## TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

DECEMBER 31, 2015

FILE COPY

Prepared for	AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC. 2150 CORAL WAY NO. 3-C MIAMI, FL 33145
Prepared by	HLB GRAVIER, LLP 396 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134-5095
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2016
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

#### HLB GRAVIER, LLP 396 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134

MAY 6, 2016

AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC. 2150 CORAL WAY NO. 3-C MIAMI, FL 33145

ENCLOSED IS THE 2015 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2015 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

HLB GRAVIER, LLP

### EXTENDED TO AUGUST 15, 2016

Department of the Treasury Informal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1546-0047 Open to Public Inspection

AF	or the	2016 calendar year, or tax year beginning and end	ung		
В с	neck if splicable:	C Name of organization		D Employer identifica	ation number
-AL		AMERICAN CHILDREN'S ORCHESTRAS FOR			
	Addres:	PEACE, INC.			
	Neme change	Doing business as		65-11	.51715
<u></u>	Inities réturn		om/suite	E Telephone number	
Ļ	(ethin)	2150 CORAL WAY 3-	C	305-2	85-2303
_	lermin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	301,322.
<u></u>	Amendi ntutei	MIAMI, FL 33143		H(a) Is this a group ret	
L	]Applica tion pending	Finance and address of principal officer: TATDA SANTANDER			Yes X No
		ZISO CORAL WAY, SUITE 3-C, MIAMI, FL 33	145	H(b) Are all subordinates ind	
			527	· ·	ist. (see instructions)
		E: ► WWW.AMERICANCHILDRENSORCHESTRAS.ORG	T	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2001 M	State of legal domicile: FL
10		Summary	- *		
es S		Briefly describe the organization's mission or most significant activities: TO CRE			LDREN,
Activities & Governance		THROUGH MUSIC, AN ENVIRONMENT FREE OF VIOL			
		Check this box  if the organization discontinued its operations or disposed			
ŝ	3	Number of voting members of the governing body (Part VI, fine 1a)			<u>9</u>
66 01		Number of Independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2015 (Part V, line 2a)			
řie		Total number of individuals employed in caleridal year 2015 (mart v, line 2a)			
¥	, .	Total unrelated business revenue from Part VIII, column (C), line 12			<u></u>
¥		Net unrelated business taxable income from Form 990-T, line 34			0.
	"	Net deflected business taxable income from 1 out 1 out 1 550-1, fille 54		Prior Year	Current Year
	в	Contributions and grants (Part VIII, line 1h)		8,123.	23,316.
nge L		Program service revenue (Part VIII, line 2g)		237,593,	278,006.
Revenue		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,0,000.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245,716.	301,322.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		153,900.	172,182.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ad x		Total fundraising expenses (Part IX, column (D), line 25)   3,639			
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	87,905.	107,964.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		241,805.	280,146.
	19	Revenue less expenses. Subtract line 18 from line 12	,.,	3,911.	21,176.
sets or	1		86	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	,,	119,854.	118,530.
Net Ass Fund Ba	21	Total liabilities (Part X, line 26)		23,137.	637,
		Net assets or fund balances. Subtract line 21 from line 20		96,717.	<u>117,893.</u>
	art II	Signature Block			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules a			ly knowledge and bollef, it is
True	, correc	at, and complete. Declaration of preparer (other than officer) is based on all information of which	m prepare	r nas any knowledge.	1-,,
		Signature of officer		Date Date	<del>//</del>
Sig		<u> </u>		Date	
He	re	MAIDA SANTANDER, EXECUTIVE DIRECTOR Typs or print name and title		· · · · ·	
_				Date L Check	PTIN
Pai	ч	Print/Type preparer's name  JOSE M. IGLESIAS  Proparer's signature  Proparer's signature	`	Chalila II "	L
	patet	Firm's name HLB GRAVIER, LLP		Firm's EIN	20-4946415
	Only	Firm's address 396 ALHAMBRA CIRCLE, SUITE 900		LAID SEM	40_40413
036	, only	CORAL GABLES, FL 33134-5095		Phone on 3.0	5-446-3022
Ma	v the f	RS discuss this return with the preparer shown above? (see instructions)		1 Hone (O.5)	X Yes No
-7-64	,	the election was every reprint the first business arroad in property from mondered to be seen that the seen that t			····

