Extended to November 15, 2017

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

6

Department of the Treasury Internal Revenue Service

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▶ 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.lrs.gov/form990.

Open to Public Inspection

AF	or ane	20 to calendar year, or tax year beginning and	enumy									
В с	heck if	C Name of organization		D Employer	identificatio	n number						
	Addres	o CT Quest for Peace, Inc.										
	Name change	Doing business as			<u> 26-4439</u>	9286						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone	number							
	Final return/	P.O. Box 356		203-438-0215								
	termin- ated			G Gross receipts \$ 169,700.								
	Amend			H(a) Is this a								
\vdash	⊒return]Applica Ition	F Name and address of principal officer Wulfran Polonius				Yes D	V N.					
_	⊒tion pendin		077		rdinates?		_					
			877	H(b) Are all sub-			No					
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) (1)	or 52	_		(see instructio	ns)					
		e: www.ctquestforpeace.org	1	H(c) Group e								
		organization: X Corporation	L Yea	r of formation: 2	009 m Sta	te of legal domic	cile; \mathbf{CT}					
Pa	rt I	Summary										
a	1 1	Briefly describe the organization's mission or most significant activities $oxed{ extbf{To}}$	rovid	<u>e humani</u>	<u>tarian</u>	<u>aid to</u>						
Activities & Governance		the poor of Nicaragua, especially the ch	<u>ildre</u>	n								
Ë	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets										
Š		Number of voting members of the governing body (Part VI, line 1a)			3		12					
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4		12					
න් ග		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5		0					
Ë							150					
ξ		Total number of volunteers (estimate if necessary)			6							
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.					
	b	Net unrelated business taxable income from Form 990-T, line 34		·	7b		0.					
				Prior Year		Current Yea						
Revenue	8	Contributions and grants (Part VIII, line 1h)		144,	084.	161,	<u> 286.</u>					
	9	Program service revenue (Part VIII, line 2g)			0.		0.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,	778.	4,	426.					
Œ	11 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3.	608.	2.	343.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		157,		168,						
		Grants and similar amounts paid (Part IX, column.(A), lines 1-3)		164,		175,						
		Benefits paid to or for members (Part IX, column (A), line (CEIVED	_	101,	0.	<u> </u>	0.					
44			t 🖯		0.	· · · · · · ·	0.					
Expenses	15		·		0.		0.					
ē	10a	Professional fundraising fees (Part IX, column (A) Fine 11e), Total fundraising expenses (Part IX, column (D), line 25)	02.		<u> </u>		<u> </u>					
×	l	1 1 70	02.		500	4.0	115					
	17	Other expenses (Part IX, column (A), lines 11a-111d, 141-249)	<u> </u>		529.		<u>416.</u>					
	18	Total expenses Add lines 13-17 (must equal Part IX, column A); lige 25] T	!	185,		194,						
	19	Revenue less expenses. Subtract line 18 from line 12		-28,	250.	-26,	<u>397.</u>					
ces			E	Beginning of Curre	nt Year	End of Yea	<u>r</u>					
sets	20	Total assets (Part X, line 16)		210,	078.	183,	681.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			0.		0.					
캺	22	Net assets or fund balances. Subtract line 21 from line 20		210,	078.	183,	681.					
Pa	art II	Signature Block										
Und	er pena	Ities of perjury, I declare that Lhave examined this return, including accompanying schedule	es and state	ments, and to the	best of my kno	wledge and bela	ef. it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi				ŭ	•					
		1 /WM Min he home	- Frage		14/4/	2017	-					
Sig		Signature of officer		Date	mid	<u> </u>	-					
		Wulfran Polonius, Treasurer			-							
Her	e	Type or print name and title										
				Date	Check C	PTIN						
D-1-		Print(Type preparer's name Jane R. McCaftres CPA Reparer's signature MCCaftres CPA Reparer's signature	1	6/28/17	اسم اا	POOZZ	7420					
Paid		, , , , , , , , , , , , , , , , , , , ,	yuz	1	self-employed	10000	1)2					
	arer	Firm's name	• (Firm's	s EIN 🛌							
Use	Only	Firm's address										
				Phon	e no.		 .'					
May	the <u>If</u>	AS discuss this return with the preparer shown above? (see instructions)				Yes	No_					
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.			Form 990	(2016)					

