EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

Department of the Treasury Internal 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)

OMB No. 1545-0047

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

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

Open to Public Inspection

A	For the	e 2019 calendar year, or tax year beginning and end	ding		
В	Check if applicabl	C Name of organization		D Employer identifica	ition number
		AMERICAN CHILDREN'S ORCHESTRAS FOR			on number
	Addre	PEACE, INC.			
F	Name			65-115171	E
F	Initial		- ,		3
F	return Final		om/suite	E Telephone number	202
	return		- C	305-285-2	
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	376,738.
L	return	MIAMI, FL 33145		H(a) Is this a group retu	ırn
	Application	F Name and address of principal officer:MAIDA SANTANDER		for subordinates?	Yes X No
	pendir	9 2150 CORAL WAY, SUITE 3-C, MIAMI, FL 33	3145	H(b) Are all subordinates incl	uded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or L	527		st. (see instructions)
J	Websi	te: WWW.AMERICANCHILDRENSORCHESTRAS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year	of formation: 2001 M	
		Summary	Lioui	or tormation, 200 = W	otate of legal dofficile, 2 23
-		Briefly describe the organization's mission or most significant activities: TO CRE	EATE:	FOR OUR CHIL	DREN
Activities & Governance		THROUGH MUSIC, AN ENVIRONMENT FREE OF VIOL			DRIBIN,
nar					
/er	2	Check this box if the organization discontinued its operations or disposed			ets.
Ĝ	3			3	
જ	4	Number of independent voting members of the governing body (Part VI, line 1b) $$		4	7
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			14
₹	6	Total number of volunteers (estimate if necessary)		6	. 5
4ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 39	n 	7b	0.
		I MI MILITO		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		6,155.	9,401.
2	9	Program service revenue (Part VIII, line 2g)		313,132.	367,337.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	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)		319,287.	376,738.
-				0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
7000		Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		188,272.	204,683.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25) 9,495			
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		137,639.	171,856.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		325,911.	376,539.
	19	Revenue less expenses. Subtract line 18 from line 12		-6,624.	199.
SOF	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		141,303.	144,537.
ASS	21	Total liabilities (Part X, line 26)		8,419.	11,454.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		132,884.	133,083.
		Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the best of my	knowledge and helief it is
		t, and camplete. Declaration of preparer (other than officer) is based on all information of which			and boildi, it is
	, 001100	the distribution of property (sent) than officery to based on all information of which	properti	nas any knowledge.	
C:-		Signature of officer		Date	
Sig		MAIDA SANTANDER, EXECUTIVE DIRECTOR		2/	24/20
He	re	Type or print name and title		71.	1100
_				Date Check	II PTIN
		Print/Type preparer's name Preparer's aignature		724 10 Check If	
Pai		JOSE M. IGLESIAS		Sen-employed	P00538591
	eparer	Firm's name HLB GRAVIER, LLP		Firm's EIN 2	0-4946415
Us	e Only	Firm's address 396 ALHAMBRA CIRCLE SUITE 900			
		CORAL GABLES, FL 33134-5095		Phone no. 3 0 5	-446-3022
Ma	ay the II	RS discuss this return with the preparer shown above? (see jhstructions)			X Yes No

AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.

Pa	rt III Statement of Program Service Accomplishments
	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
	Did the constitution of th
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "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
Ŭ	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.
4a	(Code:) (Expenses \$ 329,637. including grants of \$) (Revenue \$ 367,337.)
	MUSIC INSTRUCTION AND AFTER SCHOOL PROGRAMS TO UNDERPRIVILEGES CHILDREN
	IN THE LOCAL COMMUNITY:
	JOSE MARTI PARK - MIAMI, FL
	A MUSIC EDUCATION PROGRAM DURING THE SCHOOL-YEAR AND THE SUMMER, WITH
	ENROLLMENT OF APPROXIMATELY 160 CHILDREN DURING THE SCHOOL-YEAR AND 110
	DURING THE SUMMER.
	SHENANDOAH ELEMENTARY SCHOOL - MIAMI, FL
	AFTER SCHOOL PROGRAM INCLUDES MUSICAL, LITERACY, FITNESS, AND HOMEWORK
	ASSISTANCE COMPONENTS, WITH ENROLLMENT OF APPROXIMATELY 75 CHILDREN IN
	THE SPRING AND FALL SEMESTERS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 329,637.

