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2016 Tax Return(s)

Prepared for PEACE FIRST, INC.
CLIENT CODE: 63054000

Account Number 758606
Release Number 2016.05010

Prepared by KEVIN P MARTIN ASSOCIATES, P.C.
10 FORBES WEST
BRAINTREE, MA
02184

(781) 380-3520

Processing Date: 12/13/2017
Time: 09:34:17

**Special
Instructions**

Messages

Return Information

CAUTION

Form: Form 990

- Form 990. Part XII, line 2c. If the organization has answered line 2c as "Yes" it should use Schedule O to explain if the process has changed from the prior year. Use Interview Form 9900-1 with an explanation code of "23." The explanation will appear on Schedule O in the appropriate sequence. (26012)

Form: 199 Pg 2

- California. Form 199, Page 2, Part II. An amount is present on line 9, but the required supporting statements have not been prepared. Interview Form CA3 may be used to prepare the supporting statements. (23011)

Form: MA2 Sheet: 1 Box: 60

- Massachusetts. Form PC, Page 2, line 4. This question has been answered "Yes" on Interview Form MA2, Box 60 therefore, Schedule RO must be completed. (24504)

Form: MA2 Sheet: 1 Box: 70

- Massachusetts. Form PC, Page 2, line 5. The Summary of Financial Information must be completed in its entirety whether or not a similar question has been answered on the attached federal form. You must use your completed federal IRS form to answer question five. Even if you are not required to file an informational return with the IRS, you must still complete one and submit it with Form PC. This information can be entered on Massachusetts Interview Form MA2, Boxes 70 through 77. (24505)

Form: MA4 Sheet: 1 Box: 112

- Massachusetts. Form PC, Page 2, line 6. This question must be answered whether or not a question regarding employee compensation is answered on the federal return. This information can be entered on Interview Form MA4, Boxes 109 through 138. (24506)

Form: PC Page 2

- Massachusetts. Form PC, Page 2, line 5B. The organization's "gross support and revenue" is greater than \$500,00; audited financial statements prepared by an independent CPA in accordance with generally accepted accounting principles (GAAP) must be submitted with Form PC. The financial statements should be final versions, not drafts, and be unbound. Organizations exempt from this requirement are private foundations that file Form 990-PF with the IRS, trusts filing probate accounts, and trusts audited by certain state and federal agencies. (24512)

Return Information

- Massachusetts. Schedule RO. This schedule must be completed if the organization solicits funds from the public. To obtain a certificate for solicitation, there must be two signatures on Form PC, Page 12 and one signature on Form PC, Page 7. (24514)

Form: PC Page 4

- Massachusetts. Form PC, Page 4, line 13. This question has been answered "Yes", therefore Schedule A-1 must be completed unless your organization is exempt from the solicitation certificate requirement. (24507)
- Massachusetts. Form PC, Page 4, line 14. This question has been answered "Yes", therefore Schedule A-2 must be completed unless your organization is exempt from the solicitation certificate requirement. (24508)

INFORMATIONAL

Form: 990 Page 1

- Form 8868 Extension Information. The extended due date has been printed at the top of Form 990. This may be suppressed by making an entry on Interview Form 9, Box 79. (35202)

Form: 990-4 Sheet: 1 Box: 38

- Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on line 10 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 38. (35932)

Form: 990 Page 8

- Form 990. Page 8, Part VII, line 2. The total number (2) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on Interview Form 990-9. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on Interview Form 990-9, this calculated number will be incorrect. An entry may be made on Interview Form 990-10, Box 101 to override this item. (33424)

Form: 990 Page 12

- Form 990. Page 12, Part XII, line 2b. This question has been answered as "Yes," to indicate that the organization's financial statements were audited by an independent accountant. If these financial statements contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIV providing the text of this footnote. Use Interview Form 990-17, Box 170 to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34659)

Return Information

Form: 990-16 Sheet: 1 Box: 160

- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)

Form: Sch B

- Schedule B, Page 2. The Code in Column (d) to indicate the type of contribution is missing for one or more contributors. This item has defaulted to a contribution type of 'Person.' Please review the contributor information on Interview Form B-1 and verify that this code and all other necessary data has been properly entered. (30275)

Form: FD eFile

- Electronic Filing. Form 8868 has been prepared for Form 990 for electronic filing. The filing due date (11/15/17) for Form 8868 has passed. The extension diagnostics have been suppressed and the extension menu is no longer available. If applicable, the extension menu can be turned back on by using the Unlock feature on Interview Form EXT-1. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (33520)
- Electronic Filing. The following EFIN 040830 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Form: EF-1 Sheet: 1 Box: 100

- Electronic Filing. The following Name Control PEAC has been computed and is being used to electronically file Form 990 for Peace First, Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on Interview Form EF-1, Box 100. (37026)

Return Information

Form: FD eFile

- Electronic Filing. The option to be notified if Form 8879 has not been received within a certain time frame has been selected in this return. You will receive an email reminder in 14 day(s) at jtuck@kpm-us.com if the "Signature Form-Received" column on the ELF status has not been filled out. (37611)

Form: EF-2 Sheet: 1 Box: 71

- Electronic Filing. Preparers email notification has been selected for Form 990 and will be sent to the following email address: jtuck@kpm-us.com (37632)

Form: FD eFile

- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

Form: Form 8868

- Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before November 15, 2017. (34477)

Form: Form RRF-1

- California. Form RRF-1. If total gross revenue or total assets are \$25,000 or more, be sure that Form RRF-1 includes a complete copy of the federal return and all necessary attachments, including Schedule B, Schedule of Contributors, if prepared. If the federal attachment is missing or incomplete Form RRF-1 will be considered incomplete by the Attorney General's Registry of Charitable Trusts. (35698)

Form: CA eFile

- California Electronic Filing. The California Form 199 return has qualified for electronic filing. If a printed copy of the California return is generated and electronic processing of the return is completed, do not mail the printed copy of return to the Franchise Tax Board. (31017)

Return Information

Form: California

- California. Form RRF-1 has been prepared but is not available for electronic filing with the state. Form RRF-1 has been included in the printed government copy; please separately mail this form to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470 (36364)

- California. The following forms have been prepared but are not available for electronic filing with the state: Form 3539, 100-ES, 5806, 109, Sch D (541), Sch D-1, 3885 (Form 109), 3885F (Form 109), 3805Q and RRF-1. Please review the form's printed instructions for proper filing of this form. (37877)

ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 990	QUALIFIED		12/13/2017
FEDERAL 8868 (FORM 990)	PREV EXPORTED	ACCEPTED	09/22/2017
CALIFORNIA FORM 199 - FINAL RETURN	QUALIFIED		12/13/2017
MASSACHUSETTS	NOT ALLOWED		
NEW YORK	NOT SELECTED		

Input Overrides

NAME: PEACE FIRST, INC.

