# Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2022 calen	dar year, or tax year beginning , 2022, and ending		, 2	20
В	Check if a		[C	D Employ	THE RESERVE TO SERVE	cation number
		ess change	AMERICANS FOR PEACE NOW, INC	13-	35098	67
	$\vdash$	e change	1320 19TH STREET NW, STE 400	E Telepho		
	$\vdash$	I return	WASHINGTON, DC 20036-1635	P 10 10		
	$\vdash$			(20	2) 40	8-9898
	$\vdash$	return/terminated nded return		G Gross r	خ خ	1 200 007
	$\vdash$	ication pending	F Name and address of principal officer: HADAD CHCCKTND H	(a) Is this a group retur		1,388,087.
	M Appli	ication pending	HADAK SUSSKIND			103 == 110
<del></del>	Tay-ove	empt status:	Same As C Above     X   501(c)(3)     501(c)( )   (insert no.)     4947(a)(1) or     527	(b) Are all subordinates if "No," attach a list	. See instr	uctions.
J	Webs		77 771 671011 6716	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	t	
K			10-01	(c) Group exemption n		
		f organization:		: 1988   M :	state or leg	al domicile: MA
r		Summar	y be the organization's mission or most significant activities: TO SUPPORT	A CTDOMC A	NID CE	CUDE TODAET
	7		CARRY OUT PUBLIC INFORMATION ACTIVITIES ON THE M			
Activities & Governance	<u>-</u>		ED STATES.	TTDDTE_EWST	FEACI	7 T220E2 TM
nar	=	TITI ONTI				
Ver	2 C	heck this bo	ox if the organization discontinued its operations or disposed of more	e than 25% of its	net asse	 ets.
ဗ	3 N	lumber of vo	oting members of the governing body (Part VI, line 1a)		3	32
య	4 N		dependent voting members of the governing body (Part VI, line 1b)		4	32
itie	5 To		of individuals employed in calendar year 2022 (Part V, line 2a)		5	6
ξį	6 10		r of volunteers (estimate if necessary)		6	1
Ă			ed business revenue from Part VIII, column (C), line 12		7a	0.
	b IV	iet unrelated	d business taxable income from Form 990-T, Part I, line 11		7b	0.
	0 0	antributions	and grants (Dart VIII line 1h)	Prior Year	10	Current Year
ne			and grants (Part VIII, line 1h)	1,516,0	119.	1,340,261.
Revenue	the section of		ncome (Part VIII, column (A), lines 3, 4, and 7d)		391.	-1,380.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· ·	191.	-1,380.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,516,4	10	1,338,881.
			imilar amounts paid (Part IX, column (A), lines 1-3).	150,0		150,000.
	100000		to or for members (Part IX, column (A), line 4)	150,0	130,000.	
	100		er compensation, employee benefits (Part IX, column (A), lines 5-10)	671,1	618,388.	
ses	16a P		fundraising fees (Part IX, column (A), line 11e)	0/1/3	010,300.	
Expenses	L T.					
X	D 10		sing expenses (Part IX, column (D), line 25) 105,035.			
1000	17 0		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	385,1		376,749.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,206,2		1,145,137.
- "		evenue less	s expenses. Subtract line 18 from line 12	310,1		193,744.
ets or		atal assats	(Dort V. line 16)	Beginning of Currer		End of Year
Bala	21 To		(Part X, line 16)s (Part X, line 26)	742,4		1,097,290.
Net Ass	20 1		m (C)	14,3		180,292.
			fund balances. Subtract line 21 from line 20	728,1	40.	916,998.
	art II	Signatur				4
Und	er penalties plete. Decla	s of perjury, I de aration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the orer (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowledge	and belief	, it is true, correct, and
-		1 6	from and	11/1		
c:	N 10	Signature of	officer Cultoch	Date /19	/202	3
Sig	yn ro					
110	10		T MCCULLOCH CF	0		
-		393	preparer's name Preparer's signature Date	10	7 ID	TIN
_			Total Control		<u> </u>	
Pa			D R. SANDLER CPA DONALD R. SANDLER CPA	self-employ	∌d   P	00280160
	eparer se Only	Firm's name	Daniel Company 1.0.			22227
<b>U</b> 3	o Only	Firm's addre	11 10000 001000 00100 101	Firm's EIN		3390751
NA-	, the IDC	C discuss !!	Needham, MA 02494	Phone no.	781-4	155-1480
ıvıa.	y the IRS	o aiscuss th	is return with the preparer shown above? See instructions			X Yes No

Par		Х
1	Check if Schedule O contains a response or note to any line in this Part III	Λ
ı	,	
	TO SUPPORT A STRONG AND SECURE ISRAEL AND TO CARRY OUT PUBLIC INFORMATION ACTIVITIES	
	ON THE MIDDLE EAST PEACE ISSUES IN THE UNITED STATES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
2		_
	Form 990 or 990-EZ?	J
2		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.	)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	٠.
	and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 496,497. including grants of \$ ) (Revenue \$	)
	Distribution, development and publication of educational materials, including	
	newsletters and brochures. Distribution, development and publication of website	
	material, Weekly Update and other email blasts,. Social media postings including	
	Facebook, Twitter, Instagram. Approximately 300,000 served.	
41-	(Code) (C	)
4D		_)
	Webinars, podcasts, and annual gala. Along with forums, speakers, conferences,	
	workshops, expositions, and festivals. Approximmately 13,000 served.	
4c	(Code:) (Expenses \$150,000. including grants of \$150,000.) (Revenue \$	_)
	GRANTS FOR EDUCATION, PROGRAM SERVICE, AND OPERATION TO SHA'AL, THE PEACE NOW	
	EDUCATION FUND IN ISRAEL.	
		_
4d	Other program services (Describe on Schedule O.)  See Schedule O	
	(Expenses \$ 41,050. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 848,940.	_