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete	e only Par	rt   and check this box			X		
	are filing for an Additional (Not Automatic) 3-Month Ext				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	omplete Part II unless you have already been granted a				1 8868.			
Electron	ic filing (e-file). You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of tim	ne to file (6 r	months for a	corporation		
	to file Form 990-T), or an additional (not automatic) 3-mon							
	file any of the forms listed in Part I or Part II with the exc							
	Benefit Contracts, which must be sent to the IRS in paper	,	•			• - • - • - • - • - • - • - • -		
	v.irs.gov/efile and click on e-file for Charities & Nonprofits,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IIIII G	tens torri,		
Part I			ubmit original (no copies ne	eded).				
	ation required to file Form 990-T and requesting an autom							
Part I on								
	corporations (including 1120-C filers), partnerships, REMI	Cs. and tr	usts must use Form 7004 to reques	d an extens	ion of time			
o file inc	ome tax returns.	oc, and a	5012 MOSt 502 7 0111 7 204 10 10 4400		's identifyin	va numbar		
Type or	Name of exempt organization or other filer, see instruc-	tions -		ı		n number (EIN) or		
orint	AMERICAN CHILDREN'S ORCHEST		TOP	Linbioyer	OGITHICANO	t Hornber (EIN) Of		
Jilit	PEACE, INC.	.icab i	OK		65-115	171E		
File by the	Number street and many provide to U.S.D.O. have a	o inchrued	Hane	CooinLoog				
due date fo filing your	2150 CORAL WAY, NO. 3-C	36 111501001	ions.	Social Sec	urity numbe	1 (2214)		
eturn. See instructions		reion add	ress see instructions					
	MIAMI, FL 33145	neigh aud	1935, 308 111811 00 (10)13.					
	MIRMI, 10 33143							
Enter the	e Return code for the return that this application is for (file	a congra	te application for each column			0 1		
LIMOLIFI	a research code to the retaint that this application is to time	а обрана	te application for each return)			[V]I_		
	tion	Return	Application		<u>-</u>	Return		
Applica In Eas	tion	l .	1 ''					
ls For	0 Fr 000 F7	Code						
	0 or Form 990∕EZ	01	Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
	20 (individual)	03	Form 4720 (other than individual)			10		
Form 99		04						
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	O-T (trust other than above)	06	Form 8870			1_2		
	MAIDA SANTANDE			2244	_			
	pooks are in the care of  2150 CORAL WAY	, SUI		<u>. 3314</u>	<u> </u>			
	ohone No. ► 305-285-2303		Fax No. 🕨					
	organization does not have an office or place of business							
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four digit							
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	of all memb	ers the exte	nsion is for.		
<b>1</b> 11	equest an automatic 3-month (6 months for a corporation	regulred	to file Form 990·T) extension of time	e until				
_	AUGUST 15, 2016 to tile the exemp	it organiza	ation return for the organization nam	ned above.	The extension	อก		
is	for the organization's return for:							
•	X calendar year 2015 or							
•	tax year beginning	, ar	nd ending					
					_			
2 lf	the tax year entered in line 1 is for less than 12 months, o	heck reas	son: Initial return	Final retur	n			
[	Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any	$\neg \neg$				
	onrefundable credits. See instructions.			За	\$			
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	 9. enter ≉r	v refundable credits and		· · · · · · · · · · · · · · · · · · ·			
	stimated tax payments made. Include any prior year over		,	3b	\$			
_	alance due. Subtract line 3b from line 3a. Include your page.			0.5				
	y using EFTPS (Electronic Federal Tax Payment System).	•		3c	<b>S</b>	0.		
	y using EF1PS (Electronic Pedata) tax Payment System;. n. If you are going to make an electronic funds withdrawa				od Form 60			
Instruct		u (un ect de	oon, with this Forth 5555, see Forth	OHOUSEO E	IN FORT OF	a-20 for payment		

	990 (2015) PEACE, INC. 65-1151/15 Page 2 till Statement of Program Service Accomplishments
Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO CREATE FOR OUR CHILDREN, THROUGH MUSIC, AN ENVIRONMENT FREE OF
	VIOLENCE
2	Did the organization undertake any significant program services during the year which were not listed on
<u>.</u>	the prior Form 990 or 990-EZ?  Yes," describe these new services on Schedule O.
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, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 249, 104 . Including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$249, 104. Including grants of \$) (Revenue \$)  MUSIC INSTRUCTION AND AFTER SCHOOL PROGRAMS TO UNDERPRIVILEGES CHILDREN  IN THE LOCAL COMMUNITY:
	JOSE MARTI PARK - MIAMI, FL
	A MUSIC EDUCATION PROGRAM BENEFITING MORE THAN 180 CHILDREN, DURING THE SCHOOL-YEAR AND THE SUMMER.
	JESSEE MCCRAY, JR - MIAMI, FL
	AFTER SCHOOL PROGRAM WITH ENROLLMENT OF 60 CHILDREN. PROGRAM INCLUDES MUSICAL, LITERACY, FITNESS, AND HOMEWORK ASSISTANCE COMPONENTS.
	LUMMUS PARK - MIAMI, FL
4b	(Code:) (Expenses \$
4c	(Code:) (Expanses \$
40	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$ ) (Revenue \$ )
46	Total program service expenses ► 249,104. Form 990 (2015

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	1,7,7		х	
2	If "Yes," complete Schedule A	1		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_2_		
3	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			$\Box$
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
в	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		X
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, Pert II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u>X</u>
y	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	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	as applicable.	1	ļ	1
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	<u> </u>	<del>  -</del>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		١.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del>	_ <u>X</u>
Ç	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII	11c	$\vdash$	<u> </u>
C	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	1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	+	$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	┼^
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f		x
12.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	+-	+^
126		12a		X
·	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124	+	+^
	If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	+	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	- · ·		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	┧ .	🕰
,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes, a complete Schedule F, Parts I and IV	146		X
415	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	<u>'</u>	+^
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	+	+-≏
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	10	+-	+^
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	+	- -^
18		40		X
40	To and 8a? If "Yes," complete Schedule G, Part II	<u>18</u>		+^
19	and the Cale date Control III	19	. 1	1,
	complete Schedule G. Part III			1 42

65-1151715 Page 4

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
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		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ι,		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23		<u> </u>
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 "Yes," answer lines 24b through 24d and complete	1		l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization Invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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		
¢i	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		ļ <u>.</u>
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<b>\</b>	1
	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		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			1
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		(	İ
	complete Schedule L, Part II	26	-	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		I
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	'	Ì
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV		1	1
	Instructions for applicable filing thresholds, conditions, and exceptions):	1	1	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	286	$\vdash$	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	20-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		+	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	+	<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1	x
	contributions? If "Yes," complete Schedule M	30	+	+-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	1-31	+	+
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
a <b>n</b>	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	121
33	sections 301.7701-2 and 301,7701-37 li "Yes," complete Schedule R, Part I	33	İ	X
~ 4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	
34		34		х
OF.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	1 f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	.   03%	`\_	+**
K	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	358	,	
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	.   30	+	
36	# "Yes," complete Schedule R, Part V, line 2	36		」x
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30	1	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part VI	. 37	.	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	·   *	-	1
30	Note, All Form 990 filers are required to complete Schedule O	. јзе	X	-
	LOTOR Law and and red and reduing to complete Automated A Transfer of the Complete of the Comp			0.10011