ID Number: 04-3323467

Unit	Form	Entity	Box	Description	Amount/Percentage
990	990-14		34	COMPENSATION OF CURRENT OFFICERS - PROGRAM SERVICES	399,019.
990	990-14		35	COMPENSATION OF CURRENT OFFICERS - MGMT & GENERAL	60,733.
990	990-14		36	COMPENSATION OF CURRENT OFFICERS - FUNDRAISING	99,699.
SCHD	990D-4		42	OTHER EQUIPMENT - COST/OTHER BASIS	76,918.
SCHD	990D-4		43	EQUIPMENT - DEPRECIATION	39,787.
SCHD	990D-4		46	OTHER - COST/OTHER BASIS	81,300.
SCHD	990D-4		47	OTHER - DEPRECIATION	0.
990	990-16		49	BUILDINGS AND EQUIPMENT - END OF YEAR	158,218.
990	990-16		51	ACCUMULATED DEPRECIATION - END OF YEAR	39,787.
CA	GEN1	5	46	FINAL RETURN - CALIFORNIA	
CA	GEN1	5	47	OTHER FINAL RETURN - CALIFORNIA	
NY	GEN1	2	54	NY TAX PREPAPER REG. NO. - NEW YORK	
NY	GEN1	4	54	NY TAX PREPAPER REG. NO. - NEW YORK	
NY	GEN1	4	90	PERMISSION TO CONTACT - NEW YORK	
MA	GEN1	1	91	IN CARE, CONTACT NAME, OR SIGNOR NAME - MASSACHUSETTS	
NY	GEN1	2	91	IN CARE, CONTACT NAME, OR SIGNOR NAME - NEW YORK	
MA	GEN1	1	93	TITLE - MASSACHUSETTS	
NY	GEN1	2	93	TITLE - NEW YORK	
CA	CA4		46	DEPRECIABLE ASSETS - BEGINNING OF YEAR	29,178.
CA	CA4		48	LESS ACCUMULATED DEPRECIATION - BEGINNING OF YEAR	27,835.
CA	CA4		99	RETAINED EARNINGS OR INCOME FUND - BEGINNING OF YEAR	567,202.
NY	GEN-1		40	ACCOUNT/FILE NUMBER	
NY	NY1		44	NAME OF PRESIDENT OR AUTHORIZED OFFICER	
NY	NY1		45	TITLE OF PRESIDENT OR AUTHORIZED OFFICER	
NY	NY1		42	NAME OF CHIEF FINANCIAL OFFICER OR TREASURER	
NY	NY1		43	TITLE OF CHIEF FINANCIAL OFFICER OR TREASURER	
MA	MA1		43	HAS THE ORGANIZATION APPLIED FOR IRS EXEPTION STATUS	

Input Overrides

NAME: PEACE FIRST, INC.

ID Number: 04-3323467

Unit	Form	Entity	Box	Description	Amount/Percentage
MA	MA4			COMPENSATION PROVIDED TO FIVE HIGHEST PAID EMPLOYEES	
MA	MA3			COMPENSATION PAID/SERVICES RENDERED BY FIVE HIGHEST PAID CONSULTANTS	
990	990-13		164	TOTAL REVENUE	946,811.
990	990-15		65	TOTAL EXPENSES	1,801,186.
990	990-15		66	REVENUE LESS EXPENSES	-854,375.

KEVIN - 10/30/17 11:08AM WORKSHEET FORM 990

TOTAL	40,503.00
LESS: AMOUNTS TO ORGS	-12,503.00
	<hr/>
	28,000.00
	<hr/>

KEVIN - 01/28/17 09:13AM WORKSHEET FORM 990

TOTAL	178,275.00
LESS GRANTS PAYABLE	-103,500.00
	<hr/>
	74,775.00
	<hr/>

KEVIN - 10/30/17 12:02PM WORKSHEET FORM 990

TOTAL	215,547.00
LESS: GRANTS PAY	-40,500.00
	<hr/>
	175,047.00
	<hr/>

KEVIN - 01/28/17 08:58AM WORKSHEET FORM 990

HEALTH	5,805.00
DENTAL	204.00
	<hr/>
	6,009.00
	<hr/>

KEVIN - 01/28/17 08:59AM WORKSHEET FORM 990

HEALTH	6,347.00
DENTAL	170.00
	<hr/>
	6,517.00
	<hr/>

JOLANTA - 11/04/17 11:33AM WORKSHEET FORM PC

168,231.00
13,501.00
<hr/>
181,732.00
<hr/>

JOLANTA - 11/04/17 11:33AM WORKSHEET FORM PC

168,231.00
17,321.00

List

185,552.00

JOLANTA - 11/04/17 11:33AM WORKSHEET FORM PC

125,769.00

12,501.00

138,270.00

JOLANTA - 11/04/17 11:34AM WORKSHEET FORM PC

49,065.00

4,832.00

53,897.00

KEVIN - 10/30/17 01:33PM WORKSHEET FORM PC

8500.07

12,066.00

358.00

77.00

1,000.00

13,501.00

KEVIN - 10/30/17 01:34PM WORKSHEET FORM PC

8500.07

15,886.00

358.00

77.00

1,000.00

17,321.00

KEVIN - 10/30/17 01:34PM WORKSHEET FORM PC

8500.07

12,066.00

358.00

77.00

12,501.00

KEVIN - 10/30/17 01:35PM WORKSHEET FORM PC

8500.07

8,741.00

258.00

List

8,999.00

KEVIN - 10/30/17 01:36PM WORKSHEET FORM PC

8500.06	6,234.00
	9.00
	<hr/>
	6,243.00

KEVIN - 01/28/17 08:33AM WORKSHEET FORM 990

44,068.00
-5,134.00
<hr/>
38,934.00

KEVIN - 10/30/17 11:11AM WORKSHEET FORM 990

PROFESSIONAL SERV	167,201.00
CONSULTANTS	2,803.00
	<hr/>
	170,004.00

KEVIN - 10/30/17 11:11AM WORKSHEET FORM 990

PROFESSIONAL SERV	96,985.00
	<hr/>
	96,985.00

List

2016 Return Summary

PEACE FIRST, INC.

04-3323467

FORM 990:

TOTAL REVENUE	1,832,686.
TOTAL EXPENSES	1,722,426.
EXCESS <DEFICIT>	110,260.
BEGINNING NET ASSETS	567,202.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	677,462.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	1,544,203.
ENDING TOTAL LIABILITIES	866,741.
ENDING TOTAL NET ASSETS OR FUND BALANCES	677,462.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.