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. 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.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) AMERICANS FOR PEACE NOW, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
D A A	(gambling) winnings to prize winners?	1c	X 000 (	(0000

Form 990 (2022) AMERICANS FOR PEACE NOW, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b				
4a	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)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
С	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Χ		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring						
^	organization have excess business holdings at any time during the year?	8				
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
	Section 501(c)(7) organizations. Enter:	36				
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b		77		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140				
13	excess parachute payment(s) during the year?	15		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
Α ^	If "Yes," complete Form 6069.  TEEA0105L 09/01/22	F-	000	2000		
AΑ	LECHOLOSE 08/01/55	rorm	990 (	2022)		

Form 990 (2022) AMERICANS FOR PEACE NOW, INC 13-3509867 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 32 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 X Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . Q. . . . . . . 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

312 WOBURN MA 01801 (617) 686-2265

ROBERT MCCULLOCH 10 TOWER OFFICE PARK,

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Director

Check this box if neither the organization nor any re	elated organiz	ation	con	nper	ısate	ed an	у си	rrent officer, direct	or, or trustee.	
				(C)	)					,
(A) Name and title	(B) Average hours per	thar	n one s both dir	box, an c ector	unles officer /truste			(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) HADAR SUSSKIND	40									
President & CEO	0			Χ				179,333.	0.	26,548.
(2) ORI NIR  VP PUBLIC AFFAIRS	$\frac{40}{0}-$					Х		129,194.	0.	7,928.
(3) ROBERT MCCULLOCH	40									
CFO	0			Χ				98,447.	0.	15,962.
(4) LARRY GELLMAN	3									
Director	0	Χ						0.	0.	0.
_(5)_ DEBRA_KATZ	3	.,							0	0
Director CO DAVID PERFENDANA	0	Χ						0.	0.	0.
	$ \frac{3}{0} -$	Х						0.	0.	0.
(7) ERNEST BOGEN	3	Λ						0.	0.	0.
Director	$ \frac{3}{0} - \frac{3}{0}$	Х						0.	0.	0.
(8) MARTIN BRESLER	3	Λ						0.	0.	0.
Director	$ \frac{3}{0} - \frac{3}{0}$	Х						0.	0.	0.
(9) PETER EDELMAN	3	21						<u> </u>	•	<u> </u>
Director		Х						0.	0.	0.
(10) AVIVA FUTORIAN	3							<u> </u>	••	
Director		Х						0.	0.	0.
(11) DAN FLESHLER	3							Ţ.,		
Director		Χ						0.	0.	0.
(12) ROBERT FREEDMAN	3									
Director		Χ						0.	0.	0.
(13) GEOFFREY LEWIS	3									
Director	0	Χ						0.	0.	0.
(14) MARILYN KATZ	3									

Pai	t VII   Section A. Officers, Directors, Tru		Key	Еm	_		es, a	and	d Highest Com	pensated Emp	oyee	<b>5</b> (cont	inued)
		(B)			(0	•							
	<b>(A)</b> Name and title	Average hours per week	offic	, unle cer ar	theck ess pe nd a d	erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from the organization	Reportable compensation from related organizations		(F) lated am of other ensation	
		(list any hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the d	organizai organizai nd relate anization	ation ed
(15)	AVIVA MEYER	3											
	Director	0	Х						0.	0.			0.
(16)	DANNY GOLDBERG	3	v						0	0			0
(17)	Director	0	Х						0.	0.			0.
(1/)	THOMAS FELDMAN Director	3	Х						0.	0.			0.
(18)	JAMES KLUTZNICK	5											
	Director	0	Х		Χ				0.	0.			0.
(19)	ABBY RAPOPORT	3											
(20)	Director	0	Х						0.	0.			0.
(20)	LUIS LAINER Director	3	Х						0.	0.			0.
(21)	JO-ANN MORT	3	Λ						0.	0.			
	Director	0	Х						0.	0.			0.
(22)	MANDY PATINKIN	3							0.	<u> </u>			
	Director	0	Χ						0.	0.			0.
(23)	LETTY COTTIN POGREBIN	3											
	Director	0	X						0.	0.			0.
(24)	MARK_SILVERBERG	5								•			•
(OF)	Treasurer	0	Х		X				0.	0.			0.
(25)	RANDI WEINGARTEN	3	Х						0	0			0
1h	Director Subtotal	U	Λ					<u> </u>	406,974.	0.		50	<u> </u>
	Total from continuation sheets to Part VII, Section	on A							0.	0.	50,438.		0.
	Total (add lines 1b and 1c)								406,974.	0.		50.	438.
	Total number of individuals (including but not limited										ensatio		100.
	from the organization 2												
												Yes	No
3	Did the organization list any <b>former</b> officer, direction line 1a? <i>If "Yes,"complete Schedule J for suci</i>	tor, truste h <i>individu</i>	e, ke	ey er	nplo	oyee	e, or	high	nest compensated	employee	. 3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for		4	77	
5	such individual										. 4	X	
	for services rendered to the organization? If "Yes	s," comple	ete S	che	dule	J f	or su	ch p	person		. 5	<u> </u>	X
	tion B. Independent Contractors												
ı	Complete this table for your five highest compensation from the organization. Report compensation	sated inde sation for	epen the c	dent alen	cor dar <u>y</u>	ntra year	ctors endii	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business addr	ess							(B) Description of	of services	Compe	<b>C)</b> ensatio	on
	Total number of independent contractors (including b	ut not limi	itad t	n tha	nee I	lictor	d aho	Ve)	who received more	than			
	\$100,000 of compensation from the organization	0	iicu l	J 1110	JSC I	11315(	a abu	ve)	wito received more	uiall			

# Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

AMERICANS FOR PEACE NOW, INC

Employler Identification number

13-3509867

Part VII Continuation: Officers Highest Compensated	s, Directors I Employee	, Tru s	ste	es,	Ke	y En	ıplo	yees, and	13-3309667	
(A)	(B)	(C) P	osition ox. unl	(do no ess per	t chec son is	k more the both an c	an one officer	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	nd a di	Officer	truste Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (w2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) MARCIE SETLOW	3									
Director	0	Χ						0.	0.	0.
(2) JOSHUA MALINA	3									
Director	0	Х						0.	0.	0
(3) JUDITH TULLER	3									
Director	0	Х						0.	0.	0
(4) MICHAEL WALZER	3									
Director	0	Х						0.	0.	0
(5) PETER WEISS	3									
Director	0	Х						0.	0.	0
(6) EDWARD WITTEN	3									
Director	0	Х						0.	0.	0
(7) STEVE KAPLAN	3									
Director	0	Х						0.	0.	0
(8) MIK MOORE	3									
Director	0	Х						0.	0.	0
(9) SANDY WEINER	3									
Director	0	Х						0.	0.	0
(10) KATHLEEN PERATIS	3									
Director	0	Х						0.	0.	0
(11)		•								
(12)		-								
<u>(13)</u>		•								
(14)										
(15)										
(16)										
<u>(18)</u>										
<u>(19)</u>										
(20)										

# Form 990 (2022) AMERICANS FOR PEACE NOW, INC 13-3509867 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue 1a Federated campaigns . . . . . . . . rs, Gifts, Grants, Similar Amounts **b** Membership dues..... 1b c Fundraising events..... 1c 80,983. **d** Related organizations..... 1d e Government grants (contributions) . . . . 1e

Sir	f	All other contributions, gifts, grants, and	10					
Ę Ę	-	similar amounts not included above	1f	1,259,278.				
Contributions, and Other Sir	g	Noncash contributions included in lines 1a-1f	1g	25,405.				
Ö	h	<b>Total.</b> Add lines 1a-1f		20,400.	1,340,261.			
<u> </u>				Business Code	1/010/2011			
Program Service Revenue	2a							
æ	b							
<u>ë</u> .	С							 
Šer	d							
Ë	е							
gra	f	All other program service revenu						
ğ	g	Total. Add lines 2a-2f						
	3	Investment income (including divide	ends, i	nterest, and				
	_	other similar amounts)			423.			423.
	4	Income from investment of tax-e		•				<b></b> _
	5	Royalties						
	C-	(i) R	eal	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c  Net rental income or (loss)						
		(i) Sooi		(ii) Other				
	7a	Gross amount from		.,				
		other than inventory   7a   22	548					
	b	Less: cost or other basis and sales expenses 7b 2.4	351					
	С		803	•				
		Net gain or (loss)			-1,803.	-1,803.		
a)		Gross income from fundraising events	Г		1,003.	1,000.		
Other Revenue	oa	(not including \$ 80,983	3.					
ķ		of contributions reported on line 1c).						
æ		See Part IV, line 18	8	a 24,855.				
ક્	b	Less: direct expenses	8					
ᅙ	С	Net income or (loss) from fundra	ising	events				
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9					
		Less: direct expenses	9					
	С	Net income or (loss) from gamin	g acti	vities				
	1 <b>0</b> a	Gross sales of inventory, less						
	L .	returns and allowances Less: cost of goods sold	10					
		Net income or (loss) from sales	10 of inv					
-	C	THE THEOTHE OF (1055) HOTH Sales	יעווו וכ	Business Code				
Miscellaneous Revenue	11a							
2 3	b							į
를 들	11a b c d							
Sce	ď	All other revenue						
Ξ̈́		<b>Total.</b> Add lines 11a-11d						
	12	<b>Total revenue.</b> See instructions.			1,338,881.	-1,803.	0.	423.
BAA					A0109L 09/01/22	1,000.		Form <b>990</b> (2022)
								•

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		, , , , ,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	150,000.	150,000.		
4 5	Benefits paid to or for members		105 110	60.115	22.22
6	trustees, and key employees	277,780.	186,113.	69,445.	22,222.
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	245,210.	188,958.	42,210.	14,042.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,279.	12,545.	2,802.	932.
9	Other employee benefits	39,143.	30,163.	6,738.	2,242.
10	Payroll taxes	39,976.	30,806.	6,881.	2,289.
11	Fees for services (nonemployees):		·		
а	Management				
b	Legal				
С	Accounting	33,519.		33,519.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	113,631.	82,806.	11,559.	19,266.
13	Office expenses	1,887.	1,509.	189.	189.
14	Information technology	1,007.	1,505.	103.	100.
15	Royalties.				
16	Occupancy	76,663.	62,274.	6,605.	7,784.
17	Travel	3,174.	2,856.	159.	159.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	371711	2,000.	1031	1031
19 <b>20</b>	Conferences, conventions, and meetings	37,319.	12,464.		24,855.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,684.	6,148.	768.	768.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	.,,,,,,,,	0,000		
а	Printing and Publications	58,451.	46,761.	5,845.	5,845.
b	CREDIT CARD AND OTHER FEES	32,770.	26,216.	3,277.	3,277.
С	TELEPHONE	11,651.	9,321.	1,165.	1,165.
d					
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,145,137.	848,940.	191,162.	105,035.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	o any lir	ne in this Part X							
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
	1	Cash – non-interest-bearing			725,030.	1	740,439.				
	2	Savings and temporary cash investments			9,773.	2	244,945.				
	3	Pledges and grants receivable, net			·	3	·				
	4	Accounts receivable, net				4					
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er office I contrib rsons	er, director, outor, or 35%		5					
	6	Loans and other receivables from other disqualified p		-							
		section 4958(f)(1)), and persons described in section		6							
	7	Notes and loans receivable, net		7							
Ø	8	Inventories for sale or use		_		8					
Assets	9	Prepaid expenses and deferred charges		_	7,670.	9	10,503.				
As	_		1 1		7,070.	,	10,303.				
3		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		100,354.							
	b	Less: accumulated depreciation				10c	100,354.				
	11	Investments — publicly traded securities				11	1,049.				
	12	Investments — other securities. See Part IV, line 11				12 13					
	13		ents - program-related. See Part IV, line 11								
	14	Intangible assets		-		14					
	15	Other assets. See Part IV, line 11			15						
	16	Total assets. Add lines 1 through 15 (must equal line	33)		742,473.	16	1,097,290.				
	17	Accounts payable and accrued expenses	14,333.	17	180,292.						
	18	Grants payable				18					
	19	Deferred revenue		_		19					
	20	Tax-exempt bond liabilities		_		20					
<u>e</u> s	21	Escrow or custodial account liability. Complete Part				21					
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, di utor, or	rector, trustee, 35%		22					
コ	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23					
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24					
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	1			25					
	26	<b>Total liabilities.</b> Add lines 17 through 25		L	14,333.	26	180,292.				
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	11,000.		100/232.				
aŭ	27	Net assets without donor restrictions		-	728,140.	27	916,998.				
ä	28	Net assets with donor restrictions		<b> -</b>	720,140.	28	910,990.				
ᅙ	20	Organizations that do not follow FASB ASC 958, che				20					
Net Assets or Fund Balance		and complete lines 29 through 33.									
ō	29	Capital stock or trust principal, or current funds	<u> </u>		29						
ě E	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the		<u>L</u>		30					
455	31	Retained earnings, endowment, accumulated income				31					
et /	32	Total net assets or fund balances			728,140.	32	916,998.				
	33	Total liabilities and net assets/fund balances			742,473.	33	1,097,290.				
ВΛ	^		TEE A O 1 1	11 09/01/22		_	Form 000 (2022)				

Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1,3	38,8	81.
2	Total expenses (must equal Part IX, column (A), line 25)		45,1	
3	Revenue less expenses. Subtract line 2 from line 1		93,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		28,1	
5	Net unrealized gains (losses) on investments			-5.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		-4,8	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	9	16,9	98.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?	За		Х
b	old "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
	TEEA0112L 09/01/22	Form	aan (	2022)

#### **SCHEDULE A** (Form 990)

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

AME	AMERICANS FOR PEACE NOW, INC 13-3509867							
Par	t I Reason for Public C	Charity Status. (All	organizations must	comple	ete this	s part.) See instru	ictions.	
The o	or <u>ga</u> nization is not a private fo				-	•		
1	A church, convention of chu	urches, or association of o	churches described in sec	tion 1 <b>70</b> (	b)(1)(A)(	i).		
2	A school described in <b>sec</b>	ction 170(b)(1)(A)(ii). (At	ttach Schedule E (Form	990).)				
3	A hospital or a cooperative	e hospital service organ	nization described in <b>se</b>	ction 170	)(b)(1)(A	A)(iii).		
4	A medical research organ	nization operated in conj	junction with a hospital	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii).	Enter the hospital's	
	name, city, and state:							
5	An organization operated section 170(b)(1)(A)(iv).		ege or university owned	or opera	ated by	a governmental unit o	described in	
6 7	A federal, state, or local							
,	An organization that norma in section 170(b)(1)(A)(vi)	Ily receives a substantial (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general p	ublic described	
8	A community trust describ	ped in <b>section 170(b)(1)</b>	(A)(vi). (Complete Part	II.)				
9	An agricultural research org							
	or university or a non-land-	grant college of agricultur	e (see instructions). Ente	r the nam	ne, city,	and state of the college	or	
	university:							
10	X An organization that norn from activities related to investment income and u June 30, 1975. See section	ts exempt functions, su nrelated business taxab	bject to certain exception le income (less section	ns; and	(2) no r	nore than 33-1/3% of	its support from gross	
11	An organization organized	d and operated exclusiv	ely to test for public saf	ety. See	section	1 509(a)(4).		
12	An organization organize or more publicly supporte	d organizations describ	ed in <b>section 509(a)(1)</b> (	or <b>sectio</b>	n 509(a	)(2). See section 509(	a)(3). Check the box on	
а	lines 12a through 12d tha  Type I. A supporting organization							
ű	organization(s) the power to complete Part IV, Section	o regularly appoint or elec	et a majority of the directo	rs or trus	tees of t	the supporting organiza	tion. You must	
b	Type II. A supporting organization management of the support must complete Part IV, S	ting organization vested ir	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or ation(s). <b>You</b>	
С	Type III functionally integra organization(s) (see instru	ted. A supporting organiza	ation operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd functio	onally integrated with, its	s supported	
d	Type III non-functionally in functionally integrated. The instructions). You must c	ne organization generall	v must satisfy a distribu	nnection tion requ	with its s uiremen	supported organization( t and an attentiveness	s) that is not s requirement (see	
е		nization received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Ty	pe III functionally	
f	Enter the number of support							
g	Provide the following information	ation about the supporte	ed organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
-								
(A)								
(B)								
(C)								
(D)								
(E)								
<u> </u>								
T-4-1	•							

13-3509867

Par	<b><u>t II</u></b> Support Schedule for (Complete only if you checked						vi)
	organization fails to qualify	under the tests li	sted below, pleas	e complete Part II	II.)	ider i art iii. Ii tile	
	tion A. Public Support	Г			T	T	
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support	<b>.</b>					
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ		structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pu						
	Public support percentage for 20	•			-	<u> </u>	%
15	Public support percentage from	2021 Schedule A	, Part II, line 14.				%
16a	16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
b	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pu	id not check a box ublicly supported	k on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstance	s test, check this	box and stop here	<b>e.</b> Explain in Part V	'I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstance	s test, check this	box and stop her	e. Explain in Part V	I how the