For	n 990 (2015) PEACE, INC. 65-115	1715	P	age 5
Pi	ut V Statements Regarding Other IRS Filings and Tax Compliance		•	45 C +
	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
		*******	Yes	No
16	Enter the number reponed in Box 3 of Form 1096. Enter -0- if not applicable	23	105	140
ï	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		i
	(gambling) winnings to prize winners?	4.	X	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	10		
2		22		
	tiled for the calendar year ending with or within the year covered by this return		v	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> X</u>	<del></del>
4	William and the state of the st	.	 	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			<u> X</u>
		3b		<del>                                     </del>
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	if "Yes," enter the name of the foreign country:	-   .	١.	
	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?			<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	X
	of "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<del> </del>	-
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1.	1	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<b>├-</b>	X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ì	
_	were not tax deductible?	<u>6</u> b	<del> </del>	<del> </del> -
7			1	1
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		+	X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	75	+	<del>                                     </del>
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>	-	X
	d If "Yes," indicate the number of Forms 8282 filed during the year	_		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		┼-	+
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		+	<del> </del>
	A Management of the country of the c		1	-
8		<sup>C?</sup>   <u>7</u> h	+	+-
•	sponsoring organization have excess business holdings at any time during the year?		1	
ç		8	+	<del>                                     </del>
•	middle and the state of the sta	0.0	1	1
	The state of the s	<u>9a</u>	+	+
10		9b	<del> </del>	
K	to be described as a factor of the state of			1
	A Company of the board of the Company of the Compan	$\dashv$		
1		-	'	1
'	A series of the control of the contr	}		
	b Gross income from other sources (Do not net amounts due or pald to other sources against	-		
	amounts due or received from them.)	1	1	
4	2a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?			1
14		128		<del></del>
4	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13		40	+	+
	a Is the organization licensed to issue qualified health plans in more than one state?	138	a	
	Note. See the instructions for additional information the organization must report on Schedule O.  The Set of the amount of recovery the organization is required to maintain by the states in which the			
	b 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  13b	1		
	organization is licensed to issue qualified health plans 13b   c Enter the amount of reserves on hand 13c		.	
4		144		X
, 1	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	_ <u>^</u>
_	B it real time at the active to report diese payments it the provide the bound of the control of	14	U	

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Form 990 (2015) PEACE, INC. 65-1151715 Page 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 in Schedule O. See instructions.

	Check If Schedule O contains a response or note to any line in this Part VI			X					
Sect	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12   12   9			140					
10	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 in Schedule O.	[	١ ١						
	· •		ŀ						
b	Enter the number of voting members included in line 1a, above, who are independent			•					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		.						
	officer, director, trustee, or key employee?	2		<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
. –	and the second the second to be to	7a		X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	्स							
				4.5					
	persons other than the governing body?	7b		<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	V V Million Committee Comm	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	_X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion 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		Х					
	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 filling the form?	11a	X						
ь									
12a	The state of the s	12a	X						
ь		12b	X	<del></del>					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,	<del></del> -	<del> </del>					
٠	in Schedule O how this was done	12c	Х						
42	make a second of the second of	13	X	_					
13		14	X	<del> </del>					
14	Did the organization have a written document retention and destruction policy?	14	-^-	<b>├</b> ─					
16	Did the process for determining compensation of the following persons include a review and approval by independent		ļ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-					
а		15a	X						
b	Other officers or key employees of the organization	15b	X	<del> </del>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1					
	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 organization's			1					
	exempt status with respect to such arrangements?	16b							
Sec	ction C. Disclosure			_					
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	nie						
.0	for public inspection. Indicate how you made these available. Check all that apply.	a cana							
	Own website X Another's website X Upon request Other (explain in Schedule O)								
40		d fin-	احتما						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	n ilijat	icial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	MAIDA SANTANDER - 305-285-2303								
	2150 CORAL WAY, SUITE 3-C, MIAMI, FL 33145			_					

Form 990 (2015) PEACE, INC.

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#### 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 instructions for definition of "key employees."
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(do box, offic	(C) Position not check more than one unless person is both an cer and a director/trustee)			than d	жe ian	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below (line)	Individual mustee or director	Institutional trustee	Officer	Key employee	Highest compensated employed	Ботте	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) DR. MICHAEL NOBEL	0.00									
HONORARY CHAIRMAN	1 00	X	├	⊢	-	-	_	0.	0,	0.
(2) DR. RAFAEL DIAZ-YOSEREV	1.00	x		1	1			0.	0.	
CHAIRMAN	1.00	A.	$\vdash$		-	+-		<u> </u>	0,	0.
(3) DR. DENIS ROD SECRETARY	1.00	x	1					0.	0.	0.
(4) MARTHA SANJURJO	1.00	1	$\vdash$	$\vdash$	<del> </del>	$\top$				- •
DIRECTOR		x	ļ		ı			0.	0.	0.
(5) MARIA DEL CARMEN VALDES DIRECTOR	1.00	x						0.	0.	0.
(6) HECTOR PLACERES TREASURER	1.00	x							0.	0.
(7) LIZZET MARTINEZ, ESQ DIRECTOR	1.00	x						0.	0.	0.
(8) DIANA RODRIGUEZ DIRECTOR	1.00	x			ļ			0.	0.	. 0
(9) IRINA VILARINO DIRECTOR	1.00	X	<u> </u>			! —			0.	. 0
(10) MAIDA SANTANDER PRESIDENT	40.00		L	<u> </u>		_		66,300	0.	0
(11) ROSS JIMENEZ DIRECTOR	1.00	_	_			_		0	. 0	. 0
		-	_	_	$\downarrow$	$\perp$	-			
		<u></u>	1	<u> </u>	+-	+	<u> </u>			
		$\pm$	+	+	+	+				
		+	- <b> -</b> -	-	+		-			
		_			1	$\dagger$	$\dagger$		-	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