	t III Statement of Program Service Accomplishments
rai	······································
_	*Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission
1	To provide humanitarian aid to the poor of Nicaragua, predominantly
	the children of Nicaragua, through a variety of education, healthcare,
	feeding programs, arts, and microfinance initiatives.
	recaring programs, ares, and microrinance inferactives.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$137,536 . including grants of \$) (Revenue \$)
	We provide school supplies and lunch programs to support children's
	education and feeding programs at schools in Managua, Granada, and
	Somotillo. We support IBRA, an agricultural school on the Honduran
	border and the San Ignacio School for street children in Somotillo,
	which has grown from 20 students when we began our support in 1998 to
	401 students today. In addition, the San Ignacio School has a library
	and a computer center that is available to the community. Our
	initiative sustains the nutrition program for 315 children at Los Cocos school in Granada and the 1425 students at Enrique del Osso School in
	Reparto Schick, a poor barrio in Managua. Additionally, we are involved
	with Sagrado Corazon, a K-11 school for 1200 students and Hogar
	Alegria, an orphanage for 25 girls in Granada. Lastly, we support 23
4b	(Code) (Expenses \$
	Medical and dental clinics and house construction in impoverished
	barrios of Managua: We have coordinated shipments of medicine to the
	pharmacy at Reparto Schick and unused medical supplies from local
	Connecticut hospitals to their medical and dental clinics.
	Additionally, we have funded the construction of 53 houses in that
	barrio over the last 25 years. In Barrio El Recreo we support a cancer
	screening and prevention clinic, eye care, pharmacy for the poor, and
	women's support group.
4c	(Code) (Expenses \$ 17,699 • including grants of \$) (Revenue \$)
40	(Code) (Expenses \$17,699. including grants of \$) (Revenue \$) Shipping cargo containers with donated medical supplies, school
	supplies, household goods, musical instruments, and items requested by
	donee organizations.
4d	1 9
4-	(Expenses \$ 16,500 · including grants of \$ 16,500 ·) (Revenue \$)
4 e	Total program service expenses ► 192,735. Form 990 (2016)
	Form 330 (2016)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X

Form 990 (2016) CT Quest for Peace, Inc.

Part IV Checklist of Required Schedules (continued)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Schedule I. It "No", got to line 25a 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", got to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow 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 in a prior year, and that the transaction ware 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? If "Yes," complete Schedule L, Part I I 25b IX 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? I				Yes	No
b If "Yes" to line 20a, dot the organization ration has 5,000 of grants or other assistance to any others to granization or domestic government on Part IX, column (A), line 17 If "Yes", complete Schedule I, Part I and III 21	20a	Did the organization operate one or more hospital facilities? If "Ves " complete Schedule H	20a	163	
the organization report more than \$5,000 of grants or other assistance to any dimestic organization or domestic organization or provided provided the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2					
connestic government on Part IX, column (A), line 17 if "res." complete Schedule I, Parts I and if 2 Did the organization report more than \$5.00 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "res." complete Schedule I, Parts I and if II 2 Did the organization answer "Yee" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, leve implyees, and highest compensated emptyees? If "res." complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule J. Did the organization maintain an escriow account other than a refunding escrive at any time during the year to delease any tax-exempt bonds? In the organization maintain an escrivow account other than a refunding escrive at any time during the year? In the organization maintain an escrivow account other than a refunding escrive at any time during the year? In the organization maintain an escrivow account other than a refunding escrive at any time during the year? In the organization maintain an escrivow account other than a refunding escrive at any time during the year? In the organization area at an organization. Did the organization engage in an excess benefit transaction with a disqualified person of the part of the organization engage in an excess benefit transaction with a disqualified person of the part of the part of the organization and the time organization and the series of the organization on part X line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I, Part II and the organization in the part of the assistance to an officer, director, trustee, key employee, substantial contributor or employee thread, garnal secl					-
22 I bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° // 1"ves, "complete Schedule I, Parts I and III and former officers, directors, frustees, key employees, and highest compensated employees? If "Ves," complete Schedule I, Part II and former officers, directors, frustees, key employees, and highest compensated employees? If "Ves," complete Schedule I, Part IV and the organization invest any proceeds of tax-exempt bonds such with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sesued after December 31, 2002? If "Yes," answer lanes 24b through 24d and complete Schedule K, If "No", go to line 25s Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account ofther than a refunding secrow at any time during the year? 24d	- '		21		Х
Part IX, column (A), line 2º (I "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization ensewer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Variation of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Variation of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Variation of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Variation of the last day of the year, that was sessed of the exempt bonds beyond a temporary pend exception? 24d	22				
23 Did the organization answer "Yes" to Part VII, Section A, Inine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a	_		22		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23	23				
Schedule J 23 X 24b Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No", go to line 25a 24b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? 25c Did the organization and as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding stray time during the year? 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, any of these pressors? If "Yes," complete Schedule L, Part IV 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, benefit and the payables of the payables to any current or organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 25d Did the organization receive or the payables organization and that the transaction with a decorption or a forma					l
24a but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25e b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds even at any time during the year to defease any tax-exempt bonds? Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d			23		Х
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any tax-exempt bonds? 24d	ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person and unique the year? If "Yes," complete Schedule L, Part I 25b Is 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, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Id 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? If "Yes," complete Schedule L, Part II 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or other similar assets, or qualified conservatio	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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contributions? If "Yes," complete Schedule M 30	29	· · · · · · · · · · · · · · · · · · ·	29		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	30				٠,,
If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To 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? If "Yes," complete Schedule R, Part VI 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		•	30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 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	31				1,7
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 38 X	24	•	33	ļ	^
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 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 38 X	25-	·			
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 38 X	37	••	36		1
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 38 X	J1		27		Y
Note. All Form 990 filers are required to complete Schedule O	38		31	<u> </u>	
	~		38	x	
				990	(2016