Schedule A (Form 990) 2022

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	Jote Heteu Belein,	p.00.00 00p.0.00				
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,			1,516,019.		6,863,600.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,401,928.	1,393,887.	1,131,303.	1,516,019.	1,340,261.	0,863,600.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	1,461,928.	1,393,887.	1,151,505.	1,516,019.		6,863,600.
b	disqualified persons	548,665.	325,615.	375,020.	388,450.	205,500.	1,843,250.
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	548,665.	325,615.	375,020.	388,450.	205,500.	1,843,250.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support						5,020,350.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Amounts from line 6	1,461,928.	1,393,887.	1,151,505.			6,863,600.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	307.	166.	154.	64.	423.	1,114.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	307.	166.	154.	64.	423.	1,114.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,462,235.	1,394,053.	1,151,659.	1,516,083.	1,340,684.	6,864,714.
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul			10			
	Public support percentage for 20	•	• • •		•	<u> </u>	73.13 %
	Public support percentage from 2					16	74.84 %
	tion D. Computation of Inv				(0)	1=	0 00 0
	Investment income percentage f	•	• • •	-	***		0.02 % 0.01 %
18 10a	Investment income percentage f 33-1/3% support tests—2022. If the					<u> </u>	0.01
	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	X
	33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Part	t IV	Supporting Organizations (continued)			
11	l laa k	the averagination accorded a gift or contribution from any of the following payment?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	tion I	B. Type I Supporting Organizations			1
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			•
				Yes	No
	of each	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did th	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
year, (ii)	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played	3		
		is regard.  E. Type III Functionally Integrated Supporting Organizations			
_					
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	吕	The organization satisfied the Activities Test. Complete line 2 below.			
b	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	ШТ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.	ľ	Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		trantially all of its activities.	2a		
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt v   Type III Non-Functionally integrated 509(a)(5) Supporting Orga	annzau	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> A through E.
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

			,	
Part V	Type III Non-Functional	y Integrated 509(a)(3)	Supporting Organiza	tions (continued)

Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

13-3509867

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

#### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identific	ation number
	ERICANS FOR PEACE N			13-350986	
	-	rganization is exempt under section		_	zation.
1		organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
		compaign activities. See instructions			
		rganization is exempt under section			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955		0.
2		ise tax incurred by organization managers			
3	•	section 4955 tax, did it file Form 4720 for			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
		rganization is exempt under section	• • •	, , , ,	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities\$	
2		g organization's funds contributed to other s			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

Pa	rt II-A Complete if	the organization	n is exempt under sec		filed Form 5768 (e	election under
	section 501(	• • • • • • • • • • • • • • • • • • • •		E 1 . D 1 D . 1		
А			gs to an affiliated group (and dishare of excess lobbying		ited group member's nam	ne,
В	_	•	ed box A and "limited control	•		
	(The term	Limits on Lobby "expenditures" mea	ing Expenditures ins amounts paid or incuri	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expendite	ures to influence pu	blic opinion (grassroots lob	bying)	21,700.	
b	Total lobbying expenditor	ures to influence a l	egislative body (direct lobb	ying)	31,593.	
С		•	nd 1b)		53,293.	0.
d		•		ļ	1,093,023.	
е	Total exempt purpose e	expenditures (add lir	nes 1c and 1d)		1,146,316.	0.
f			ount from the following tab		189,632.	
	If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
-	Not over \$500,000		20% of the amount on line 1e.	4500.000		
-	Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
-	Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
=	Over \$1,500,000 but not over \$ Over \$17,000,000		\$225,000 plus 5% of the excess o \$1,000,000.	Ver \$1,000,000.		
L q	. , ,		of line 1f)		47,408.	0
_		•	s, enter -0	ļ	47,400.	0.
i			, enter -0		0.	0.
j	If there is an amount other	er than zero on either	line 1h or line 1i, did the org	ں anization file Form 4720	reporting	<u></u>
	Section 4911 tax for this					Tes No
	(Som	e organizations tha	4-Year Averaging Period U t made a section 501(h) el low. See the separate insti	ection do not have to c		
		Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
2a	Lobbying nontaxable amount	213,15	9. 185,472.	195,624.	189,632.	783,887.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,175,831.
С	Total lobbying expenditures	50,35	8. 26,122.	46,981.	53,293.	176,754.
d	Grassroots nontaxable amount	53,29	0. 46,368.	48,906.	47,408.	195,972.
е	Grassroots ceiling amount (150% of line 2d, column (e))					293,958.

	,	
Part II-B	Complete if the organization is exempt under section 5	501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).	

	(election under section 501(n)).					
_		(a)		(b)		
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Δ	mount	:
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
f	Publications, or published or broadcast statements?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i.					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A   Complete if the organization is exempt under section 501(c)(4), section 501(	'aVE\				
r ai	section 501(c)(6).	(c)(s)	, or			
				_	Yes	No.
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p					
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	c)(5) Part	, or s III-A,	ection line 3,	501(c is	:)
1	Dues, assessments and similar amounts from members.		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year.		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		4			

## Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**5** Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2022