532009 12-16-16

Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response o	or note to any line	In this Part VIII	444		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts		Federated campaigns Membership dues				* * ; * .		
ا آ		Fundraising events						
ar A		Related organizations				. '	•	1
		Government grants (contribution				\ \		Ţ.
20		All other contributions, gifts, grant						
E E	·	similar amounts not included abov		23,316.				
<u></u>	ģ	Noncesh contributions included in lines					-	
[품양		Total, Add lines 1a-1f			23,316.	1	,	
				Business Code				
	2 a	AFTER SCHOOL PR	OGRAM	611610	278,006.	278,006.		1
ا ۾ ڇَ	b				•			
Program Service Revenue	c							
e e	d			- 1	•			
Page	e							
å	1	All other program service rever	nue					
	g	Total, Add lines 2a-2f			278,006.	,		
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)	******************	🕨 [				
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
	5	Royalties	*************	.,,				
			(i) Real	(li) Personal			ļ., ,	
	6 а	Gross rents						
	) b	Less: rental expenses						1
	0	Rental Income or (loss)		L				
	d	Net rental income or (loss)	·- <u> </u>	.,			1	<del></del>
	7 a	Gross amount from sales of	(i) Securities	(li) Other				
		assets other than inventory						ļ
	į t	Less: cost or other basis						
		and sales expenses		1	<b>\</b>	1		
		Gain or (loss)			Į			1
		Net gain or (loss)				-	<del> </del> -	<del></del>
E	8 8	Gross income from fundraisin		}	l			
evenue		including \$					1	
Re		contributions reported on line						
Other R	Ι.	Part IV, line 18			-	1	1	
₹		Less: direct expenses			-			1
		Net income or (loss) from fun	_		_			
	9	a Gross income from gaming a			I	1	1	
	١.	Part IV, line 19		b	٦			1
		b Less: direct expenses c Net income or (loss) from gar			1			
	1	a Gross sales of Inventory, less				· -	<del> </del>	
	10	and allowances					·	
		b Less: cost of goods sold			1			ļ
		c Net income or (loss) from sal			1	'	1	
		Miscellaneous Reven		Business Code	e			
	11	a			1			
	1	b						
	1	С						
		d All other revenue						
		e Total. Add lines 11a-11d					` `	
	12	Total revenue. See Instructions			301,322	278,006	i •	0. 0.
	000 12							Form <b>990</b> (2015

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Part IX Statement of Functional Expenses

1 Gra and 2 Gra ind 3 Gra org ind 4 Be 5 Co tru 6 Co per	notice emounts reported on lines 6b, 9b, and 10b of Part VIII.  ants and other assistance to domestic organizations of domestic governments. See Part IV, line 21 ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 anefits paid to or for members and perfect or former officers, directors, instees, and key employees ampensation not included above, to disqualified rsons (as defined under section 4958(1)(1)) and	Total expenses  66,300.	Program service expenses	Management and general expenses	Fundraising expenses
and 2 Graind 3 Gra org ind 4 Be 5 Co tru 6 Coi per	d domestic governments. See Part IV, line 21 ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members empensation of current officers, directors, ustees, and key employees empensation not included above, to disqualified	66,300.			· · · ·
2 Graind 3 Graorg ind 4 Be 5 Coo tru 6 Coo per	ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 anefits paid to or for members appropriately properties of current officers, directors, ustees, and key employees appearation not included above, to disqualified	66,300.			· ·
ind 3 Gra org ind 4 Be 5 Co tru 6 Col per	dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members empensation of current officers, directors, ustees, and key employees empensation not included above, to disqualified	66,300.			· ·
3 Gra org ind 4 Be 5 Co tru 6 Coi per	ants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members empensation of current officers, directors, ustees, and key employees empensation not included above, to disqualified	66,300.			
org ind 4 Be 5 Co tru 6 Col per	ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16	66,300.			
ind 4 Be 5 Co tru 6 Col per	dividuals. See Part IV, lines 15 and 16	66,300.			
4 Be 5 Co tru 6 Co per	omefits paid to or for members	66,300.			
5 Co tru 6 Co per per	ompensation of current officers, directors, ustees, and key employees	66,300.			
tru 6 Cor per per	ustees, and key employees	66,300.			
6 Cor per per	impensation not included above, to disqualified	66,300.	56 355	6 620	2 245
per per			56,355.	<u>6,630.</u>	3 <u>,315.</u>
per	rsons (as defined under section 4958(1)(1)) and		I	ľ	
				1	
7 Ot	rsons described in section 4958(c)(3)(B)	20 600	25 244	2.045	
	ther salaries and wages	89,688.	85 <u>,84</u> 1.	3 <u>,847.</u> _	· · · · · · · · · · · · · · · · · · ·
	ension plan accruais and contributions (include		İ	·	
	ction 401(k) and 403(b) employer contributions)				
	ther employee benefits	16,194.	15.060	810.	
	ayroll taxes	10,134,	15,060.	0.10+	324.
	ees for services (non-employees):	1			
	anagement				
	egal	8,760.	8,004.	756.	
	counting	0,700+	0,004.	1301	<del></del>
	obbying			··· -	
	evestment management fees		,		·
	other. (If line 11g amount exceeds 10% of line 25,				
_	blumn (A) amount, list line 11g expenses on Sch O.)	52,229.	50,210.	2,019.	
	dvertising and promotion		777		
	Office expenses	8,489.	3,227.	5,262.	
	nformation technology		•		
	loyalties				
	Occupancy	24,218.	21,796.	2,422.	
	ravel	• • • •			
18 P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings	1,496.	1,496.		
20 In	nterest				
21 P	ayments to affiliates				
<b>22</b> D	Depreciation, depletion, and amortization				
23 lr	nsurance	3,338.	3,338.		
3	Other expenses. Itemize expenses not covered toos. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) through, list line 24e expenses on Schedule 0.)				
	STUDENT MEALS AND TRAVE	5,657.		5,657.	
_	INSTRUMENTS AND MUSIC S	3,777.	3,777.		
_	INSTRUMENTS AND MOSIC S		5,,,,,		· <u>-</u>
c _					
d_	All other expenses				
	Total functional expenses. Add lines 1 through 24e	280,146.	249,104	27,403.	3,639
	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 tit following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X Balance Sheet

