of goods sold
- [ ]
- [ ]
- [ ]

### Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
- [ ]
- [ ]
- [ ]

### Other revenue (describe in Schedule O)
- [ ]
- [ ]
- [ ]

### Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
- [ ]
- [ ]
- [ ]

### Grants and similar amounts paid (list in Schedule O)
- [ ]
- [ ]
- [ ]

### Benefits paid to or for members
- [ ]
- [ ]
- [ ]

### Salaries, Other Compensation, and Employee Benefits
- [ ]
- [ ]
- [ ]

### Professional fees and Other Payments to Independent Contractors
- [ ]
- [ ]
- [ ]

### Occupancy, Rent, Utilities, and Maintenance
- [ ]
- [ ]
- [ ]

### Printing, Publications, Postage, and Shipping
- [ ]
- [ ]
- [ ]

### Other expenses (describe in Schedule O)
- [ ]
- [ ]
- [ ]

### Total expenses. Add lines 10 through 16
- [ ]
- [ ]
- [ ]

### Excess or (deficit) for the year (Subtract line 17 from line 9)
- [ ]
- [ ]
- [ ]

### 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)
- [ ]
- [ ]
- [ ]

### Other Changes in net assets or fund balances (explain in Schedule O)
- [ ]
- [ ]
- [ ]

### Net assets or fund balances at end of year. Combine lines 18 through 20
- [ ]
- [ ]
- [ ]

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
**Part II  Balance Sheets**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>7,802</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>22</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>20,446</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>28,248</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>17,000</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>11,248</td>
</tr>
</tbody>
</table>

**Part III  Statement of Program Service Accomplishments**

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

What is the organization’s primary exempt purpose?
To be a movement building coalition of organizations opposed to wars, opposed to empire-building and the policy of permanent war, opposed to domestic repression, and in support of domestic struggles for social and economic justice.

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Peace vigils, public speaking workshops, protests against war events and organizing meetings
(Grants $ 16,851)
If this amount includes foreign grants, check here.

29 
(Grants $ )
If this amount includes foreign grants, check here.

30 
(Grants $ )
If this amount includes foreign grants, check here.

31 Other program services (describe in Schedule O)
(Grants $ )
If this amount includes foreign grants, check here.

32 Total program service expenses (add lines 28a through 31a)

**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.

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-.)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
</table>
Part V

Other Information (Note the 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 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).

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)

35b No

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.

36 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a

37b No

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

b Gross receipts, included on line 9, for public use of club facilities.

39a 0

39b 0

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955.

b Section 501(c)(3) and 501(c)(4) 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.

40b No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

e 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.

40e No

41 List the states with which a copy of this return is filed. NY

42a The organization's books are in care of:

ORGANIZATION Telephone no (212) 868-5545

LOCATED AT TIMES SQUARE STATION PO BOX 607 NEW YORK, NY ZIP 10036 10108

b 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42b No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country.

42c No

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? If "Yes", Form 990 must be completed instead of Form 990-EZ.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

c Did the organization receive any payments for indoor tanning services during the year?

44a No

44b No

44c No

44d No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ

Yes No

45a 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 must be completed instead of Form 990-EZ

Yes 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

Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.
Check if the organization used Schedule D to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(i)? 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".

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

50(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".

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51(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 and 4947(a)(1) nonexempt charitable trusts 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

MICHAEL T. MCPEARSON Co-Chair

Type or print name and title

Preparer's signature

Ross Wisdom CPA

Date

Check if self-employed

Preparer's taxpayer identification number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Kerner & Wisdom LLC

29 Broadway 1412

New York, NY 10006-3267

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

Yes No

2011-12-16

(212) 986-0892
### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL T MCPHEARSON</td>
<td>Co-Chair 5 00</td>
<td>3,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMES SQUARE STATION PO BOX NEW YORK, NY 10108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESLIE R KIELSON</td>
<td>Co-Chair 5 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMES SQUARE STATION PO BOX NEW YORK, NY 10108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUDITH LEBLANC</td>
<td>ASSISTANT DIREC 40 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMES SQUARE STATION PO BOX NEW YORK, NY 10108</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LESLIE CAGAN</td>
<td>Executive Direc 40 00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TIMES SQUARE STATION PO BOX NEW YORK, NY 10108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. 

Attach to Form 990 or 990-EZ.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990-EZ, Part II, Line 26</td>
<td>Total Liabilities 1001</td>
<td>Accounts Payable and Accrued Expenses - Beginning $17000 Accounts Payable and Accrued Expenses - Ending $5820</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
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<tr>
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<td>-----------------------------------</td>
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<tr>
<td>Form990-EZ, Part II, Line 24 1010</td>
<td>Other Assets 1010</td>
<td>Inventories - Beginning $19139 Inventories - Ending $19139</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
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<tr>
<td>------------</td>
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<tr>
<td>Form 990-EZ, Part II, Line 24 1005</td>
<td>Other Assets 1005</td>
<td>Accounts Receivable - Beginning $0 Accounts Receivable - Ending $300</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>-----------------------------</td>
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<tr>
<td>Form 990-EZ, Part II, Line 24 1003</td>
<td>Other Assets 1003</td>
<td>Machinery and Equipment - Beginning $1307 Machinery and Equipment - Ending $752</td>
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<tr>
<td>Form 990-EZ, Part I, Line 16</td>
<td>Other Expenses 6</td>
<td>REGISTRATION &amp; FILING FEES $90</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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<tr>
<td>Form 990-EZ, Part I, Line 16 4</td>
<td>Other Expenses 4</td>
<td>Payroll service fees $446</td>
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<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------</td>
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<tr>
<td>Form 990-EZ, Part I, Line 16 3</td>
<td>Other Expenses 3</td>
<td>Miscellaneous &amp; bank charges $682</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 2</td>
<td>Other Expenses 2</td>
<td>EQUIPMENT RENTAL $877</td>
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<td>Explanation</td>
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<tr>
<td>--------------------------------</td>
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<td>Form 990-EZ, Part I, Line 16 1009</td>
<td>Other Expenses 1009</td>
<td>Depreciation $555</td>
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<td>-------------------</td>
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<tr>
<td>Form 990-EZ, Part I, Line 16 1007</td>
<td>Other Expenses 1007</td>
<td>Conferences, Conventions, and Meetings $563</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------</td>
<td>-------------</td>
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<tr>
<td>Form 990-EZ, Part I, Line 16 1005</td>
<td>Other Expenses 1005</td>
<td>Travel $360</td>
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<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 1002</td>
<td>Other Expenses 1002</td>
<td>Office Expenses $24</td>
</tr>
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