PEACE, INC.
Part IV Checklist of Required Schedules

144			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	Λ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
	public office? If "Yes," complete Schedule C, Part I	2		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	_	
	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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ů		
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	7842	1419	
	as applicable.	# 10 h	- 1645) - 1645)	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	(IIII) NESS	and the state	- SEELENS
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
No. of the last of	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
932003	01-20-20		990	(2019)

Page 5

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		230							
	filed for the calendar year ending with or within the year covered by this return 2a14		Х							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
(CE)	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	detains	X						
D	b If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	- Committee							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X						
h	any contributions that were not tax deductible as charitable contributions?	6a								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	(8/02)	-5804-591						
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 payor?	7-	40,000	X						
-	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76								
·	to file Form 8282?	7c		х						
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	Mark	1990	6/2/01						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	95 (119)	X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ALTE:	4287	West of						
	sponsoring organization have excess business holdings at any time during the year?	8	A STATE OF THE STA	100000000						
9	Sponsoring organizations maintaining donor advised funds.	THE S	会社の							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		- POSPERATION						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	1000	14.3							
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a			200						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	101								
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		THE NAME OF THE PARTY.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	湖潭								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.	* June	106							
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									
С	Enter the amount of reserves on hand	STATE OF	desid	4953						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15	girport	X						
	If "Yes," see instructions and file Form 4720, Schedule N.			Chant						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	- Augustical	X						
	If "Yes," complete Form 4720, Schedule O.	ALC:	23.1	4						

AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.

Form 990 (2019)

65-1151715

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sac	tion A. Coversing Parks and Management of the State of the Coversing Parks and Management of the Coversing P			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
та	Enter the number of voting members of the governing body at the end of the tax year 1a 7									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	400	1							
2	, and the state of the property of the property of the public and the property of the property									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		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									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1000		1						
а	The governing body?	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 mailing address? If "Yes," provide the names and addresses on 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		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent			200						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		tall V							
а	The organization's CEO, Executive Director, or top management official	15a	X	- Annahara						
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	William	3555	推過						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		過程							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	非源								
	exempt status with respect to such arrangements?	16b								
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	ia II (d	1850							
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial							
	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 CORAT, WAY STITTE 3-C MTAMT FT. 33145									

Form 990 (65-1151715	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	1 age 1
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
10-1 SAN NO.			

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

- 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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

hours per week (list any hours for related organizations organizations) A	Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Week (list any hours for related organizations below line) March 2 Mar	Name and title		(do	not o	not check more than one			one		· ·	Estimated
(iist any hours for related organizations below line) (1) DR. RAFAEL DIAZ-YOSEREV (1) WILLY BERMELLO DIRECTOR (3) LIZZET MARTINEZ, ESQ DIRECTOR (4) ROSS JIMENEZ CHAIRMAN (5) ELIA PEREZ-ARYAN SECRETARY (6) ALEJANDRO PEREZ TREASURER (7) ALTAGRACIA LABROCCI DIRECTOR (8) MAIDA SANTANDER (iist any hours for related organizations (W-2/1099-MISC) The organizations (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-			box	, unle	ss pe	rson irecto	is bot or/trus	h an tee)		and the state of t	amount of
1.00		The state of the s	tor								compensation
CHAIRMAN - EMERITUS			r direc				pa			(W-2/1099-MISC)	from the
CHAIRMAN - EMERITUS			stee o	rustee			ensat		(W-2/1099-MISC)		organization
1.00			al tru	onal tr		ployee	comp				and related
1.00 CHAIRMAN - EMERITUS			ndividu	nstituti	Officer	(ey em	lighest employ	ormer			organizations
1.00		1.00		_		-	- 9	-			
DIRECTOR	CHAIRMAN - EMERITUS		X						0.	0.	0
1.00	(2) WILLY BERMELLO	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0
(4) ROSS JIMENEZ 1.00 CHAIRMAN X X (5) ELIA PEREZ-ARYAN 1.00 SECRETARY X X (6) ALEJANDRO PEREZ 1.00 TREASURER X X (7) ALTAGRACIA LABROCCI 1.00 DIRECTOR X (8) MAIDA SANTANDER 40.00	(3) LIZZET MARTINEZ, ESQ	1.00				-					
X X 0 0 0 0 0 0 0 0			X						0.	0.	0
1.00 X X X 0. 0.		1.00									
X X 0. 0. 0. (6) ALEJANDRO PEREZ 1.00 X X X 0. 0. 0. (7) ALTAGRACIA LABROCCI 1.00 DIRECTOR X X 0. 0. (8) MAIDA SANTANDER 40.00 0. (8) MAIDA SANTANDER 40.00		1 00	X		X				0.	0.	0
(6) ALEJANDRO PEREZ 1.00 TREASURER X X (7) ALTAGRACIA LABROCCI 1.00 DIRECTOR X 0. (8) MAIDA SANTANDER 40.00		1.00									
TREASURER		1 00	X	_	X	_	_		0.	0.	0
(7) ALTAGRACIA LABROCCI DIRECTOR X 0. 0.	Total Tale State of the American State of the Control of the Contr	1.00									
DIRECTOR X 0. 0. (8) MAIDA SANTANDER 40.00		1 00	X	_	X	_	_		0.	0.	0
(8) MAIDA SANTANDER 40.00		1.00	v						_	0	0
		40.00	Δ	-	-		-		0.	0.	0
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			1								- 000