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

AME	RICANS FOR PEACE NOW, INC			13-3509867
Pai			r Similar Funds or A	ccounts.
	Complete if the organization answered	<u>-</u>		
		(a) Donor advised fund	ds <b>(b)</b> F	funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d are the organization's property, subject to the			
6	Did the organization inform all grantees, dor for charitable purposes and not for the bene impermissible private benefit?	fit of the donor or donor advisor, or	for any other purpose cor	nferring
Pai	Conservation Easements. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held		apply).	
	Preservation of land for public use (for exar	mple, recreation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribu		
	Total acceptance of a consequence			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation eas Number of conservation easements on a cer			
			· ·	
(	Number of conservation easements included historic structure listed in the National Regis	ter	2d	
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or te	erminated by the organization	on during the
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy	regarding the periodic monitoring, ir	nspection, handling of viol	ations,
6	and enforcement of the conservation easem Staff and volunteer hours devoted to monitoring			
7	Amount of expenses incurred in monitoring, ins	nacting handling of violations, and on	forcing conservation easem	onts during the year
,		pecting, nanuling of violations, and en	forcing conservation easem	ents during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	e to the organization's financial state	ements that describes the	organization's accounting for
Pai	Complete if the organization answered	ollections of Art, Historical 7 d "Yes" on Form 990, Part IV, line 8.	reasures, or Other S	Similar Assets.
1 a	If the organization elected, as permitted und historical treasures, or other similar assets heart XIII the text of the footnote to its finance.	neld for public exhibition, education.	or research in furtheranc	I balance sheet works of art, e of public service, provide in
ŀ	If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	earch in furtherance of pub	lic service, provide the
	<ul><li>(i) Revenue included on Form 990, Part VII</li><li>(ii) Assets included in Form 990, Part X</li></ul>	I, line 1		\$
	If the organization received or held works of art, amounts required to be reported under FASE			
	Revenue included on Form 990, Part VIII, Iir			
ŀ	Assets included in Form 990, Part X			\$

Part III   Organizations Maintaining C	ollections of Art, His	toricai i reasures, o	r Other Similar As	ssets (	contir	iuea)
<b>3</b> Using the organization's acquisition, accession items (check all that apply):	, and other records, check ar	ny of the following that mak	ke significant use of its	collection	1	
a Public exhibition	<b>d</b> Loan o	or exchange program				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's colle Part XIII.	ections and explain how they	further the organization's e	exempt purpose in			
5 During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as part of the o	rganization's collection?.		Yes		No
Part IV Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>gements.</b> Complete if th rt X, line 21.	e organization answered "	Yes" on Form 990, Par	t IV, line	9, or	
1 a Is the organization an agent, trustee, custoo	dian or other intermediary	for contributions or other	assets not included		_	¬
on Form 990, Part X?				Yes	L	No
<b>b</b> If "Yes," explain the arrangement in Part XIII a	nd complete the following tal	Die:		Amount		
<b>c</b> Beginning balance				Amount		
<b>d</b> Additions during the year						
e Distributions during the year			_			
f Ending balance						
2a Did the organization include an amount on				Yes		No
<b>b</b> If "Yes," explain the arrangement in Part XI					🗕	┤ँ
2,						
Part V Endowment Funds. Complete i	f the organization answered	d "Yes" on Form 990, Part	IV, line 10.			
(a) Curr	ent year (b) Prior year	(c) Two years back	(d) Three years back	<b>(e)</b> Fo	our years	s back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage of the cur	rrent year end balance (lin	e 1g, column (a)) held as	S:			
a Board designated or quasi-endowment	%					
<b>b</b> Permanent endowment	0,0					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c should	d equal 100%.					
3 a Are there endowment funds not in the possess	ion of the organization that a	re held and administered for	or the	_		
organization by:					Yes	No
(i) Unrelated organizations				3a(i)		<u> </u>
(ii) Related organizations				3a(ii)		<b></b>
<b>b</b> If "Yes" on line 3a(ii), are the related organ	·			. 3b		
4 Describe in Part XIII the intended uses of the		ent funds.				
Part VI Land, Buildings, and Equipr						
Complete if the organization answere	ed "Yes" on Form 990, Part	IV, line 11a. See Form 990	), Part X, line 10.			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> B	ook va	lue
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other		100,354.			100,	354.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o				100,	

BAA Schedule D (Form 990) 2022

(c) Onest equal form 990, Part X, column (B) line 12    Part VIII   Investments - Program Related. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-y			Other Securities.	n Form 990 Part IV line	N/A a 11h See Form 990 Part X line 12	
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						nd-of-vear market value
(2) Closely held equity interests. (A) Close (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				. ,		,
(3) Other (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
C						
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (11) (11						
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(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (11) (11	(C)					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (11) (11	(D)					
(G) Column (D) must equal form 90, Part X, column (B) line 12).  (a) Description of investment (D) Book value (C) Method of valuation: Cost or end-of-year market value (D) Book value (D)	(E)					
(G) Column (D) must equal form 90, Part X, column (B) line 12).  (a) Description of investment (D) Book value (C) Method of valuation: Cost or end-of-year market value (D) Book value (D)	(F)					
Total. (Column (b) must equal Form 390, Part X, column (b) line 12).  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 390, Part X, column (B) line 13)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 390, Part X, column (B) line 13) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (10) (11) (10) (11) (11	(G)					
Investments - Program Related.   N/A						
Complete if the organization answered "Yes" on Form 990, Part IX, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Column (b) I	nust equal Form 990,	Part X, column (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (11) (10) (10) (10) (10) (10) (10) (10	Part VIII In	vestments –	Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	Co	mplete if the org	<u>anization answered "Yes" or</u>		e 11c. See Form 990, Part X, line 13.	
(3) (4) (5) (6) (7) (8) (9) (10)  Teart X  Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (10) (10		Description of in	vestment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 930, Part X, column (B) line 13)  Part X  Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) (a) (b) (c) (c) (c) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h						
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Other Assets.						
N/A   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		must squal Form 000	Part V solumn (P) line 12)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (10)  (10)  (10)  (10)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions.			Tare A, Columni (D) inte 10.,	N/A		
(a) Description (b) Book value  (c)   (a)   (b)   (c)   (c)			anization answered "Yes" or			
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Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain						
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(10)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	Total. (Column	(b) must equal F	orm 990, Part X, column (	B) line 15.)		
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	Part X O	ther Liabilitie	S	- 000 P . W. II	44 446 0 5 000 5 000 10	0.5
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		mplete if the org			e 11e or 11t. See Form 990, Part X, lin	
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		aama tayaa	(a) Descr	ription of liability		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	` '	come taxes				
(4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain						
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)						
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)						
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)						
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)						
(10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)						
(11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	(9)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(11)					
					inancial statements that reports the organization	on's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,338,881.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	1,338,881.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,338,881.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,145,137.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
a Donated Services and use of facilities		
b Prior year adjustments		
b Prior year adjustments		
b Prior year adjustments	2 e	
b Prior year adjustments	2 e	1,145,137.
b Prior year adjustments		1,145,137.
b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a		1,145,137.
b Prior year adjustments	3	1,145,137.
b Prior year adjustments.  c Other losses. 2 c d Other (Describe in Part XIII.) 2 e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	3 4c	
b Prior year adjustments	3	1,145,137. 1,145,137.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