Part V Statements Regarding Other IRS Filings and Tax Complian	ıce
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	· Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit]	<u></u>
	any contributions that were not tax deductible as charitable contributions?	6a	·	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			3.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 	Ì	x
	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year 7d	7c		^
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	Market and the second of the s	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ĭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	7.00	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_]		İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O		1	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the		}	
	organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	—	ļ	ļ
14a		14a	-	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	1

Form 990 (2016) CT Quest for Peace, Inc. 26-4439286 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u>Sec</u>	tion A. Governing Body and Management								
	1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12							
	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.								
b	•	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		X						
	officer, director, trustee, or key employee?								
3									
	of officers, directors, or trustees, or key employees to a management company or other person?	3	├	<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	┼	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 -	X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_		7.5					
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7					
	persons other than the governing body?	7b	+	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		•						
	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	_8b		-					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Saa	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 9	ш						
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108	+	122					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	128		Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	125							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
•	ın Schedule O how this was done	1/20	,						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	158		X					
b	Other officers or key employees of the organization	15t	1	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?	16	<u> </u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
_	exempt status with respect to such arrangements?	16t	Ц	<u> </u>					
Sec	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►CT								
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) availa	ıble						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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 po	licy, and fina	ncial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	<u> </u>							
	Wulfran Polonius, Treasurer - 203-438-0215								
	336 Ridgebury Road, Ridgefield, CT 06877								

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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		orga	nıza			mper	nsat			
(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		Position (do not check more		than		Reportable	Reportable	Estimated	
	hours per week	box	, unle cer an	ss pe d a d	person is both an a director/trustee)			compensation from	compensation from related	amount of other
	(list any	$\overline{}$				Γ		the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			an safe		(W-2/1099-MISC)	, , ,	organization
	organizations	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee				and related
	below	Midus	tetto .	Officer	emp	hest (mer			organizations
	line)	=	≅_	₹	ē,	풀통	逐			
(1) Bill Evans	10.00			l				_		
President		X		X			<u> </u>	0.	0.	0.
(2) Wulf Polonius	10.00									_
Treasurer		X	ļ	X	ļ	_		0.	0.	0.
(3) Maureen Shanley	10.00							_		
Vice President		Х		Х	_			0.	0.	0.
(4) Carol Ferraro	1.00				}			_	_	_
Secretary		X	<u> </u>	X	ļ		_	0.	0.	0.
(5) Ingrid Polonius	1.00									_
Director		X		_		_	_	0.	0.	0.
(6) Dora Correa	1.00									
Director		X			ļ	-		0.	0.	0.
(7) Gloria Montoya	1.00									
Director	1 00	X				-		0.	0.	0.
(8) Randy Klein	1.00	.						0.	0.	_
Director	1.00	X		-	<u></u>	1		0.	0.	0.
(9) Linda Klein	1.00	X						О.	0.	0.
Director	1.00	^			\vdash	╁		<u> </u>	0.	0.
(10) Robert Ferraro	1.00	X						О.	0.	0.
Director (11) Michael Hauck	1.00	A	-	_	-	\vdash		<u> </u>		
Director	1.00	x						о.	0.	0.
(12) Marielos Bonilla	1.00	<u> </u>	<u> </u>	\vdash	\vdash	†	t	0.		•
Director	1.00	X						o.	0.	0.
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		<u> </u>			<u> </u>					

rar	T VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	· (A)	(B) (C)				(D)	(E)			(F)				
	Name and title	Average	(do			OSITION ck more than one			Reportable	Reportable		Es	tımate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	۱		ount o	of
		week		cer an	dad	irecto	or/trus	tee)	from	from related	l		other	
		(list any	Individual trustee or director				i		the	organizations			pensat	
		hours for	or d	, g			ated		organization	(W-2/1099-MIS	C)		om the	
		related	ıstee	institutional trustee			Highest compensated employee		(W-2/1099-MISC)			_	anızatı	
		organizations below	lal tr	a a		oloye	S 8						relate	
		line)	divid	strtut	Officer	Key employee	ghest	Former				orga	nızatıc	ns
		11.10,	_≘	흐	5	훈	후 등	윤		~ 	- 1			
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1h	Sub-total Sub-total		J.,.,,.	L.,	.1		-		0.		0.			0.
		/II Cootion A							0.		0.			0.
	Total from continuation sheets to Part V	ni, Section A							0.		0.			0.
	Total (add lines 1b and 1c)					1			-	000 - 6				٠.
2	Total number of individuals (including but	not limited to tr	nose	IIST	ed a	DOV	e) w	no r	eceived more than \$100	o,000 of reportable	€			^
	compensation from the organization												 T	<u> 0</u>
											r		Yes	No
3	Did the organization list any former office	r, director, or tri	uste	e, ke	еу е	mple	oyee	, or	highest compensated e	mployee on	į			
	line 1a? If "Yes," complete Schedule J for	such individual									ļ	3		X
4	For any individual listed on line 1a, is the s	sum of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	50,000? If "Yes,	, " cc	mpl	ete	Sch	edul	e J	for such individual		-	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	lion :	fron	n an	y un	relat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," cor						-		J			5		Х
Sec	etion B. Independent Contractors			J. J		ان تر								
1	Complete this table for your five highest c	ompensated in	den	ond:	ant d	2004	rant	ore f	that received more than	\$100,000 of com	nanc	ation f	rom	
•											PG1 13	د 1011 ا	10/11	
	the organization. Report compensation fo	i ine calendar y	ear	end	irig '	with	OF W	/1CT1		year I				
	(A) Name and busines	e address	27	^ 37'	_				(B) Description of	can/ices	_	Ompe		n
-	Name and busines	s address	N	ON:	<u> </u>				Description of	Services .		Ompe		
													-	
						_								
				·····										
	Takal manakan aktaula ali ali ali ali a	Construction 1							<u> </u>					
2	Total number of independent contractors		tor l	ımıte	ed to	tho	ose I	ste	a above) who received r	nore tnan				
	\$100,000 of compensation from the organ	nization 📂					U						000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c 37,830. c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 123,456. g Noncash contributions included in lines 1a-1f \$ 161,286. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,426. 4,426. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory 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 Other Revenue including \$ _____ 37,830. of contributions reported on line 1c) See 3,988 Part IV, line 18 1,645 b Less. direct expenses 2,343. 2,343. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a ь d All other revenue e Total, Add lines 11a-11d 6,769. 0. 168,055. Total revenue. See instructions.