Name and title Average hours per week (list any hours for related organizations below line) Bubtotal Bubtotal Bubtotal Controller organization sheets to Part VII, Section A Total (add lines 1b and 1c) Total rom continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensated employee on line 12? If "Yes," complete Schedule J for such individuals Position on the organization is and title and title and title to those listed above) who received more than \$100,000 of reportable compensated employee on line 12? If "Yes," complete Schedule J for such individuals Position on the organization is an extensive present the compensated employee on line 1a? If "Yes," complete Schedule J for such individuals Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organization is an organization in the organization	Part VII Section A. Officers, Directors,	(B)	1010	ces	((3)	gne	ai C	/D)		/E\	
hours per vectors and the compensation from hours per vectors and electron vectors and electron vectors and the compensation or per vectors and per vectors an	1.50.00				Pos	ition	1		(D) Reportable	(E) Reportable	(F)	d
(list any hours for released organizations and related organizations below line) 15 Subtotal C Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization of and related organizations of the calendar year ending by the organization from the organization of the organization of the calendar year ending by the organization from the organization of the calendar year ending with or within the organization is tax year. (A) (B) (C) Compensation. Report compensation from the organization of the calendar year ending by the organization. Report compensation from the organization of the organization of the organization of the organization of the calendar year ending with or within the organization is tax year. (A) (B) (C) Compensation from the organization from the organization of the organization of the organization from the organization of the organization of the organization from the organization of th	Trains and this		box	, unle	ss pe	rson	is bot	h an				
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1b Subtotal			e or d	stee	4		sated			(W-2/1099-MISC)		
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1b Subtotal		114,000,00	vidual	itution	183	emplo	nest co	ner		_	organizatio	ns
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rendered to the organization? If "Yes," complete Schedule J for such person											4	A
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												X
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2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)									(C)	
	Name and busi	ness address	N	ONI	3				Description of s	services	Compensation	า
							Marin					
			-									_
									- '			
			-									
	2 Total number of independent contract	tors (including but	not I	imite	d to	the	se li	ste	d above) who received r	nore than	建筑物的	
							0		,	700 min (100		

Page 9

Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 fts, Grants Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 9,401. 1f g Noncash contributions included in lines 1a-1f 1g \$ 9,401. h Total. Add lines 1a-1f **Business Code** 2 a AFTER SCHOOL & SUMMER 611610 367,337. 367,337. Program Service f All other program service revenue 367,337. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous e Total. Add lines 11a-11d 376,738. 367,337. 0. Total revenue. See instructions

Form 990 (2019) PEACE, INC.