CALIFORNIA FORM 199:

GROSS RECEIPTS	1,829,852.
TOTAL EXPENSES	1,710,474.
EXCESS	119,378.
BEGINNING NET ASSETS	567,202.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (1)	686,580.
FILING FEES	10.
TOTAL TAX	10.
BALANCE DUE	10.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	1,544,203.
ENDING TOTAL LIABILITIES	866,741.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	677,462.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	9,118.

CALIFORNIA FORM RRF-1:

TOTAL REVENUE	0.
TOTAL EXPENSES	0.
ANNUAL REPORT FILING FEES	150.

2016 Return Summary

PEACE FIRST, INC.

04-3323467

MASSACHUSETTS FORM PC:

TOTAL REVENUE	0.
TOTAL EXPENSES	0.
ANNUAL REPORT FILING FEES	500.

NEW YORK FORM CHAR 500:

TOTAL REVENUE	0.
TOTAL EXPENSES	0.
ANNUAL REPORT FILING FEES	25.

2016 Return Summary

PEACE FIRST, INC.

04-3323467

	FEDERAL	990 EXTN
FORM NAME	990	8868
E-FILE REQUESTED	YES	NO
DUE DATE	11/15/17	11/15/17
EXTENDED DUE DATE	05/15/18	05/15/18
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	12/13/17	12/13/17
TIME CALCULATED	09:33:11	09:33:11
RELEASE VERSION	2016.05010	2016.05010
DATE EXPORTED	12/13/17	
TIME EXPORTED	09:33:23	
EXPORT VERSION	2016.05010	

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2016 Return Summary

PEACE FIRST, INC.

04-3323467

	CALIFORNIA	CALIFORNIA
FORM NAME	FORM RRF-1	FORM 199
E-FILE REQUESTED	NO **	YES
DUE DATE	11/15/17	11/15/17
EXTENDED DUE DATE		05/15/18
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	12/13/17	12/13/17
TIME CALCULATED	09:33:11	09:33:11
RELEASE VERSION	2016.05010	2016.05010
DATE EXPORTED		12/13/17
TIME EXPORTED		09:33:23
EXPORT VERSION		2016.05010

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2016 Return Summary

PEACE FIRST, INC.

04-3323467

	MASSACHUSETTS	NEW YORK
FORM NAME	FORM PC	FORM CHAR500
E-FILE REQUESTED	NO **	NO **
DUE DATE	11/15/17	11/15/17
EXTENDED DUE DATE		
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	12/13/17	12/13/17
TIME CALCULATED	09:33:11	09:33:11
RELEASE VERSION	2016.05010	2016.05010
DATE EXPORTED		
TIME EXPORTED		
EXPORT VERSION		

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

Kevin P. Martin & Associates, P.C.
South Shore Executive Park
Ten Forbes West
Braintree, MA 02184

December 13, 2017

Peace First, Inc.
25 Kingston Street, 6th Floor
Boston, MA 02111

Dear Ms. Hamilton:

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return and Annual Reports are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2018.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.

Mail to - Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$150.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed as soon as possible to:

Non-Profit Org/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

You have a balance due of \$500.00.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

www.mass.gov/ago/epay

The report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

NEW YORK FORM CHAR500:

The New York Form CHAR500 should be mailed as soon as possible to:

NYS Office of Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

Enclose a check or money order for \$25.00, payable to Department of Law.

The report should be signed and dated by the authorized individual(s).

The attached copy of federal Form 990 must be properly signed and dated.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Jolanta Tuck, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

PEACE FIRST, INC.

04-3323467

Name and title of officer

**MEREDITH HAMILTON
CHIEF OPERATING OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,832,686.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **KEVIN P MARTIN ASSOCIATES, P.C.** to enter my PIN **5555**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0408305555

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 12/13/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

09331213 758606 63054000

2016.05010 PEACE FIRST, INC.

63054001

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PEACE FIRST, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 25 KINGSTON STREET, 6TH FLOOR City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111 F Name and address of principal officer: JON MANDLE 25 KINGSTON STREET, 6TH FLOOR, BOSTON, MA 0	D Employer identification number 04-3323467 E Telephone number 617-261-3833 G Gross receipts \$ 1,832,686. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PEACEFIRST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1996		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE BELIEVE IN THE POWER OF YOUNG PEOPLE TO CHANGE THE WORLD-- NOT SOMEDAY IN THE FUTURE --RIGHT NOW. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 114 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 924,749. Current Year 1,791,080. 9 Program service revenue (Part VIII, line 2g) 22,062. 29,500. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 56. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12,050. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 946,811. 1,832,686.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 187,500. 40,503. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,013,197. 1,036,646. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 323,491. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 600,489. 645,277. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,801,186. 1,722,426. 19 Revenue less expenses. Subtract line 18 from line 12 -854,375. 110,260.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 1,514,528. End of Year 1,544,203. 21 Total liabilities (Part X, line 26) 947,326. 866,741. 22 Net assets or fund balances. Subtract line 21 from line 20 567,202. 677,462.	

Part II Signature Block

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

Sign Here	Signature of officer MEREDITH HAMILTON, CHIEF OPERATING OFFICER Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name JOLANTA TUCK, CPA	Preparer's signature JOLANTA TUCK, CPA	Date 12/13/17	Check <input type="checkbox"/> if self-employed PTIN P01340068
Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C.		Firm's EIN ▶ 04-3097400		
Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184		Phone no. (781) 380-3520		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE BELIEVE IN THE POWER OF YOUNG PEOPLE TO CHANGE THE WORLD-- NOT SOMEDAY IN THE FUTURE --RIGHT NOW. THIS BELIEF IS GROUNDED IN 20+ YEARS OF EXPERIENCE PREPARING YOUNG PEOPLE AROUND THE GLOBE WITH THE SKILLS AND COMMITMENTS NECESSARY TO IMAGINE COMPASSIONATE SOLUTIONS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 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 \$ 719,183. including grants of \$ 39,753.) (Revenue \$) PEACE FIRST PRIZE: IN 2012, PEACE FIRST LAUNCHED THE PEACE FIRST PRIZE, A TWO-YEAR FELLOWSHIP FOR YOUNG PEOPLE WHO EXEMPLIFY THE POSITIVE IMPACT YOUTH CAN CREATE IN THE WORLD BY UNLEASHING THEIR MORAL IMAGINATIONS. OVER THE PAST FOUR YEARS THE PRIZE HAS GENERATED OVER 120 MILLION MEDIA IMPRESSIONS, THOUSANDS OF NOMINATIONS AND APPLICATIONS AND AWARDED 20 FELLOWSHIPS TO A GROUP OF EXTRAORDINARY YOUNG EXEMPLARS.