Form 990 (2016) CT Quest for Peace, Inc. Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon-				<u></u>
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic			***************************************	
	ındıviduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	175,036.	175,036.		
4	Benefits paid to or for members	1-1-1-1			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		_		•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
C	Accounting	250.		250.	
d	Lobbying				
е	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 0.)				
12	Advertising and promotion				
13	Office expenses	234.		234.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	540.		540.	
24	Other expenses. Itemize expenses not covered	240.		340.	
	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 0.)				
а	Shipping containers to	16,184.	16,184.		
b	Shipping containers to	1,515.	1,515.		
c	Bank fees	491.		491.	
d	Mailing expenses	202.			202.
-	All other expenses				2026
25	Total functional expenses. Add lines 1 through 24e	194,452.	192,735.	1,515.	202.
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) (B) End of year Beginning of year 56,225. 48,702. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less. accumulated depreciation 11 11 Investments - publicly traded securities 153,853. 134,979. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 210,078 183,681 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 210,078. 183,681. Retained earnings, endowment, accumulated income, or other funds 32 32 210,078. 183,681.

> 183,681. Form **990** (2016)

210,078.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2016) CT Quest for Peace, Inc.	26-443	9286	Pag	_{le} 12
Pa	rt 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			<u>55</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			52.
3	Revenue less expenses Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	210	0,0	78.
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			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18:	<u>3,6</u>	<u>81.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>ப</u>
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2016
Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

26-4439286 CT Ouest for Peace, Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2016 CT Quest for Peace, Inc. 26-4439286 Page 2

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)

Sec	tion A. Public Support						
Cale	ndar 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 ")	206,222.	154,277.	171,084.	144,084.	161,286.	836,953.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	206,222.	154,277.	171,084.	144,084.	161,286.	836,953.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	i					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	Į					199,463.
6	Public support. Subtract line 5 from line 4						637,490.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	206,222.	154,277.	171,084.	144,084.	161,286.	<u>836,953.</u>
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources	21,970.	10,295.	12,588.	9,778.	4,426.	<u>59,057.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					2,342.	2,342.
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						898,352.
12	Gross receipts from related activities,	etc (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	r
Č-	organization, check this box and stor	here					
	ction C. Computation of Publ						70.06
	Public support percentage for 2016 (I			olumn (f))	•	14	70.96 %
	Public support percentage from 2015					15	71.23 %
16a	33 1/3% support test - 2016. If the c	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
0	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						
47-	and stop here. The organization qualifies as a publicly supported organization						
1/a	a 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. 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						
0		•				•	
	more, and if the organization meets the organization meets the "facts-and-circ				•		,
10						· ·	
<u> 18</u>	r i rate iounuation, ii the organizatio	THE HOLDINGER A	DON OF HIRE TO, TO	u, 100, 174, 01 171	J, CLIBON HIIS DOX 8	THE SEC TREATMENT	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2016 CT Quest for Peace, Inc.