PEACE, INC.

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Check if Schedule O contains a response or note to any line in this Part X ....... (A) Beginning of year End of year 95,090. 82,900. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 24,764 35,630. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use Я 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 22,869 basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 22.869. 0. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, fine 11 119.854 118,530 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 422 Accounts payable and accrued expenses ..... 17 17 18 18 Grants payable 22,715 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedula D 23,137 637. 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 968), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 96,717 106,893. 27 Unrestricted net assets 27 11,000, Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid In or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 96,717. 33 117,893. Total net assets or fund balances 33 119.854 118,530. 34 Total liabilities and net assets/fund balances ...

	990 (2015) PEACE, INC.	<u>65-1151</u> '	<u>715                                    </u>	Pag	<u>е 12</u>			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
		ļ						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	301					
2	Total expenses (must equal Part IX, column (A), line 25)	2	280	1,1	<u> 16.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	11'	7,8	93.			
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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.	1 [					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			$\overline{}$			
	separate basis, consolidated basis, or both:		) ·					
	Separate basis Consolidated basis Both consolidated and separate basis		ļ ļ					
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis		١,					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		1	İ			
	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 in Sci	nedule O.	1					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audít		ı				
	Act and OMB Circular A-133?		38		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req		Ì					
	or gudits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2015)

#### SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN CHILDREN'S ORCHESTRAS FOR Employee

Employer Identification number

Part I	Reason for Public C	harity Status (Al	l organizations must con	nplete this	part.) See	Instructions.	-1131/13
	nization is not a private founda						
1	A church, convention of chur	'	•		,	A)(i).	
2 🗔	A school described in section					, 1011	
3 🗔	A hospital or a cooperative h						
<b>ا</b> ا	A medical research organization						na hosnital's name
+	city, and state:	non operated in conj	janenen mai a noopilai t	2030/1060	section	TOO HONGER COOK	iv rivopital s Hallie,
<sub>E</sub>	An organization operated for	the henefit of a coll-	ede or University oweed	Or operato	d by a act	remmental unit deserba	d in
5 🔲	•		ogo or university owned	or operate	u by a gov	Parisinental unit describe	וןויט
	section 170(b)(1)(A)(iv). (Co	-					
5	A federal, state, or local gove						
7	An organization that normally	•	itial part of its support fro	om a gove	rn <del>me</del> ntal u	mit or from the general p	public described in
. —	section 170(b)(1)(A)(vi), (Co						
8 🖳	A community trust described						
9 X	An organization that normall						
	activities related to its exemp						-
	income and unrelated busine	ess taxable income (	(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	fter June 30, 1975.
	See section 509(a)(2), (Com	,					
10 📙	An organization organized a	nd operated exclusiv	vely to test for public saf	ety. See s	ection 509	9(a)(4).	
11 🖵	An organization organized a	nd operated exclusiv	vely for the benefit of, to	perform th	ne function	is of, or to carry out the	purposes of one or
	more publicly supported org	anizations described	d in section 509(a)(1) or	section 5	09(a)(2). S	ee section 509(a)(3). Cl	heck the box in
_	_ines 11a through 11d that d	lescribes the type of	f supporting organization	and com	plete lines	11e, 11f, and 11g.	
a _	Type I. A supporting organ	nization operated, su	upervised, or controlled i	by its supp	oorted orga	anization(s), typically by	giving
	the supported organizatio	n(s) the power to reg	gularly appoint or elect a	majority o	if the direc	tors or trustees of the su	upporting
_	organization. You must c						
b [	Type II, A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving
	control or management of	the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
	organization(s). You must	complete Part IV, 9	Sections A and C.				
c	Type III functionally inte	grated. A supporting	g organization operated l	in connect	tion with, a	nd functionally integrate	ed with,
	its supported organization	n(s) (see instructions)	). You must complete F	art IV, Se	ctions A, I	D, and E.	
a [	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	rith its supported organiz	zation(s)
	that is not functionally into						
	requirement (see instructi	-		-			
e [	Check this box if the orga	•	•				
-	functionally integrated, or						
f En	iter the number of supported o	**	, ,				
	ovide the following information	•	od organization(s).				
	(i) Name of supported	(II) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1-9	listed i governing (	n your document?	support (see	other support (see
		j	above (see instructions))	Yes	Na	instructions)	Instructions)
				1			· <del></del>
		·					
			<del></del>		<del>                                     </del>		
				<del>                                     </del>	<del>                                     </del>		
		Ì					
		<del></del>		-	-		
						1	