4b (Code:) (Expenses \$ 243,709. including grants of \$ 750.) (Revenue \$ 32,334.) DIGITAL PLATFORM: DURING THE YEAR ENDED JUNE 30, 2017, THE ORGANIZATION USED ITS CONTENT AND EXPERIENCE TO BUILD A DIGITAL PLATFORM AND COMMUNITY TO SUPPORT YOUNG PEOPLE IN TURNING THEIR IDEAS INTO EFFECTIVE SOLUTIONS. CO-DEVELOPED WITH YOUNG PEOPLE FROM ACROSS THE U.S., THE PLATFORM GUIDES PARTICIPANTS AT EVERY STEP TO CREATE AN IMPACTFUL COMMUNITY-BASED PROJECT THROUGH EXEMPLAR VIDEOS, INTERACTIVE EXERCISES, AND SUPPORTIVE ADULT MENTORS.

4c (Code:) (Expenses \$ 238,050. including grants of \$) (Revenue \$) PEACE FIRST CHALLENGE: STARTING IN 2016, THE PEACE FIRST CHALLENGE BRINGS TOGETHER PEACE FIRST'S EXPERTISE IN CURRICULUM, OUTREACH, YOUTH DEVELOPMENT AND TECHNOLOGY TO CREATE A PLATFORM FOR ANY YOUNG PERSON IN THE WORLD TO BECOME A PEACEMAKER. THE PEACE FIRST CHALLENGE, COMPLEMENTING OUR EXISTING PROGRAMS, WILL SERVE AS A PATHWAY FOR TACKLING SOCIAL JUSTICE ISSUES AND WILL POSITION PEACE FIRST AS THE LEADER IN BUILDING A YOUTH PEACEMAKING MOVEMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,200,942.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Section 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 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.		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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 taxable entity during the year?		X
16b	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 exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, NY, CA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **THE CORPORATION - 617-261-3833**
25 KINGSTON STREET, 6TH FLOOR, BOSTON, MA 02111

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 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.

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN MANDLE CHAIRPERSON/TREASURER	2.00	X		X				0.	0.	0.
(2) JESSE PERETZ DIRECTOR	2.00	X						0.	0.	0.
(3) WEI CHEN DIRECTOR	2.00	X						0.	0.	0.
(4) ERIC D. DAWSON PRESIDENT/CEO	40.00	X		X			161,021.	0.	13,242.	
(5) GARY COLEN DIRECTOR	2.00	X						0.	0.	0.
(6) RASHIDA JONES DIRECTOR	2.00	X						0.	0.	0.
(7) LAVERNE SRINIVASAN DIRECTOR (RESIGNED AS OF 1/26/17)	2.00	X						0.	0.	0.
(8) ANOUSHEH ANSARI DIRECTOR	2.00	X						0.	0.	0.
(9) MEREDITH HAMILTON CHIEF OPERATING OFFICER	40.00			X			84,075.	0.	7,735.	
(10) BOBBY JONES CHIEF MARKETING AND COMMUN	40.00			X			162,330.	0.	16,955.	
(11) RENEE THERRIAULT CLERK	40.00			X			42,272.	0.	5,133.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							449,698.	0.	43,065.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							449,698.	0.	43,065.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,791,080.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,791,080.				
Program Service Revenue	2 a PROGRAM FEES	Business Code	900099	29,500.	29,500.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			29,500.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56.			56.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	9,216.					
		(ii) Personal						
		b Less: rental expenses		0.				
	c Rental income or (loss)		9,216.					
	d Net rental income or (loss)			9,216.			9,216.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue		900099	2,834.	2,834.			
	e Total. Add lines 11a-11d			2,834.				
12 Total revenue. See instructions.			1,832,686.	32,334.	0.	9,272.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,503.	12,503.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,000.	28,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	559,451.	399,019.	60,733.	99,699.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,434.	278,946.	39,843.	69,645.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,885.	18,439.	4,799.	4,647.
10 Payroll taxes	60,876.	46,032.	4,123.	10,721.
11 Fees for services (non-employees):				
a Management				
b Legal	2,653.		2,653.	
c Accounting	10,112.		10,112.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	313,160.	178,549.	37,431.	97,180.
12 Advertising and promotion	7,136.	6,902.	18.	216.
13 Office expenses	29,354.	18,424.	5,179.	5,751.
14 Information technology	714.	608.	53.	53.
15 Royalties				
16 Occupancy	108,953.	78,231.	11,632.	19,090.
17 Travel	85,223.	80,632.	288.	4,303.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	36,836.	29,469.	3,683.	3,684.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,952.	11,952.		
23 Insurance	12,061.	9,528.	1,342.	1,191.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	15,000.		15,000.	
b MEMBERSHIP DUES	11,019.	3,708.		7,311.
c TAXES, LICENSES, AND PE	1,104.		1,104.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,722,426.	1,200,942.	197,993.	323,491.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	163,903.	1	334,583.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,322,919.	3	1,056,283.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,697.	9	22,240.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 158,218.		
	b Less: accumulated depreciation	10b 39,787.	1,343.	10c 118,431.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,666.	15	12,666.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,514,528.	16	1,544,203.	
Liabilities	17 Accounts payable and accrued expenses	74,775.	17	175,047.
	18 Grants payable	103,500.	18	40,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, 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	769,051.	23	651,194.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	947,326.	26	866,741.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-755,717.	27	-438,821.
	28 Temporarily restricted net assets	1,322,919.	28	1,116,283.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		32	
33 Total net assets or fund balances	567,202.	33	677,462.	
34 Total liabilities and net assets/fund balances	1,514,528.	34	1,544,203.	

Part XI Reconciliation of Net Assets

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	1,832,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,722,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	110,260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	567,202.
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	677,462.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **PEACE FIRST, INC.** Employer identification number **04-3323467**

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,803,917.	2,149,149.	1,798,014.	924,749.	1,791,080.	8,466,909.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				22,062.	29,500.	51,562.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	1,803,917.	2,149,149.	1,798,014.	946,811.	1,820,580.	8,518,471.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	257,500.	208,097.	396,476.	109,919.	44,487.	1,016,479.
b 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						0.
c Add lines 7a and 7b	257,500.	208,097.	396,476.	109,919.	44,487.	1,016,479.
8 Public support. (Subtract line 7c from line 6.)						7,501,992.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	1,803,917.	2,149,149.	1,798,014.	946,811.	1,820,580.	8,518,471.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)	1,803,917.	2,149,149.	1,798,014.	946,811.	1,820,580.	8,518,471.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	88.07 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	38.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		

Section B. Type I Supporting Organizations

	Yes	No
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.		
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.		

Section 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 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).		