Part IX Statement of Functional Expenses

65-1151715 Page 10

Check if Schedule O contains a	response or note to any line in			X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organia	300000000			
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign	ovojan			
organizations, foreign governments, and fo				
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members				
5 Compensation of current officers, director	TO 450	52,840.	14,090.	3,523.
trustees, and key employees		32,040.	14,000.	3,323.
Transfer Services of the service of the services of the servic				
persons (as defined under section 4958(f)(1)) a				
persons described in section 4958(c)(3)(B)		103,634.	8,631.	2,157.
7 Other salaries and wages		103,034.	0,031.	۵, ۱۵/۰
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contribution	1 0 7 4	3,615.	525.	131.
9 Other employee benefits	4 = = 0 =	13,151.	1,909.	477.
10 Payroll taxes	15,557.	13,131.	1,303.	4//•
11 Fees for services (nonemployees):				
a Management				
b Legal	11 500	0.724	1 412	353.
c Accounting		9,734.	1,413.	333.
d Lobbying			AND MARKET HE WAS TO A TO A	
e Professional fundraising services. See Part IV,				
f Investment management fees	Chicago and the control of the contr			
g Other. (If line 11g amount exceeds 10% of line	400 600	00 050	1 260	240
column (A) amount, list line 11g expenses on S		98,962.	1,369.	342.
12 Advertising and promotion	1,720.	520.	1 500	1,200.
13 Office expenses		24,122.	1,732.	407.
14 Information technology	789.	668.	97.	24.
15 Royalties		10.000	0.010	500
16 Occupancy	22,887.	19,372.	2,813.	702.
17 Travel				
18 Payments of travel or entertainment expe	nses			
for any federal, state, or local public official	als			
19 Conferences, conventions, and meetings	4,347.		4,347.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,142.	2,659.	386.	97.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24 line 24e amount exceeds 10% of line 25, colun	e. If			
amount, list line 24e expenses on Schedule 0.)	皮斯马克斯马克斯克拉克			
a OTHER EXPENSES	537.	360.	95.	82.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 throug	h 24e 376,539.	329,637.	37,407.	9,495
26 Joint costs. Complete this line only if the organ		•		
reported in column (B) joint costs from a comb	a six consecutions			
educational campaign and fundraising solicitat				
odubational bampaign and fandraioning bonoliat	3-26			

Form 990 (
Part X	Bal	ance Sheet

		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1				95,379.	1	114,874
	2	Savings and temporary cash investments				2	
- 1	3	Pledges and grants receivable, net				3	
	4				44,994.	4	28,733
	5	Loans and other receivables from any current of	or former	officer, director,		3000 1	
		trustee, key employee, creator or founder, sub-	stantial o	ontributor, or 35%		ME I	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua				END 1	
		under section 4958(f)(1)), and persons describe				6	
şt	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges			930.	9	930
	10a	Land, buildings, and equipment: cost or other				100	
		basis. Complete Part VI of Schedule D		22,869.		10 1	
	b	Less: accumulated depreciation	10b	22,869.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			111 202	15	444 505
-	16	Total assets. Add lines 1 through 15 (must eq		THE RESERVE THE PERSON NAMED IN COLUMN 2 I	141,303.	16	144,537
	17	Accounts payable and accrued expenses			6,678.	17	6,454
	18	Grants payable			1 741	18	F 000
	19	Deferred revenue		1,741.	19	5,000	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		The second secon	And the state of the state of	21	The second second second second
Liabilities	22	Loans and other payables to any current or for		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
P		trustee, key employee, creator or founder, sub-		and the second s		3615	
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	DANTE CONTROL CONTROL	San Carlotte Control C			
		parties, and other liabilities not included on line		**************************************		05	
	26	of Schedule D Total liabilities. Add lines 17 through 25			8,419.	25	11,454
	20	Organizations that follow FASB ASC 958, ch		X	0,41).	26	TI, 434
es		and complete lines 27, 28, 32, and 33.	ieck Hei			336 1	
anc	27	Net assets without donor restrictions			132,884.	27	133,083
Bal	28	Net assets with donor restrictions	102/0011	28	100,000		
D I	20	Organizations that do not follow FASB ASC				20	10 10 14 14 15 18 16 17 18 18
교		and complete lines 29 through 33.	000, 0110	lock field		950	
0	29	Capital stock or trust principal, or current fund	S			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			132,884.	32	133,083
4	33	Total liabilities and net assets/fund balances			141,303.	33	144,537
	-	. Star maphicio and not association balances				55	Form 990 (201

	1990 (2019) PEACE, INC.	65-115	1715	Pac	ge 12
Pa	rt XI Reconciliation of Net Assets				,0
	Check if Schedule O contains a response or note to any line in this Part XI	• • • • • • • • • • • • • • • • • • • •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	376	,5	39.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	132	, 8	84.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	133	. 0	83.
Pa	rt XII Financial Statements and Reporting	10		, ,	
-	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.			1000 A
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 reviewed		2000		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			1000 to he 1200 to 15
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	102 12		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

AMERICAN CHILDREN'S ORCHESTRAS FOR

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PEACE, INC. 65-1151715 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 PEACE, INC.

