

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
PEER EXCHANGE ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1521 CONCORD PIKE No 301

City or town, state or province, country, and ZIP or foreign postal code  
WILMINGTON, DE 19803

**D** Employer identification number  
47-3427580

**E** Telephone number  
(917) 376-4199

**F** Group Exemption Number ▶

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

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

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) ◀ (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 162,397

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .																												
	<b>2</b>	Program service revenue including government fees and contracts . . . . .																												
	<b>3</b>	Membership dues and assessments . . . . .																												
	<b>4</b>	Investment income . . . . .																												
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .																												
	<b>5b</b>	Less cost or other basis and sales expenses . . . . .																												
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																												
	<b>6</b>	Gaming and fundraising events																												
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
<b>6c</b>	Less direct expenses from gaming and fundraising events . . . . .																													
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .																													
<b>7b</b>	Less cost of goods sold . . . . .																													
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																													
<b>8</b>	Other revenue (describe in Schedule O) . . . . .																													
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																													
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .																												
	<b>11</b>	Benefits paid to or for members . . . . .																												
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .																												
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .																												
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .																												
	<b>15</b>	Printing, publications, postage, and shipping . . . . .																												
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .																												
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																													
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																												
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																												
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																												
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .																												



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding significant activities, changes, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of BRIAN TSAI Telephone no (917) 376-4199 Located at 251 SAWMILL ROAD MILAN, NY ZIP + 4 12571

Table with 3 columns: Question, Yes, No. Rows include 42b-42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds, hospital facilities, and tanning services, and 45a-45b regarding controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> ▶ ***** Signature of officer	2019-05-01 Date
▶ BRIAN TSAI DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RANDOLPH SPRESENT	Preparer's signature	Date 2019-05-01	Check <input type="checkbox"/> if self-employed	PTIN P00403617
	Firm's name ▶ JACQUES M LEVY & CO LLP			Firm's EIN ▶ 13-0965850	
	Firm's address ▶ 150 GREAT NECK ROAD SUITE 100 GREAT NECK, NY 11021			Phone no (516) 467-1472	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-3427580

**Name:** PEER EXCHANGE ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> HELD A CONFERENCE ATTENDED BY 60+ ASSOCIATION MEMBERS THE CONFERENCE CONTAINED GUEST LECTURERS WHO WERE ATTORNEYS, IT PROFESSIONALS, AND AUDIT &amp; TAX PARTNERS OF CPA FIRMS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	0



**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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<p><b>30</b>                      POSTED 70+ JOB LISTINGS ON THE NETWORK MOST OF THE POSITIONS WERE FOR CHIEF FINANCIAL OFFICERS AND CHIEF OPERATING OFFICERS                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<p><b>30a</b></p>	<p style="text-align: right;">0</p>

## **TY 2018 Transfers Personal Benefits Contracts Declaration**

**Name:** PEER EXCHANGE ASSOCIATION

**EIN:** 47-3427580

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization PEER EXCHANGE ASSOCIATION	Employer identification number 47-3427580
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BRIAN TSAI		TO PROVIDE INITIAL FUNDS FOR START UP EXPENSES	X		25,061	0		No	Yes			No
(2) BRIAN TSAI		OVERPAYMENT OF BALANCE DUE TO BRIAN TSAI		X	39	39		No		No		No
<b>Total</b>							39					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization  
PEER EXCHANGE ASSOCIATION

Employer identification number

47-3427580

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description COMPUTER EXPENSES-IT Amount 15,241 Description PROCESSING FEES Amount 2,165 Description OFFICE EXPENSE Amount 2,260 Description TRAVEL Amount 16,047 Description DONATIONS Amount 1,350 Description FEES Amount 800 Description INSURANCE Amount 23,071 Description CONFERENCES Amount 738 Total to Form 990-EZ, line 16 61,672

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part II, Line 24 - Other Assets	Description LOAN TO OFFICER Beg of Year Amount 0 End of Year Amount 39

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description LOAN FROM OFFICER Beg of Year Amount 441 End of Year Amount 0 Description CREDIT CARD PAYABLE Beg of Year Amount 4,686 End of Year Amount 7,023