Section 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 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?		
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).		
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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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.	Yes	No
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.		
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.		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	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	
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 emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts 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 the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2016

**** Do Not File **
*** Not Open to Public Inspection *****

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
ANNE PERETZ	100,000.	0.	68,081.	0.	0.
JESSE PERETZ	30,000.	10,597.	55,849.	0.	0.
JON MANDLE	30,000.	0.	74,465.	0.	5,000.
LISA GRAUSTEIN	22,500.	37,500.	68,081.	81,919.	39,487.
RASHIDA JONES	0.	10,000.	0.	0.	0.
RAYMOND SOZZI	0.	42,500.	0.	0.	0.
SHIPPY FOUNDATION	75,000.	70,000.	130,000.	0.	0.
WILLIAM GRAUSTEIN	0.	37,500.	0.	25,000.	0.
ERIC DAWSON	0.	0.	0.	3,000.	0.
Total to Schedule A, Part III, Line 7a	257,500.	208,097.	396,476.	109,919.	44,487.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

PEACE FIRST, INC.

Employer identification number

04-3323467

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RACHEL AND DREW KATZ FOUNDATION 905 NORTH KINGS HIGHWAY CHERRY HILL, NC 08034	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EASTERN BANK CHARITABLE FOUNDATION 195 MARKET STREET LYNN, MA 01901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRANK MAZER 10 SAVILLE STREET CAMBRIDGE, MA 02138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GERMESHUSEN FOUNDATION C/O BROWN ADVISORY 1201 N. MARKET STREET WILMINGTON, DE 19801	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JEFF GURAL 125 PAR4K AVENUE NEW YORK, NY 10017	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JON MANDLE 2508 NANETTE DRIVE SAN CARLOS, CA 94070	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LISA GRAUSTEIN 110 ALBAN STREET DORCHESTER, MA 02124	\$ 39,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NTT DATA 100 CITY SQUARE BOSTON, MA 02129	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SHIPPY FOUNDATION 800 BOYLSTON STREET BOSTON, MA 02199	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	UNION SQUARE FUND 622 THIRD AVENUE NEW YORK, NY 10017	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CLARK FAMILY CHARITABLE FUND 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SUSAN AND DIGGER DONAHUE 580 MAIN STREET NORWELL, MA 02061	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DIANE AND ALEJANDRO LONGORIA 1803 N FREMONT ST CHICAGO, IL 60614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	WILLIAM HELMAN 100 BEACON ST #9B BOSTON, MA 02116	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DAVID GROSSMAN 1840 N ORCHARD ST CHICAGO, IL 60614	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DERMOT DESMOND IFSC HOUSE, CUSTOM HOUSE QUAY DUBLIN, IRELAND	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ALLSTATE INSURANCE PO BOX 660598 DALLAS, TX 75266	\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	STRIDES FOR PEACE 207 EAST OHIO STREET CHICAGO, IL 60611	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE NIELSEN COMPANY 85 BROAD ST NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MCJ AMELIOR FOUNDATION 310 SOUTH ST #1 MORRISTOWN, NJ 07960	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NORTHERN TRUST 146 OLIVER ST BOSTON, MA 02110	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CENTENE CORPORATION 36 CROSBY DR BEDFORD, MA 01730	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CORRUM CAPITAL MANAGEMENT 214 N TRYON ST #1950 CHARLOTTE, NC 28202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JEWISH FEDERATION OF METRO CHICAGO 30 S WELLS ST CHICAGO, IL 60606	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	EINHORN FAMILY CHARITABLE TRUST 140 EAST 45TH STREET, 24TH FLOOR NEW YORK, NY 10017	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CHICAGOCRED, INC. PO BOX 10195 PALO ALTO, CA 94303	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization PEACE FIRST, INC.	Employer identification number 04-3323467
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization PEACE FIRST, INC. **Employer identification number** 04-3323467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		76,918.	39,787.	37,131.
e Other		81,300.		81,300.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				118,431.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

1	Total revenue, gains, and other support per audited financial statements	1	2,107,713.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	275,027.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	275,027.
3	Subtract line 2e from line 1	3	1,832,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,832,686.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,997,453.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	275,027.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	275,027.
3	Subtract line 2e from line 1	3	1,722,426.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,722,426.

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **PEACE FIRST, INC.** Employer identification number **04-3323467**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
QC CLOSET 2 CLOSET PO BOX 6838 ROCK ISLAND, IL 61204	47-3814442	501 (C) 3	10,000.	0.			CONTINUED PEACEMAKING EFFORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT POSITIVE CHANGES IN SCHOOLS OR COMMUNITIES	53	12,391.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PRIOR TO BEING SELECTED AS PRIZE WINNERS, ALL FINALISTS ARE REQUIRED TO SUBMIT PRIZE DISTRIBUTION INFORMATION, INDICATING HOW MUCH WILL BE PAID OUT DIRECTLY TO A WINNER AND HOW MUCH WILL GO TO THE NONPROFIT ORGANIZATION OR FISCAL SPONSOR. FELLOWS WITH PRIZE MONEY PAID TO A REGISTERED 501 (C) 3 MUST SUBMIT ANNUAL BUDGETS AND A NARRATIVE OUTLINING HOW MONEY WAS SPENT IN A PARTICULAR TIME FRAME. UPON BEING SELECTED AS A PRIZE WINNER, ALL FELLOWS MUST SIGN A LEGALLY BINDING CONTRACT DECLARING PRIZE MONEY WILL BE USED EITHER FOR ACADEMIC PURPOSES (LOANS, COLLEGE SAVINGS FUND, ETC.) OR

Part IV Supplemental Information

PROGRAM WORK. MONTHLY CONVERSATIONS BETWEEN FELLOWS AND PEACE FIRST STAFF ARE OPPORTUNITIES TO DISCUSS HOW FUNDING IS BEING SPENT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PEACE FIRST, INC.

Employer identification number

04-3323467

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC D. DAWSON PRESIDENT/CEO	(i)	161,021.	0.	0.	1,000.	12,242.	174,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BOBBY JONES CHIEF MARKETING AND COMMUN	(i)	162,330.	0.	0.	1,000.	15,955.	179,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Horizontal lines for supplemental information input.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization: **PEACE FIRST, INC.** Employer identification number: **04-3323467**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TAMMY TAI	WIFE OF ERIC DAWSON	25,925.	COMPENSATIO		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TAMMY TAI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF ERIC DAWSON, CHIEF EXECUTIVE OFFICER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PROVIDED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

PEACE FIRST, INC.

Employer identification number

04-3323467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS BELIEF IS GROUNDED IN 20+ YEARS OF EXPERIENCE PREPARING YOUNG
PEOPLE AROUND THE GLOBE WITH THE SKILLS AND COMMITMENTS NECESSARY TO
IMAGINE COMPASSIONATE SOLUTIONS TO COMPLEX COMMUNITY PROBLEMS, AND THEN
SUPPORTING THEM TO IMPLEMENT THOSE SOLUTIONS--WHAT WE CALL PEACEMAKING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPLEX COMMUNITY PROBLEMS, AND THEN SUPPORTING THEM TO IMPLEMENT THOSE
SOLUTIONS--WHAT WE CALL PEACEMAKING.