Schedule A (Form 990 or 990 EZ) 2015

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only If you checked the box on line 5, 7, or 8 of Part I or If the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		•				••••
Cale	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(47.55.1	(0) 20 10	(7.00)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to			I	ì	l	
	or expended on its behalf				I		
а	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				<del></del>	1	
	The portion of total contributions	<del></del>					
ð	•				1	1	
	by each person (other than a						
	governmental unit or publicly						Ì
	supported organization) included						
	on line 1 that exceeds 2% of the					1	l
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			T		T	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	<u> </u>	1		<del> </del>		
8	Gross income from interest,		Į.			l	
	dividends, payments received on					1	
	securities loans, rents, royalties				1	1	
	and income from similar sources			<del>-</del>		<del> </del>	
9	Net income from unrelated business		]			1	
	activities, whether or not the				ì		
	business is regularly carried on				<del>-</del>		<del> </del>
10	Other income. Do not include gain			}			
	or loss from the sale of capital						]
	assets (Explain in Part VI.)			-			ļ
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)		4.4	12 ]	
13	First five years. If the Form 990 is for	r the organization	'a first, second, th	fird, fourth, or fifth	tax year as a sect	on 501(c)(3)	
_	organization, check this box and sto	phere					<u></u>
	ction C. Computation of Pub					<del></del>	
	Public support percentage for 2015					14	%
	Public support percentage from 201-						%
16	a 33 1/3% support test - 2015. If the	•					
	stop here. The organization qualifies						
	o 33 1/3% support test - 2014. If the						
	and stop here. The organization qua	ilifies as a publicly	supported organ	ization		• • • • • • • • • • • • • • • • • • • •	▶□
17	a 10% -facts-and-circumstances te:	st - 2015. If the or	ganization did no	t check a box on li	ine 13, 16a, or 16b	, and line 14 is 109	6 or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here, Explain in F	art VI how the orga	anization
	meets the "facts-and-circumstances	test. The organiz	ation qualifies as	a publicly support	ted organization		
	b 10% -facts-and-circumstances te	st - 2014. If the or	ganization did no	t check a box on t	ine 13, 16a, 16b, c	r 17a, and line 15 i	s 10% or
	more, and if the organization meets	the "facts-and-circ	umstances" test,	check this box an	id stop here. Expla	ain in Part VI how t	ne
	organization meets the "facts-and-ci				•		
_18	Private foundation, if the organization						
							90 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 PEACE, INC.

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

(Complete only If you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	PIOW, PIEGSS COMP	nete l'alt ii.j				· · ·
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and			1,5,2	,	107 10	(I) Forei
membership fees received. (Do not	. 1		1			
include any "unusual grants.")	315.448	248.981.	247,538.	245.716.	301,322.	1359005.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the		<u> </u>		<u> </u>	2017042	_1333003.
organization's tax exempt purpose					<u>-</u> -	
Gross receipts from activities that     are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-					·	-
ization's benefit and either paid to or expended on its behalf						
***************************************		<del></del> -				
5 The value of services or facilities		·				
furnished by a governmental unit to	007 605	007 605	484 050	454 050	455 500	
the organization without charge	23/,095.	406 676	171,050.	171,050.	152,720.	970,210.
6 Total. Add lines 1 through 5	553,143.	486,676.	418,588.	416,766.	454,042.	2329215.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
D Amounts included on times 2 and 3 received from other than diequalified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subjectifie 7c from Int 6.)						2329215.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(6) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	553,143.			416,766.		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				1,000		
(less section 511 taxes) from businesses	!			<u> </u>		
acquired after June 30, 1975				<u> </u>	<u> </u>	
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	553,143.	486,676	418,588.	416,766	454,042	2329215
14 First five years. If the Form 990 is fo	or the organization	s first, second, th	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2015	(line 8, column (f) o	divided by line 13,	column (f))		15	100.00 9
16 Public support percentage from 201	4 Schedule A, Par	t  ii, line 15			16	100.00
Section D. Computation of Inve						
17 Investment income percentage for 2	015 (line 10c, colu	ımıı (f) divided by i	ine 13, column (f))		17	.00 5
18 Investment Income percentage from						9
19a 33 1/3% support tests - 2015, if the						
more than 33 1/3%, check this box						Parent
b 33 1/3% support tests - 2014, if th	•					
* -	-					
line 18 is not more than 33 1/3%, ch	eck this box and a	stop here. The org		as a publicity sup		n ▶ 🗀

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).
- 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?
- c Substitutions only, Was the substitution the result of an event beyond the organization's control?
- Bid 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

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		7) 2015

Schedule A (Form 990 or 990-EZ) 2015 PEACE, INC.