#### **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICANS FOR PEACE	NOW, INC			113-35098	6/					
Part I General Informat on Form 990, Par	ion on Activiti	es Outside th	e United States. Complet	te if the organization	n answered "Yes"					
1 For grantmakers. Does the the grantees' eligibility for	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? XYes No									
2 For grantmakers. Describe in United States.	Prograntmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.									
3 Activities per Region. (The	following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)Part V						
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region					
MIDDLE EAST & N.					4.50.000					
(1) AFRICA			GRANT MAKING	GRANTS	150,000.					
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a Subtotal					150,000.					
<b>b</b> Total from continuation sheets to Part I										

0

c Totals (add lines 3a and 3b). .

150,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant  Part V	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST	PART V	150,000.	PART V			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	<b>•</b>	
3	Enter total number of other organizations or entities	<b>•</b>	

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	•			•	•	Schedule F	(Form 990) 2022

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain or Corporations (see Instructions for Form 5471).	Yes	X No
4	electin <i>Returr</i>	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If "Yes	e organization have any operations in or related to any boycotting countries during the tax year? s," the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

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 08/18/22
 Schedule F (Form 990) 2022

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### Part I - Additional Supplemental Information

SCHEDULE F, PART II, LINE 1(D), PURPOSE OF GRANT:

GRANTS FOR EDUCATION, PROGRAM SERVICE, GENERAL SUPPORT, AND OPERATIONS.

SCHEDULE F, PART II, LINE 1(F), MANNER OF CASH DISBURSEMENT:

WIRE.

## Part II, Line 1 - Additional Supplemental Information

SCHEDULE F, PART II, LINE 1(D), PURPOSE OF GRANT:

GRANTS FOR EDUCATION, PROGRAM SERVICE, GENERAL SUPPORT, AND OPERATIONS.

BAA TEEA3504L 08/18/22 Schedule F (Form 990) 2022

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2002

Open to Public Inspection

Name of the organization Employer identification number							
AMERICANS FOR PEACE NOW, INC 13-3509867							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization	raised funds thi	rough any	of the foll	lowing activities. Check	all that	apply.	
a X Mail solicitations			е	X Solicitation of non-	governn	nent grants	
<b>b</b> X Internet and email solicitations	3		f	Solicitation of gove	ernment	grants	
c X Phone solicitations			g	X Special fundraising	events		
d X In-person solicitations							
<b>2a</b> Did the organization have a written o	r oral agreement	t with any i	ndividual (	including officers, directo	rs truste	es orkev	
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	s?	X Yes No
<b>b</b> If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities le organization.	(fundraise	ers) pursua	ant to agreements under v	which the	fundraiser is to	be
-		("" D' I			<b>(v)</b> Ar	nount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or	retained by)	(or retained by)
or critity (turidialser)		of contr	ributions?	HOITI activity	fundraiser listed in column (i)		organization
		Yes	No				
1							
2							
3							
4							
_							
5							
6							
7							
8							
•							
9							
10							
			]				
Total	<u></u>	<u></u>	<u></u>				0.
3 List all states in which the organization	on is registered of	or licensed	to solicit o	contributions or has been	notified	it is exempt from	
or licensing.							
MA CA CT FL GA HI IL LA ME MD MI MN MO NH NJ NM NY NC ND OH PA RI VA WA WI DC CO							

13-3509867

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

a)			(a) Event #1  ANNUAL GALA  (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Craca receipts		(event type)	(otal hamber)	105.020
Rev	1	Gross receipts	105,838.			105,838.
	2	Less: Contributions	80,983.			80,983.
	3	Gross income (line 1 minus line 2)	24,855.			24,855.
	4	Cash prizes				
10	5	Noncash prizes	4,126.			4,126.
Direct Expenses	6	Rent/facility costs				
Ехре	7	Food and beverages	138.			138.
irect	8	Entertainment				
	9	Other direct expenses	20,591.			20,591.
	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from the summary.	-			/
Par		Gaming. Complete if the organiza	tion answered "Ye			
		than \$15,000 on Form 990-EZ, lin	e 6a.	<b>(b)</b> Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ř	1	Gross revenue				
10	2	Cash prizes				
ense	2	Odsii piizes.				
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
<b></b>	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
9	Fnte	er the state(s) in which the organization co	nducts gaming activitie	25:		
а	Is th	ne organization licensed to conduct gaming	activities in each of th			
		e any of the organization's gaming license				
BAA			TEEA3702L 0	7/05/22	Scho	edule G (Form 990) 2022