FORM 990, PART VI, SECTION B, LINE 11B:

IRS FORM 990 IS REVIEWED BY MANAGEMENT WITH THE PREPARER AND FORWARDED TO
THE TREASURER FOR REVIEW AND APPROVAL. THE FORM IS THEN REVIEWED BY
MANAGEMENT WITH THE AUDIT COMMITTEE. FINALLY, A PDF COPY OF THE COMPLETE
RETURN IS PROVIDED TO THE ENTIRE BOARD PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, IS
AN INTERESTED PERSON. THEREFORE, THEY MUST DISCLOSE THE EXISTENCE OF THE
FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL
FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD
DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER
DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY
DISCUSSION WITH THE INTERESTED PERSON, THEY SHALL LEAVE THE GOVERNING BOARD
OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS

Name of the organization PEACE FIRST, INC.	Employer identification number 04-3323467
---	--

DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. PEACE FIRST PERSONNEL ALSO MAY NOT ENGAGE IN ANY BUSINESS OR TRANSACTION, OR HAVE A FINANCIAL OR OTHER PRIVATE INTEREST, EITHER DIRECT OR INDIRECT, THAT IS IN CONFLICT WITH THE ORGANIZATION'S BEST INTEREST. BECAUSE IT IS DIFFICULT TO OUTLINE EACH AND EVERY SITUATION IN WHICH A CONFLICT THAT IS DETRIMENTAL TO THE ORGANIZATION OR ITS PERSONNEL MAY ARISE, PERSONNEL SHOULD RAISE SPECIFIC CONCERNS WITH THE PEACE FIRST MANAGEMENT TEAM FOR FURTHER REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS REVIEWED EVERY 3 YEARS BY THE BOARD. THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO WAS LAST PERFORMED IN FY 2016. OTHER SENIOR MANAGEMENT STAFF ARE REVIEWED ANNUALLY BY THE CEO WITH APPROPRIATE DOCUMENTATION AND SIGN-OFF BY THE CHIEF OPERATING OFFICER. THE OVERALL LEVEL OF SALARY INCREASES IS APPROVED BY THE BOARD AS PART OF APPROVING THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	170,004.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	96,985.
TOTAL EXPENSES	266,989.

PAYROLL SERVICE:

Name of the organization PEACE FIRST, INC.	Employer identification number 04-3323467
--	---

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,455.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,455.

IT SUPPORT SERVICES:

PROGRAM SERVICE EXPENSES	8,545.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	195.
TOTAL EXPENSES	8,740.

FINANCIAL CONSULTANTS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	32,976.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,976.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	313,160.
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PEACE FIRST, INC.	Employer identification number (EIN) or 04-3323467
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 KINGSTON STREET, 6TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE CORPORATION

• The books are in the care of ▶ **25 KINGSTON STREET, 6TH FLOOR - BOSTON, MA 02111**
 Telephone No. ▶ **617-261-3833** Fax No. ▶ **617-261-3833**

• If the organization does not have an office or place of business in the United States, check this box ▶
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 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 nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

2016 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	Your payment should be made as instructed below on or before May 15, 2018. Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board. Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

2016

California Exempt Organization Annual Information Return

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016, and ending (mm/dd/yyyy) 06/30/2017

Corporation/Organization name PEACE FIRST, INC.		California corporation number 2232622
Additional information. See instructions.		FEIN 04-3323467
Street address (suite or room) 25 KINGSTON STREET, 6TH FLOOR		PMB no.
City BOSTON	State MA	ZIP code 02111
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input checked="" type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) 06/10/2016</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS <u>07/22/1996</u></p>
--	--

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	38,772.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,791,080.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	1,829,852.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	1,829,852.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,710,474.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	119,378.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here	Signature of officer	Title CHIEF OPERATIN	Date	• Telephone 617-261-3833
Paid Preparer's Use Only	Preparer's signature	JOLANTA TUCK, CPA	Date 12/13/17	• PTIN P01340068
	Firm's name (or yours, if self-employed) and address	KEVIN P MARTIN ASSOCIATES, P.C. 10 FORBES WEST BRAINTREE, MA 02184		
				• Telephone (781) 380-3520

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	56.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	9,216.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	29,500.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	38,772.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	40,503.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	559,451.00
	12	Other salaries and wages	•	12	388,434.00
	13	Interest	•	13	36,836.00
	14	Taxes	•	14	60,876.00
	15	Rents	•	15	108,953.00
	16	Depreciation and depletion (See instructions)	•	16	0.00
	17	Other Expenses and Disbursements	•	17	515,421.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,710,474.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		163,903.		334,583.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	29,178.		158,218.	
b	Less accumulated depreciation	(27,835.)	1,343.	(39,787.)	118,431.
11	Land				
12	Other assets STMT 5		1,349,282.		1,091,189.
13	Total assets		1,514,528.		1,544,203.
Liabilities and net worth					
14	Accounts payable		74,775.		175,047.
15	Contributions, gifts, or grants payable		103,500.		40,500.
16	Bonds and notes payable				
17	Mortgages payable		769,051.		651,194.
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		567,202.		677,462.
22	Total liabilities and net worth		1,514,528.		1,544,203.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	119,378.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	119,378.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8	•	
10	Net income per return. Subtract line 9 from line 6	•	119,378.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
RACHEL AND DREW KATZ FOUNDATION	905 NORTH KINGS HIGHWAY CHERRY HILL, NC 08034	06/30/17	5,000.
EASTERN BANK CHARITABLE FOUNDATION	195 MARKET STREET LYNN, MA 01901	06/30/17	5,000.
FRANK MAZER	10 SAVILLE STREET CAMBRIDGE, MA 02138	06/30/17	5,000.
GERMESHUSEN FOUNDATION C/O BROWN ADVISORY	1201 N. MARKET STREET WILMINGTON, DE 19801	06/30/17	75,000.
JEFF GURAL	125 PAR4K AVENUE NEW YORK, NY 10017	06/30/17	45,000.
JON MANDLE	2508 NANETTE DRIVE SAN CARLOS, CA 94070	06/30/17	5,000.
LISA GRAUSTEIN	110 ALBAN STREET DORCHESTER, MA 02124	06/30/17	39,487.
NTT DATA	100 CITY SQUARE BOSTON, MA 02129	06/30/17	11,000.
SHIPPY FOUNDATION	800 BOYLSTON STREET BOSTON, MA 02199	06/30/17	120,000.
UNION SQUARE FUND	622 THIRD AVENUE NEW YORK, NY 10017	06/30/17	125,000.
CLARK FAMILY CHARITABLE FUND	7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	06/30/17	100,000.
SUSAN AND DIGGER DONAHUE	580 MAIN STREET NORWELL, MA 02061	06/30/17	5,000.
DIANE AND ALEJANDRO LONGORIA	1803 N FREMONT ST CHICAGO, IL 60614	06/30/17	5,000.
WILLIAM HELMAN	100 BEACON ST #9B BOSTON, MA 02116	06/30/17	10,000.
THE TIDES FOUNDATION	PO BOX 29903 SAN FRANCISCO, CA 94129	06/30/17	10,000.