	dule A (Form 990 or 990:EZ) 2015 PEACE , INC.	65-115171	5 Pa	ae 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<del></del>		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		
	below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	-110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		-	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	P   1	į. Į	
	controlled the organization's activities. If the organization had more than one supported organization,	· ·	1 1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		' <b>!</b>	
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		.	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		'	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 .	<b>!</b> .	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	ì
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x	ŀ	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ļ. —
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		'	
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			J
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee In	structionsi:		
a	The same of the sa			
b				
~ C	The second state of the se	itity (see instruction	ie)	
2	Activities Test. Answer (a) and (b) below.	thy foce manuchon	1	- N-
	Post of the state		108	No
а			1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			Į.
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	that these activities constituted substantially all of its activities.	2a	<del> </del>	<del>  -</del>
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 '		
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement.	2b	$\perp$	
3	Parent of Supported Organizations. Answer (a) and (b) below.		ì	ì
, 6	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		$\perp$
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

thedule A (Form 990 or 990 EZ) 2015 PEACE, INC.		6	55-1151715 Page
art V Type III Non-Functionally Integrated 509(a)(3) Support			
Check here If the organization satisfied the Integral Part Test as a qualify	-		ictions, All
other Type III non-functionally Integrated supporting organizations must	complete Sec	tions A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year {optional}
1 Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
Add lines 1 through 3	4		
5 Depreciation and depletion	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		T
B Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		<u> </u>	<u></u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· -	
c 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 1-1/2% of line 3 (for greater amount			
see instructions).	4		<u> </u>
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		<del></del>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	1
Section C - Distributable Amount ,			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1.	•	1
emergency temporary reduction (see instructions)	6	<u> </u>	
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	3 4 5	led Type III curporting o	

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Sche <b>Pa</b> ı	dule A (Form 990 or 990-EZ) 2015 PEACE, INC.  t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	65	5-115 <u>1715 Page 7</u>
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounte paid to acquire exempt-use assets			
5_	Qualified set aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(bi)	(ili)
Cant	ion E. Distribution Allegations (assignaturations)	Excess Distributions	Underdistributions	Distributable
Seci	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause regulred-see instructions)			
_3_	Excess distributions carryover, if any, to 2015:			
a				
b	<u> </u>			
_ c	<u> </u>			
d	From 2013			
e	From 2014			
f	Total of lines 3a through e		•	
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	<del>                                       </del>		<u> </u>
1	Carryover from 2010 not applied (see instructions)	<u> </u>	·	
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,		·	
	line 7:		<u> </u>	
	Applied to underdistributions of prior years	<del>-</del>		
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2015, if	<u> </u>		<del></del>
5	,			
	any. Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions).  Remaining underdistributions for 2015. Subtract lines 3h			<u> </u>
6	and 4b from line 1 (if amount greater than zero, see		•	
	instructions).		,	
7	Excess distributions carryover to 2016. Add lines 3j		<u> </u>	· · · · · · · · · · · · · · · · · · ·
•	and 4c.			
8	Breakdown of line 7:			
	· · · · · · · · · · · · · · · · · · ·		· -	
<u>-</u>				
	Excess from 2013	<del></del>		
	Excess from 2014			
	Excess from 2015			

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THEORIG M	(Form 990 or 990-EZ) :	<u> 2015 PEACE, </u>	INC.			65	-1151715 Page
Part VI	Supplemental in	<b>nformation.</b> Pro ses 1, 2, 3b, 3c, 4b in D, lines 2 and 3;	ovide the explana , 4c, 5a, 6, 9a, 9 Part IV, Section	86, 9c, 11a, 11b, a E, lines 1c, 2a, 21	ind 11¢; Part IV, Sec b, 3a and 3b; Part V,	II, line 17a or 17b; tion B, lines 1 and line 1; Part V, Sec	Part III, line 12; 2; Part IV, Section C, tion B, line 1e; Part V,
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		·					
		<u></u>					
							· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE D

Capartment of the Treasury Internal Revenue Service

(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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

AMERICAN CHILDREN'S ORCHESTRAS FOR Name of the organization אים מים מ

Employer identification number 65-1151715

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	or Accounts Complete With
7 41	organization answered "Yes" on Form 990, Part IV, line		of Accounts, Complete if the
	organization answered Tes on Form 890, Fact IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total sumbar at and ai year	(a) contract to the lands	(b) i crido and other dococrito
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 donor advisors in w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor or		
D=.	impermisable private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rela	eased, extinguished, or terminated by ti	he organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
В	Staff and volunteer hours devoted to monitoring, inspecting, i	nandling of violations, and enforcing co	nservation easements during the year
	P		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing consen	vation easements during the year
	<b>\$</b>		
8	Does each conservation pasement reported on line 2(d) abov	· ·	
	and section 170(h)(4)(B)(ii)?		
8	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
<u> </u>	conservation easements.	And III Andreal Transcript	Other Circular Assets
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets,
_	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		erance of public service, provide, in Parl XIII,
	the text of the footnote to its financial statements that descri		
Ł	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ac	lucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1		
ŧ	Revenue included on Form 990, Part VIII, line 1		\$
ŀ	Assets Included in Form 990, Part X		