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

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

Callesty erray real (refined) year beginning in)	Sec	tion A. Public Support	, p					
membership fees received (Do not include any nursual grants 1) 2 Gross receipts from admissions, membership sets odd or survices performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admission to the organization's tax-exempt purpose 3 Gross receipts from admission to the organization's tax-exempt purpose 3 Gross receipts from admission to the organization's tax-exempt purpose 3 Gross receipts from admission to 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 press through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add press through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add press through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add press through 5. The value of services or facilities furnished by a received from disqualified persons by a received from disqualified persons by a received from disqualified persons by a received from disqualified persons between the received in passes of \$5,000 in the of the services of the organization without the services of the organization without the services of the organization without the services of the organization without the services of the organization without the services of the organization without the services of the organization without the services of the organization without the services of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of th	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any *unusual grants *) Cross receipts from admissions, merchandise sold or services performed, or facilities in a services performed, or facilities therefore in any activity that is related to the organization's take-wentry turpose 3. Gross receipts from admissions take-wentry turpose 3. Gross receipts from admission to the organization is take-wentry turpose 3. Gross receipts from admission to the organization is seventry turpose in the organization is to expended on the organization is seventry turpose. 5. The value of services or facilities turnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Animality turnished to the organization without charge 6. Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Animality turnished to the organization in the organization is the sevent on the several of the s	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or servose performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization section 513 5 The value of servose or facilities furnished by a governmental unit to the organization without charge for Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualitied persons by Amounts included on lines 1, 2, and 3 received from disqualitied persons by a received from disqualitied persons. By Amounts included on lines 1, 2, and 3 received from disqualitied persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine decigilate persons little execution to the transparent section of the fine to the repear of the decigilate persons little execution to the transparent section of the fine to the repear of the decigilate persons little execution to the transparent section of the decigilate persons little execution to the transparent section of the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution to the decigilate persons little execution		membership fees received (Do not						
merchandse sold or services performed, or facilities furnished in any activity that is related to the organization's tis-everity purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues leved for the organization's tenses the section 513. 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. 6. Total. Add lines 1 through 5. 7. A Amounts included on lines 1.2, and 3. received from disqualified persons. It is a considerable to the organization without charge 6. 6. Total. Add lines 1 through 5. 7. A Amounts included on lines 1.2, and 3. received from disqualified persons. It is executed by a given of the secret of		include any "unusual grants ")					•	
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origanization's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or bus- mess under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualitied persons to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualitied persons to the organization without charge 6 Total. Add lines 7 to and 7 to Amounts included on lines 1, 2, and 3 received from disqualitied persons to the received the general to \$5,000 or 1% of the exceeding sention the size and a fixed to 2 Add lines 7 a and 7 to 3 Public support, Relative 2 knillses Calcition B. Total Support Callendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 10a Gross income from innerest, dividends, payments received on socurties loans, rents, royalties and income from smaller sources b Undividends unless trackle into the support (less section B. Total support) 11 Net income from unrelated business activities not included in line 100, whether or not the business is activities not included in line 100, whether or not the business is activities not included gain or for the company of		· · · · · · · · · · · · · · · · · · ·						
3 Gross recepts from activities that are not an unrelated trade or business under section 513 and 2 Tax revenues levied for the organization without charge to separate the product of the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished or form disciplified persons b Amounts included on lines 1, 2, and 3 received from disciplified persons b Amounts included on lines 1, 2, and 3 received from disciplified persons b Amounts included on lines 2 and 3 received from charged fines 3 and 3 received from charged fines 3 and 3 received from charged fines 3 and 3 received from sequential persons that exceed the greate of 5,0,0 or 1% of the amount on the 13 for the year 2. Add times 7 and 7 b								
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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	20				•		•	

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

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	10a		
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	10b		

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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			Ì
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Ì
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
366	tion B. Type I Supporting Organizations		Vaa	N.
	Did the diseases to retere as manufacture of one as manufacture that as manufacture have the manufacture.	Γ	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	- [Ì
	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,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		 -
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
202	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2	<u> </u>	<u> </u>
3 e c	tion C. Type it Supporting Organizations			
4	Ware a majority of the arganization's directors or trustees during the tay year elec a majority of the directors		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			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations		l	L
900	tion D. All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		اــــــــــــــــــــــــــــــــــ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L_

Schedule A (Form 990 or 990 EZ) 2016 CT Quest for Peace, Inc. 26-4439286 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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 1¢ 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sched Par	t V Type III Non-Functionally Integrated 509			6-4439286 Page 7
		ajoj Supporting Orga	inizations (continued)	Cumant Vaar
	on D - Distributions	mont numacoa		Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	it purposes or supported		
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	o of curported organization	^	
	Amounts paid to acquire exempt-use assets	ss of supported organization	5	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6		·	1 11
7	Distributions to attentive supported organizations to which the	o organization is responsive		
8	(provide details in Part VI). See instructions	le organization is responsive		
	Distributable amount for 2016 from Section C, line 6			
9 10	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			···
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i_	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			
	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	<u> </u>		
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			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016	<u> </u>		l

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 CT Q	uest for P	eace,	Inc.	26-4439286 Page 8
Part VI	Supplemental Information. Part IV. Section A. lines 1, 2, 3b, 3c.	Provide the explan- 4b, 4c, 5a, 6, 9a, 9 3, Part IV, Section	ations require b, 9c, 11a, 1 ⁻ E, lines 1c, 2	ed by Part II, line 10; Part II, Ib, and 11c; Part IV, Sectio a, 2b, 3a, and 3b; Part V, lir	line 17a or 17b, Part III, line 12, n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
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	···				<u> </u>