<u>PEACE FIRST, INC.</u>			<u>04-3323467</u>
DAVID GROSSMAN	1840 N ORCHARD ST CHICAGO, IL 60614	06/30/17	37,500.
DERMOT DESMOND	IFSC HOUSE, CUSTOM HOUSE QUAY DUBLIN IRELAND	06/30/17	50,000.
ALLSTATE INSURANCE	PO BOX 660598 DALLAS, TX 75266	06/30/17	675,000.
STRIDES FOR PEACE	207 EAST OHIO STREET CHICAGO, IL 60611	06/30/17	10,000.
THE NIELSEN COMPANY	85 BROAD ST NEW YORK, NY 10004	06/30/17	10,000.
MCJ AMELIOR FOUNDATION	310 SOUTH ST #1 MORRISTOWN, NJ 07960	06/30/17	20,000.
NORTHERN TRUST	146 OLIVER ST BOSTON, MA 02110	06/30/17	7,000.
CENTENE CORPORATION	36 CROSBY DR BEDFORD, MA 01730	06/30/17	125,000.
CORRUM CAPITAL MANAGEMENT	214 N TRYON ST #1950 CHARLOTTE, NC 28202	06/30/17	50,000.
JEWISH FEDERATION OF METRO CHICAGO	30 S WELLS ST CHICAGO, IL 60606	06/30/17	5,000.
EINHORN FAMILY CHARITABLE TRUST	140 EAST 45TH STREET, 24TH FLOOR NEW YORK, NY 10017	06/30/17	150,000.
CHICAGOCRED, INC.	PO BOX 10195 PALO ALTO, CA 94303	06/30/17	30,000.
TOTAL INCLUDED ON LINE 3			<u>1,734,987.</u>

<u>FORM 199</u>	<u>OTHER INCOME</u>	<u>STATEMENT</u>	<u>2</u>
DESCRIPTION		AMOUNT	
PROGRAM FEES		29,500.	
TOTAL TO FORM 199, PART II, LINE 7		<u>29,500.</u>	

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JONATHAN MANDLE 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHAIRPERSON/TREASURER 2.00	0.
JESSE PERETZ 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR 2.00	0.
WEI CHEN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR 2.00	0.
ERIC D. DAWSON 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	PRESIDENT/CEO 40.00	0.
GARY COLEN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR 2.00	0.
RASHIDA JONES 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR 2.00	0.
LAVERNE SRINIVASAN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR (RESIGNED AS OF 1 2.00	0.
ANOUSHEH ANSARI 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR 2.00	0.
MEREDITH HAMILTON 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHIEF OPERATING OFFICER 40.00	0.
BOBBY JONES 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHIEF MARKETING AND COMMUN 40.00	0.
RENEE THERRIAULT 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CLERK 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
BAD DEBT		15,000.	
MEMBERSHIP DUES		11,019.	
TAXES, LICENSES, AND PE		1,104.	
OTHER EMPLOYEE BENEFITS		27,885.	
LEGAL FEES		2,653.	
ACCOUNTING FEES		10,112.	
OTHER PROFESSIONAL FEES		313,160.	
ADVERTISING AND PROMOTION		7,136.	
OFFICE EXPENSES		29,354.	
INFORMATION TECHNOLOGY		714.	
TRAVEL		85,223.	
INSURANCE		12,061.	
TOTAL TO FORM 199, PART II, LINE 17		515,421.	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,322,919.	1,056,283.	
PREPAID EXPENSES AND DEFERRED CHARGES	13,697.	22,240.	
RENTAL SECURITY DEPOSIT	12,666.	12,666.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,349,282.	1,091,189.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.
Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

639035 12-08-16

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 PEAC 04-3323467 2232622 16 FORM 3
TYB 07-01-2016 TYE 06-30-2017
PEACE FIRST INC

25 KINGSTON STREET 6TH FLOOR
BOSTON MA 02111

(617) 261-3833

Amount of Payment 10.

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
PEACE FIRST, INC.	04-3323467

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 1,829,852.00
2 Total gross income (Form 199, line 8)	2 1,829,852.00
3 Total expenses and disbursements (Form 199, line 9)	3 1,710,474.00

Part II Settle Your Account Electronically for Taxable Year 2016

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here			
	Signature of officer	Date	CHIEF OPERATING OFFICER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature 	JOLANTA TUCK, CPA	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	KEVIN P MARTIN ASSOCIATES, P.C.				FEIN 04-3097400
		10 FORBES WEST				ZIP code 02184
		BRAINTREE, MA				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	JOLANTA TUCK, CPA	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	KEVIN P MARTIN ASSOCIATES, P.C.	12/13/17		P01340068
		10 FORBES WEST			FEIN 04-3097400
		BRAINTREE, MA			ZIP code 02184

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$150.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>2232622</u> PEACE FIRST, INC. <small>Name of Organization</small> <u>25 KINGSTON STREET, 6TH FLOOR</u> <small>Address (Number and Street)</small> <u>BOSTON, MA 02111</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2232622</u> Federal Employer I.D. No. <u>04-3323467</u>
---	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017) list:
 Gross annual revenue \$ 1,832,686. Total assets \$ 1,544,203.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 617-261-3833

Organization's e-mail address MHAMILTON@PEACEFIRST.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

MEREDITH HAMILTON <small>Signature of authorized officer</small>	CHIEF OPERATING OFFICER <small>Title</small>
<small>Printed Name</small>	<small>Date</small>

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:</p> <p>Www.mass.gov/ago/epay</p> <p>All the necessary attachments should be included with Form PC before filing.</p>

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/16 to 06/30/17Attorney General's Account #: 035515Federal ID #: 04-3323467

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts?

07/22/1996

Has the organization applied for or been granted IRS tax exempt status?