Sched	ule G (Form 990) 2022 AME	RICANS FOR PEAC	E NOW, INC	13-35	09867	Page 3
11			rs?		Yes	No
			mber of a partnership or other entity forme		Yes	No
	ndicate the percentage of gaming activity of			12	l	0
	,			-	+	~ ~
	•		tion's gaming/special events books and rec			%
		o proparos are organiza	anon o gammigropostar o tomo zoono ama to	00.00.		
1	Name					
A	Address					
<b>b</b>   <b>c</b>	f "Yes," enter the amount of gaming revolf gaming revenue retained by the third f "Yes," enter name and address of the third	renue received by the order party \$ d party:		nd the amo	ount	No
'						. – – – -
A	Address					
16 (	Gaming manager information:					
1	Name					
(	Gaming manager compensation \$_					
[	Description of services provided	. – – – – – – –				
	Director/officer Em	oloyee	Independent contractor			
<b>17</b> M	Mandatory distributions:					
			utions from the gaming proceeds to retain		Yes	□No
b E	5 5	nder state law to be distrib	outed to other exempt organizations or spe		···· lares	∐ No
Part	Supplemental Information. and Part III, lines 9, 9b, 10b information. See instruction	o, 15b, 15c, 16, and	ations required by Part I, line 2b 17b, as applicable. Also provide	, columns e any ado	s (iii) and (v litional	/);

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 Schedule G (Form 990) 2022

## SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

AMERICANS FOR PEACE NOW, INC

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 13-3509867

Par	ti Questions Regarding Compensation						
				Yes	No		
1a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relevant	of the following to or for a person listed on Form 990, Part evant information regarding these items.					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described	follow a written policy regarding payment or d above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursi trustees, and officers, including the CEO/Executive Director,		2				
3	Indicate which, if any, of the following the organization used to executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but expected the compensation of the CEO/Executive Director.	poxes for methods used by a related organization to					
	Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	Form 990 of other organizations	X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII organization or a related organization:	I, Section A, line 1a, with respect to the filing					
	Receive a severance payment or change-of-control payment		4a		Χ		
	Participate in or receive payment from a supplemental nonq	·	4b		Χ		
С	Participate in or receive payment from an equity-based com		4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the app	olicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation					
а	The organization?		5a		Х		
b	Any related organization?		5b		Χ		
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation					
	The organization?		6a		Χ		
b	Any related organization?		6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If "Yes," describe	, did the organization provide any nonfixed e in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or a	accrued pursuant to a contract that was subject					
		initial contract exception described in Regulations section 53.4958-4(a)(3)? s." describe in Part III.					
			8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	presumption procedure described in Regulations	9				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

_		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
HADAR SUSSKIND	(i)	_ 179,333.	0.	0.	0.	26,548.	205,881.	0.
1 President & CEO	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
	(i)							
2	(ii)				T		T	
	(i)						L	
3	(ii)							
	(i)				L		L	
4	(ii)							
	(i)						L	
5	(ii)							
	(i)				<b> </b>		<b>_</b>	
6	(ii)							
	(i)				<b> </b>		<b>_</b>	
7	(ii)							
	(i)				<b> </b>		<b></b>	
8	(ii)							
	(i)				<b></b>		<b></b>	
9	(ii)							
10	(i)				<b></b>		+	
10	(ii)							
11	(i)				<del> </del>		+	
	(i)							
12	(i) (ii)				+		+	
12	(i)							
13	(i) (ii)				+		+	
10	(i)							
14	(i) (ii)		<del> </del>		<del> </del>		<del> </del>	
••	(i)							
15	(i) (ii)				<del> </del>		<del> </del>	
<del></del>	(i)							
16	(ii)				<del> </del>		<del> </del>	
DAA	<b>()</b>		TEE 4 41 001 07/01					L (F 000) 0000

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TEEA4102L 07/25/22

Schedule J (Form 990) 2022

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TEEA4103L 07/25/22

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMI	AMERICANS FOR PEACE NOW, INC 13-3509867							
Pai	t I Types of Property							
	•	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(c od of c contrib	letermin	iing mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property.	37	_	0- 10-				
9	Securities — Publicly traded	X	5	25,405.	F'MV			
10	Securities — Closely held stock							
11	Securities – Partnership, LLC, or trust interests . Securities – Miscellaneous							
12 13	Qualified conservation contribution –							
	Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )			12.1.11				
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				29			
	organization completed form 5255, fair v, bonet	Acknowica	gement		23		Yes	No
							.03	110
30a	During the year, did the organization receive by contri it must hold for at least 3 years from the date of t	he initial cor	ntribution, and which is	n't required to be used		20.0		v
L	for exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.					30 a		X
31		cv that requi	res the review of any r	nonstandard contributio	ns?	31		Х
	Does the organization hire or use third parties or contributions?	related organ	nizations to solicit, prod	cess, or sell noncash		32 a		X
L	o If "Yes," describe in Part II.					J∠ d		Λ
	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

## 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

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Name of the organization

AMERICANS FOR PEACE NOW, INC

Employer identification number

13-3509867

### Form 990, Part III, Line 4d - Other Program Services Description

Policy Development, government affairs, media development, organized Jewish community involvement and action alerts. Approximately 50,000 served.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

A COPY OF THE 2022 FORM 990 WAS PROVIDED TO EACH BOARD MEMBER BEFORE IT WAS FILED WITH THE IRS. HOWEVER, THE BOARD WILL NOT REVIEW THE FORM 990 BEFORE OR AFTER IT IS FILED AS PART OF ITS BOARD ACTIVITIES.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A compensation committee is chosen amongst the board members and one person is appointed chairperson. Comparability data is gathered and given to the chairperson. The committee is charged to meet periodically to deliberate and determine the compensation for the CEO and top executives of the organization.

#### Form 990, Part VI, Line 17 - List of States which this Return is Filed

MA CA CT FL GA HI IL LA ME MD MI MN MO NH NJ NM NY NC ND OH PA RI VA WA WI DC CO

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

AVAILABLE IN ORGANIZATION'S OFFICE UPON REQUEST.

#### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Lease liability i	n excess	of	right-of-use	asset	\$ -4,881.
_			_	Total	\$ -4,881.