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CT Ouest for Peace

Employer identification number 26-4439286

Par		ng Donor Advised Funds or Oth	er Similar Funds or	Accounts. Complete if the
	organization answered "Yes" or	Form 990, Part IV, line 6		
		(a) Donor ac	lvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (du	ring year)		
	Aggregate value of grants from (during	- · · · · · · · · · · · · · · · · · · ·		
4	Aggregate value at end of year			
5	Did the organization inform all donors	nd donor advisors in writing that the asse	ts held in donor advised	funds
		to the organization's exclusive legal cont		Yes No
6		, donors, and donor advisors in writing the		ed only
-		benefit of the donor or donor advisor, or t	•	
	impermissible private benefit?	,	, , ,	Yes No
Par		S. Complete if the organization answered	"Yes" on Form 990, Part	IV, line 7
1		held by the organization (check all that ap		
_	Preservation of land for public u	· · · · —	Preservation of a historic	ally important land area
	Protection of natural habitat	· -	Preservation of a certified	
	Preservation of open space			
2	• • •	anization held a qualified conservation co	ntribution in the form of a	conservation easement on the last
_	day of the tax year			Held at the End of the Tax Year
а	- i	ts		2a
b				2b
c	<u> </u>	a certified historic structure included in (a	a)	2c
d		luded in (c) acquired after 8/17/06, and n		
_	listed in the National Register	(,)		2d
3	-	odified, transferred, released, extinguished	d, or terminated by the or	ganization during the tax
_	year >	3		
4	·	ect to conservation easement is located	•	
5		olicy regarding the periodic monitoring, in		
_	violations, and enforcement of the cor			Yes No
6	•	nonitoring, inspecting, handling of violation	ns, and enforcing conserv	vation easements during the year
	>		_	
7	Amount of expenses incurred in month	oring, inspecting, handling of violations, ar	nd enforcing conservation	n easements during the year
	▶ \$		<u>-</u>	
8	Does each conservation easement rep	orted on line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organiza	ion reports conservation easements in its	revenue and expense sta	atement, and balance sheet, and
	_	otnote to the organization's financial state		
	conservation easements			
Pai	rt III Organizations Maintain	ng Collections of Art, Historica	l Treasures, or Oth	er Similar Assets.
	Complete if the organization ar	swered "Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitte	d under SFAS 116 (ASC 958), not to repo	rt in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar as	ets 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 permitte	d under SFAS 116 (ASC 958), to report in	its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held	or public exhibition, education, or research	h in furtherance of public	service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, F	art VIII, line 1		> \$
	(ii) Assets included in Form 990, Part			\$
2		ks of art, historical treasures, or other sin	nilar assets for financial qu	
	•	eported under SFAS 116 (ASC 958) relating	~	
а	B		-	. • \$
	Assets included in Form 990, Part X	•		▶ \$

		<u>t for Peac</u>						<u> 26 - 44</u>			<u>age 2</u>
Pai	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, or Ot	her S	Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other recore	ds, check a	ny of the	following that are a	a signi	ficant i	use of its	collection	ı ıtem:	s
	(check all that apply)										
а	Public exhibition		d 🗔 Lo	an or exc	hange programs						
b	Scholarly research		e 🔲 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how they	y further t	he organization's e	xemp	t purpo	se in Parl	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, histo	orical trea	sures, or other sim	ılar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	lete if the o	rganızatıo	n answered "Yes"	on Fo	rm 990	, Part IV,	lıne 9, or		
4			diami far as				اد مام ما				
та	Is the organization an agent, trustee, custodi	an or other interme	diary for co	ntributior	is or other assets r	iot inc	luded		٦٧		٦.,.
	on Form 990, Part X?		-11	-1-		-		L	Yes	L	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing tai	ole					A		
							_		Amount	-	
С.	Beginning balance					-	1c				
a	Additions during the year					•	1d				
e	Distributions during the year					•	1e				
1	Ending balance	000 D 11/1	04.6				1f		٦.,		٦
2a	· ·					-	,	_	」Yes	\vdash	∐ No
	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete i										
га	rt V Endowment Funds. Complete r						Th	1			L I.
	Danier of an halana	(a) Current year	(b) Prid	or year	(c) Two years back	(a)	rnree y	ears back	(e) Four	years	раск
1a											
b	Contributions					-					
C	Net investment earnings, gains, and losses					-					
d	•	 			ļ						
е	Other expenditures for facilities				1						
_	and programs					_					
f	Administrative expenses					+					
g	End of year balance	 	<u> </u>		<u> </u>		·····		L		····
2	Provide the estimated percentage of the cur	rent year end balan	· ·	column (a	a)) held as						
а	J ,		%								
b	***************************************	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organia	zation that	are held a	and administered fo	or the	organız	ation	ſ		
	by.									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations		_						3a(ii)		-
þ		•			•				3b		
4	Describe in Part XIII the intended uses of the		owment fu	nds							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or			1 ,	•	ımulate	ed	(d) Boo	k valu	е
		basis (invest	ment)	basis	(other)	aepre	ciation				
	Land										
þ	Buildings										
C	Leasehold improvements										
d	Equipment .										
<u>e</u>											
	Add lines to through to (Column (d) must a	000 D	4 V!	· /D\ l	10-1			▶ 1			Λ