 Yes NoIf yes, date of application **OR** date of determination letter:07/22/1996

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

 Yes No**Check all items attached
(if applicable)**

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization DataName: PEACE FIRST, INC.Mailing Address: 25 KINGSTON STREET, 6TH FLOORCity: BOSTON State: MA ZIP: 02111Phone Number: 617-261-3833 Fax Number: 617-261-6444Email: MHAMILTON@PEACEFIRST.ORG Website: WWW.PEACEFIRST.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	8
Type of Organization (Table 2)	9	Organization Purpose Code 2	56

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 07/22/1996
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,791,080.
B.	Gross support and revenue	1,832,686.
C.	Program services and similar amounts paid out	1,200,942.
D.	Fundraising expenses	323,491.
E.	Management and general expenses	197,993.
F.	Payments to affiliates	0.
G.	Total expenses	1,722,426.
H.	Net assets or fund balances at the end of the year	677,462.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	ERIC DAWSON PRESIDENT	40.00	168,231.	13,501.	0.
2.	BOBBY JONES CHIEF MARKETING & COMMS OFFICER	40.00	168,231.	17,321.	0.
3.	MEREDITH HAMILTON CHIEF OPERATING OFFICER	40.00	125,769.	12,501.	0.
4.	RAUL CACERES CHIEF PROGRAM AND TECHNOLOGY OFF	40.00	115,000.	8,999.	0.
5.	ALFREDO PADILLA DIRECTOR OF DEVELOPMENT	40.00	101,406.	6,243.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PURPOSE CAMPAIGNS LLC	60,000.	IT SUPPORT
2.	DALELIO, SUSAN	47,000.	DEVELOPMENT AND HR SUPPORT
3.	IDEAS IN DIGITAL	45,110.	IT SUPPORT
4.	ONE50ONE, LLC	33,000.	CONTENT DEVELOPMENT
5.	ECRATCHIT	32,661.	FINANCIAL

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BANK OF AMERICA	PO BOX 100289, COLUMBIA, SC 29202	803-765-4882
EASTERN BANK	63 FRANKLIN STREET, BOSTON, MA 02110	617-478-4000
FIDELITY INVESTMENTS	245 SUMMER ST, BOSTON, MA 02110	617-563-7000

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: MEREDITH HAMILTON

Street Address: 25 KINGSTON STREET, 6TH FLOOR
 City: BOSTON State: MA ZIP Code: 02111
 Phone Number: 617-261-3833

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
BOBBY JONES 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHIEF MARKETING AND COMMUN
ERIC D. DAWSON 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	PRESIDENT/CEO
MEREDITH HAMILTON 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHIEF OPERATING OFFICER
RENEE THERRIAULT 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CLERK
JONATHAN MANDLE 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	CHAIRPERSON/TREASURER
JESSE PERETZ 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR
WEI CHEN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR
GARY COLEN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR
RASHIDA JONES 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR
LAVERNE SRINIVASAN 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR (RESIGNED AS OF 1/2
ANOUSHEH ANSARI 25 KINGSTON STREET, 6TH FLOOR BOSTON, MA 02111	DIRECTOR

NAME AND ADDRESS

AREA OF RESPONSIBILITY

ERIC DAWSON
25 KINGSTON STREET
BOSTON, MA 02111

RESPONSIBLE FOR CUSTODY OF FUNDS

ERIC DAWSON
25 KINGSTON STREET
BOSTON, MA 02111

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ERIC DAWSON
25 KINGSTON STREET
BOSTON, MA 02111

RESPONSIBLE FOR FUNDRAISING

ERIC DAWSON
25 KINGSTON STREET
BOSTON, MA 02111

CUSTODY OF FINANCIAL RECORDS

ERIC DAWSON
25 KINGSTON STREET
BOSTON, MA 02111

AUTHORIZED TO SIGN CHECKS

<u>STATE</u>	<u>REG AGENCY</u>
NEW YORK	OFFICE OF ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	40-18-29	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/14	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
CALIFORNIA	OFFICE OF ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	2232622	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/14	GRANT PROPOSALS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

ERIC DAWSON
 25 KINGSTON STREET, 6TH FLOOR
 BOSTON, MA 02111

NATURE OF TRANSACTION

24H - COMPENSATION OF OFFICER

AMOUNT INVOLVED

181,732.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

NAME AND ADDRESS

BOBBY JONES
 25 KINGSTON STREET, 6TH FLOOR
 BOSTON, MA 02111

NATURE OF TRANSACTION

24H - COMPENSATION OF OFFICER

AMOUNT INVOLVED

185,552.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

NAME AND ADDRESS

RENEE THERRIAULT
 25 KINGSTON STREET, 6TH FLOOR
 BOSTON, MA 02111

NATURE OF TRANSACTION

24H - COMPENSATION OF OFFICER

AMOUNT INVOLVED

53,897.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

NAME AND ADDRESS

MEREDITH HAMILTON
25 KINGSTON STREET, 6TH FLOOR
BOSTON, MA 02111

NATURE OF TRANSACTION

24H - COMPENSATION OF OFFICER

AMOUNT INVOLVED

138,270.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: MEREDITH HAMILTON

Title: CHIEF OPERATING OFFICER

Name of Preparer: KEVIN P MARTIN ASSOCIATES, P.C.

Address 10 FORBES WEST

City BRAINTREE State MA ZIP Code 02184

Phone Number (781)380-3520

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

PEACE FIRST PRIZE

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns of solicitation activities and checkboxes. Checked items include Mass Mailing, Entertainment event, Individual Mailings, Corporate solicitations, and Grant Proposals.

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns of fundraising methods and checkboxes. Checked items include Own employees and Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name:

Address

City State ZIP Code

Commercial Co-Venturer Name:

Address

City State ZIP Code

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ERIC DAWSON

Name and Title: PRESIDENT

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

MEREDITH HAMILTON

Name and Title: CHIEF OPERATING OFFICER

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ERIC DAWSON

Name and Title: PRESIDENT

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

MEREDITH HAMILTON

Name and Title: CHIEF OPERATING OFFICER

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

Name and Title:

Address

City

State

ZIP Code

**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

PEACE FIRST PRIZE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ERIC DAWSON

Name and Title: PRESIDENT

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

MEREDITH HAMILTON

Name and Title: CHIEF OPERATION OFFICER

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ERIC DAWSON

Name and Title: PRESIDENT

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

MEREDITH HAMILTON

Name and Title: CHIEF OPERATIONS OFFICER

Address 25 KINGSTON STREET

City BOSTON

State MA

ZIP Code 02110

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: MEREDITH HAMILTON

Title: CHIEF OPERATING OFFICER

Signature: _____ Date: _____

Printed Name: _____

Title: _____

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Peace First, Inc. 25 Kingston Street, 6th Floor Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$25.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s). The attached copy of federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2016 and Ending (mm/dd/yyyy) 06/30/2017		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: PEACE FIRST, INC.	Employer Identification Number (EIN): 04-3323467
	Mailing Address: 25 KINGSTON STREET, 6TH FLOOR	NY Registration Number: 40-18-29
	City / State / ZIP: BOSTON, MA 02111	Telephone: 617 261-3833
	Website: WWW.PEACEFIRST.ORG	Email: MHAMILTON@PEACEFIRS
Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>ERIC DAWSON</u> PRESIDENT	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<u>JON MANDLE</u> TREASURER	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).