Part II Support Schedule for Organizations I 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 failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and		3		1.,	(5) 2010	(1) 10141		
	membership fees received. (Do not								
	include any "unusual grants.")	301,322.	360,721.	353,288.	319,287.	376,738.	1,711,356.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities						()		
	furnished by a governmental unit to								
	the organization without charge	152,720.	125,785.	117,065.	125,785.	119,720.	641,075.		
4	Total. Add lines 1 through 3	454,042.	486,506.	470,353.	445,072.	496,458.	2,352,431.		
	The portion of total contributions	TO A STREET STATE	ALT SECRET		MANAGEMENT OF THE PARTY OF THE	Maria Andrea			
	by each person (other than a								
	governmental unit or publicly		建设有效						
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.	HOUNTS HOLD					2,352,431.		
	ction B. Total Support					1919-194-194-194-194-194-194-194-194-194			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	454,042.	486,506.	470,353.	445,072.	496,458.	2,352,431.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,			- "					
	and income from similar sources			-					
9	Net income from unrelated business				THE STATE OF THE S				
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital			- 1	=		_		
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10	40 166 TABLES	国际公司与法律的管		NO STATE OF THE PARTY.		2,352,431.		
	Gross receipts from related activities,		ons)			12			
	First five years. If the Form 990 is for	87		d. fourth, or fifth ta	ax vear as a sectio				
	organization, check this box and stor								
Sec	ction C. Computation of Publ	ic Support Per	rcentage						
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, o	column (f))		14	100.00 %		
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	100.00 %		
	5 Public support percentage from 2018 Schedule A, Part II, line 14								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2018. If the								
	and stop here. The organization qual					(T)			
17a									
	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes								
_	more, and if the organization meets the	100							
	organization meets the "facts-and-cire								
18	Private foundation. If the organization				0. 00.000 0.000		ns 🕨		
	and organization		10, 10	, ,	The second secon	dule A (Form 990	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		

Schedule A (Form 990 or 990-EZ) 2019 PEACE, INC.

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

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

Sec	tion A. Public Support	nott, produce comp		SATURED MANAGEMENT OF THE PARTY			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to	_					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)					最终 的 2088年	
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			_			
	and income from similar sources	The state of the s			A CONTRACTOR OF THE PARTY OF TH		
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						3
	acquired after June 30, 1975						
	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.)		10 -				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2019 (15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	119 (line 10c, colu	mn (f), divided by	ine 13, column (f))	17	%
18	Investment income percentage from	2018 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ndstop here. The	e organization qual	ifies as a publicly	supported organization	zation	▶□
	b 33 1/3% support tests - 2018. If the	organization did	not check a box o	n line 14 or line 19	9a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box ands	top here. The orga	anization qualifies	as a publicly supp	oorted organization	·
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	9a, or 19b, check	this box and see i	nstructions	

Part IV Supporting Organizations

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

Section	A	All	Supporting	Organizations
Section	~ .	/\II	Cupporting	0.94

- 1 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 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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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Schedule A (Form 990 or 990-EZ) 2019 PEACE, INC. 65-1151715 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 b 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 Section B. Type I Supporting Organizations No Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 controlled the organization's activities. If the organization had more than one supported organization, 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. 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 Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. b c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b 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.

Schedule A (Form 990 or 990-EZ) 2019 PEACE, INC.

65-1151715 Page 6

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	other Type III non-functionally integrated supporting organizations must con	mplete S	ections A through E.	
Section	n A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		=	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
-	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	instructions for short tax year or assets held for part of year):	Est 1		the state of the s
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	M. S. C. Marian Company	
2	Enter 85% of line 1.	2	All controls as a laboration	
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	All the second second	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	ganization (see
	instructions).			