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) 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) (5) (6) (7) (8) (9) (9) (10) (: Complete if the organization answered "Yes"	on Form 900 Part IV	line 11h See Form 990	Part X line 12	
1) Financial derivatives 2) Closely hald equity interests 3) Comer (A) TD Ameritrade 134,979 - End-of-Year Market Value (B) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					d-of-year market value
3 Chief		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3) Other					
A) TD Ameritrade 134,979 End-of-Year Market Value					· · ·
B		134,9	79. End-of-Y	Year Market	Value
C C C C C C C C					
Discription Discription of investments - Program Related.					
(F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(G) (E) (B) (E) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(E)				
(Fi)	(F)				
Table Coll. (b) must equal Form 990, Part X, col. (B) line 12.) Table	(G)				
Table Coll. (b) must equal Form 990, Part X, col. (B) line 12.) Table					
Part VIII Investments - Program Related.	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	134,9	79.		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part VIII Investments - Program Related.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c See Form 990	, Part X, line 13	
(3) (4) (5) (6) (7) (8) (9) (10)			(c) Method of	valuation. Cost or end	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10)	(1)				
(3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
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(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (β) 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) 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) (4) (5) (6) (7) (8) (9) (9)					
(7) (8) (9) fotal. (Cot. (b) must equal Form 990, Part X, col. (β) 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)					
(8) (9) (9) (10tal. (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					
(9)	· · · · · · · · · · · · · · · · · · ·				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets.					
Part IX					
(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)				<u> </u>	
(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)	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d See Form 990	, Part X, line 15	
(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)	(a)	Description			(b) Book value
(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)	(1)				
(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)					
(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)					
(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)					
(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)		•			. ,
(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)					
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(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)				<u> </u>	
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)	•		-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line 11e or 11f See F		ne 15)		•	<u> </u>
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			·		
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f See For	m 990, Part X, line 25	5.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(3) (4) (5) (6) (7) (8) (9)				7,	
(3) (4) (5) (6) (7) (8) (9)	(2)		 	7	
(4) (5) (6) (7) (8) (9)				7	
(5) (6) (7) (8) (9)	•			7	
(6) (7) (8) (9)	•			7	
(7) (8) (9)	•			7	
(8) (9)	-	- · · · · · · · · · · · · · · · · · · ·		7	
(9)			· <u></u>	7	
				7	
	•	ne 25.) . >		7 _	

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

Schedule D (Form 990) 2016 CT Quest for Peace, I	nc.	26-4439286 Page 4
Part XI Reconciliation of Revenue per Audited Financial		
* Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	•	2e
3 Subtract line 2e from line 1	-	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 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
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part XII Reconciliation of Expenses per Audited Financial		es per Return.
Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	<u>.</u>	2e
3 Subtract line 2e from line 1		3
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
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		
		-
		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Information

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

2016

Open to Public Inspection

vame	e of the organization					Employer identili	cation number
ጉጥ	Quest for Pe	ace. Inc	_			26-443928	6
Par				tside the United States. Comple	te if the organ		
	Form 990, Part IV	, line 14b			*		
	•	-		ds to substantiate the amount of its gra			
	the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	grants or ass	stance?	Yes L No
•	F Deep	uile e ius Deut Vale e			aranta an al a	thar accuston as auto	ido tho
2	United States	ribe in Part V the	organizations	procedures for monitoring the use of its	s grants and o	iner assistance outs	ide trie
3		ne following Part	Lline 3 table ca	an be duplicated if additional space is r	needed)		
	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
					Education a	and feeding	
						assistance to	Ì
				Grants to recipients in the			
Nica	ragua	0	0	region,	clinics; he	ouse building;	175,036.
							! !
					-		ı
		'					,
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			1				
						- · · · · · · · · · · · · · · · · · · ·	
					ļ		
		1	-				
2 -	Sub-total		0		-		175,036
	Total from continuation	<u> </u>					1/5,036
,	sheets to Part I	6	0				0
С	Totals (add lines 3a		<u>v</u>				
	and 3b)						175 036

26-4439286

Page 2

CT Quest for Peace, Inc.

Schedule F (Form 990) 2016 C

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Schools, clinics, feeding programs,					
		Managua,	house construction,	2000		c		B DOO'K
		Nicaragua	משטחרבו בבערבו					
			Schools, feeding					
		Granada,	program, orphanage,			,		•
		Nicaragua	computer lab	21,205,0	Checks	0		Book
			Library, nutrition					
			program, gym for					
		Managua,	teens and young	•				
		Nicaragua	adults, cancer	15,000,Checks	hecks	0		Book
			Nutrition program for					
			650 students in 8					
			schools. Scholarship					
		Leon, Nicaragua	program for high	70,642.Checks	hecks	0		Book
			,					•
			Cleft palate surgery					
		Managua,	and treatment of burn					
		Nicaragua	patients	16,500.0	Checks	0.		Book
			Schools run by Fe y					
			Alegria, computer					
		Managua,	programs, solar					
		Nicaragua	installation,	26,000,0	Checks	0		Book
					:			
2 Enter total number of	recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country, i	ecognized as tax-ex	empt by		1

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

26-4439286

CT Quest for Peace, Inc.