Sched	ule D (Form 990) 2015 PEACE, 3						<u> 65-1</u>	<u> 151715</u>	Page <b>2</b>
Part	III Organizations Maintaining Co	ollections of Ar	t, Histo	rical <u>Tre</u>	easures, or (	Other S	Similar Ass	ets/continue	 ∍d)
3 (	JsIng the organization's acquisition, accession	n, and other records	s, check a	ny of the f	ollowing that are	e a signit	ficant use of it	s collection it	tems
(	check all that apply):								
а	Public exhibition	d	1_c	an or exch	ange programs	,			
b	Scholarly research	e							
c	Preservation for future generations	•							
	Provide a description of the organization's co	llections and explain	how the	/ further th	e organizatioo's	s exemni	numose in P	art XIII	
	During the year, did the organization solicit or							BIL XIII,	
	to be sold to raise funds rather than to be ma							Yes	☐ No
Parl	IV Escrow and Custodial Arrang	rements Comple	to if the o	respiration	arrayond "Vo	n* on Eo	rm 000 Dort I		<u> </u>
_+	reported an amount on Form 990, Par		re a rue o	i yai lizatioi	ranswered te	S OIIFO	iin 990, Part i	v, me s, or	
			1		15	4 !			
	ls the organization an agent, trustee, custodii		-						<u> </u>
	on Form 990, Part X7						, L	Yes	No
р	If "Yes," explain the arrangement in Parl XIII a	and complete the fol	llowing tal	ole:					
							·	Amount	
	Beginning balance						10		
	Additions during the year						1d		
Θ	Distributions during the year	************					1e		
t	Ending balance		.,,,,		.44		_1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	crow or cu	ustodial accoun	t liability	اا	Yes	☐ No
<u>b</u>	if "Yes," explain the arrangement in Part XIII.	Check here If the ex	planation	has been	provided on Pa	art XIII ,.			
Par	t V Endowment Funds. Complete it	f the organization an	swered "	Yes" on Fo	rm 990, Part IV	, Ilne 10.			
	1	(a) Current year	(b) Prl	or year	(c) Two years b	ack (d)	Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships							-	
	Other expenditures for facilities					<u> </u>			
•	and programs				1	ì			
f	Administrative expenses								
g g	End of year balance				·	<del></del>			
2	Provide the estimated percentage of the cur		re Gne 1n	column (	all held as:				
-	Board designated or quasi-endowment		% %	Column	ajj riola as.				
a b	Permanent endowment	<u></u>							
-	Temporarily restricted endowment								
C									
	The percentages on lines 2a, 2b, and 2c sho		ation that	6			ove entrotion		
38	Are there endowment funds not in the posse	ession of the organiz	auon mai	are neig a	and administere	ia iai tiie	piganization	Г	
	by:								Yes No
	(i) unrelated organizations								-
ь	If "Yes" on line 3a(ii), are the related organization				?			3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Pa	t VI Land, Buildings, and Equipa								
	Complete if the organization answere								
	Description of property	(a) Cost or			t or other		umulated	(d) Book	(value
		basis (invest	ment)	Dasie	(other)	aebi	eciation		
	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
	Other				22,869.		<u>22,869.</u>		0.
Tota	I, Add lines 1a through 1e. (Column (d) must	equal Form 990. Par	t X. calun	ın (B), line	10c.J				0.

Schedule 0 (Form 990) 2015 PEACE, INC.  Part VII Investments - Other Securities.			65-1151715 Page 3
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity Interests			
(3) Other			
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)		•	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" ( (a) Description of investment		11c. See Form 990, Part X, line 1	13.
	(b) Book value	(c) Method of Valuation: Co	st or end-of-year market value
(1)			
(2)			
(4)			
(5)		<del></del>	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			<u> </u>
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, Ilne	
(a)	Description		(b) Book value
(1)			
(2)	···		
(5)			
(6)	_		_
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15 )		<b>•</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part	X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

65-1151715 Page 4 Schedule D (Form 990) 2015 PEACE, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete If the organization answered "Yes" on Form 990, Part IV, line 12a. 454,042. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a 152,720. Donated services and use of facilities 2b c Recoverles of prior year grants 2c Other (Describe in Part XIII.) **2**d <u> 152,720.</u> Add lines 2a through 2d 301,322. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 301,322 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. Total expenses and losses per audited financial statements 432,866. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 152,720. 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2ď 152,720. e Add lines 2a through 2d 2e 280,146. Subtract line 2e from line 1 3 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.) 45 c Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 280,146 Part XIII Supplemental Information. 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 X, line 2; Part Xi, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### 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.

questions on mation. 2015
Open to Public

Department of the Treasury internal Revenue Service

Name of the organization

MANAGEMENT AND GENERAL EXPENSES

532211 09-02-15

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN CHILDREN'S ORCHESTRAS FOR Employees FACE, INC.

Employer Identification number 65-1151715

OMB No. 1545-0047

Inspection

0.

Schedule O (Form 990 or 990-EZ) (2015)

FORM 990. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FREE MUSICAL PROGRAM BENEFITING APPROXIMATELY 120 CHILDREN FORM 990, PART VI, SECTION B, LINE 11: AT A MEETING, THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS REVIEW AND APPROVE A COPY OF THE FORM 990 BEFORE IT IS FINALIZED FORM 990, PART VI, SECTION B, LINE 12C: IF A CONFLICT EXISTS, THEY ARE DISCUSSED AT THE BOARD OF DIRECTORS MEETING AND DISCLOSED. THE ORGANIZATION IS VERY SMALL SO THE EXECUTIVE DIRECTOR WILL IMMEDIATELY BECOME AWARE OF ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR SALARY. ORGANIZATION IS SMALL AND DEPENDENT ON PUBLIC GRANTS, SO A SALARY INCREASE WOULD BE DEPENDENT ON INCREASED FUNDING BY THE GRANTORS. COMPARATIVE SALARIES AND DATA ARE USED. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR.ORG AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES: MUSIC INSTRUCTORS: 50,210. PROGRAM SERVICE EXPENSES

PEACE, INC. FUNDRAISING EXPENSES	65-1151715
LONDUATOTING EVERNOED	
TOTAL EXPENSES	50,210.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	_
MANAGEMENT AND GENERAL EXPENSES	2,019.
FUNDRAISING EXPENSES	0.
TOTAL_EXPENSES	2,019.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	52,229.
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