Schedule F (Form 990) 2016

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

ı				ı	i	; I	ထ
(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2016
(g) Description of noncash assistance							Sched
(f) Amount of noncash assistance							
(e) Manner of cash disbursement		-					
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance							

ched	ule F	(Form 990) 2016 CT	Quest	for_	Peace,	,]	[nc.				<u> 26-4439286</u>	Page 4
Part	: IV	Foreign Forms										
1	. orga	the organization a U S tinization may be required poration (see Instructions	to file Form 9	26, Re	,		•			' the	Yes	X No
2	may Trus	the organization have an be required to separately its and Receipt of Certain it With a U.S. Owner (see	file Form 352 Foreign Gifts	20, Anr. , and/c	nual Return T or Form 3520	To R)-A,	eport Transact Annual Inform	tions With F ation Return	Foreign n of Foreign		◯ Yes	X No
3	Did	the organization have an	ownership in	terest ıı	n a foreign c	orpo	oration during	the tax year	r? If "Yes,")		
		ain Foreign Corporations			-				•		Yes	X No
4	qua <i>Info</i>	s the organization a direct lified electing fund during rmation Return by a Shar Instructions for Form 86	the tax year? eholder of a F	If "Yes	s," the organ	ızatı	on may be req	juired to file	Form 86 21,		Yes	X No
5	the	the organization have an organization may be requ eign Partnerships (see Ins	ired to file Fo	rm 886	5, Return of						Yes	X No
6	"Ye	the organization have an s," the organization may b ructions for Form 5713; o	e required to	separa	ately file Form					lf	Yes	X No

Schedule F (Form 990) 2016 CT Quest for Peace, Inc.	26-4439286 Page 5
Part V Supplemental Information	
 Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method) 	=
(estimated number of recipients), as applicable Also complete this part to provide any additional info	. , , , ,
Dest I line 2.	
Part I, Line 2:	
Board members and other interested persons make annual t	rips to Nicaragua
to inspect the use of our funds and assure us of their p	roper
implementation.	
Part I, line 3:	
Visitation and financial reports from grantees	
Visitation and illiancial reports from grantees	
Part I, line 3, Column (e):	
Region: Nicaragua	
(e) Specific Types of Services in Region: Education and	feeding
programs; assistance to medical and dental clinics; hous	e building:
construction of computer labs; microfinance programs for	women.
Part II, Column (d):	
Region: Managua, Nicaragua	· · · · · · · · · · · · · · · · · · ·
(d) Purpose of Grant: Library, nutrition program, gym fo	r teens and
young adults, cancer screening and prevention clinic, ey	o asso sharmaay
	e care, pharmacy,
women's support group, computer	
Region: Leon, Nicaragua	
(d) Purpose of Grant: Nutrition program for 650 students	in 8 schools.
Scholarship program for high school and college students	
bonordi bili program rot mign bonoor una correge bedaceneb	<u> </u>

Schedule F (Form 990) 2016

632075 09-21-16

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service		Attach to Form 990				oulform000	Open to Public Inspection
Name of the organization		bout Schedule G (Form 990 or 990-EZ)	and its	Instru	ictions is at www.irs.g		er identification number
rtaine of the organization		t for Peace, Inc.				1 -	439286
Eundrais		Complete if the organization answer	arod "V	00" 01	n Form 000 Part IV I		-
required to	complete this part						
	-	ed funds through any of the follows	_				
a Mail solicita		[_	overnment grants		
=	d email solicitations			_	nment grants		
c Phone solic		g Special	tundra	ising	events		
d In-person se				1	£6		
•		or oral agreement with any individua		-			Yes No
• • •		art VII) or entity in connection with p					
	-	viduals or entities (fundraisers) pursi	uant to	ayree	ments under which	irie iuriuraisei	is to be
compensated at i	least \$5,000 by the	organization.					
(i) Name and addre	ss of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount p	A Pri) (All) Willouth bain
or entity (fun	ndraiser)	(ii) Activity	or con contrib	ustody trol of	from activity	`fundraise listed in col	organization
		·	Yes	No			
			 		-		
			ļ				
					·		
							
			-				
							_
Total				•			
	hich the organization	on is registered or licensed to solicit	contrit	oution	s or has been notified	d it is exempt f	rom registration
or licensing							
					 	<u>.</u>	
							
						 	
	· · · · · · · · · · · · · · · · · · ·						
							

		e G (Form 990 or 990-EZ) 2016 CT Oues	t for Peace,	Inc.		4439286 Page 2
Pa	ırt l		-			
	_	 of fundraising event contributions and gr 				ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	١.		Fiesta	4-0 -1 1	None	(add col (a) through
				150 Club		col (c))
9			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	23,988.	17,830.		41,818.
	2	Less Contributions	20,000.	17,830.		37,830.
	3	Gross income (line 1 minus line 2)	3,988.			3,988.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs			\ 	
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	1,645.			1,645.
	10	Direct expense summary. Add lines 4 throug			•	1,645.
	11	Net income summary Subtract line 10 from			•	2,343.
Pa	art		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
_	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
ŧ	a Is	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain.	activities in each of these			Yes No
		ere any of the organization's gaming licenses i		_	•	Yes No
	_					
	_				· · <u> · · · · · · · · · · · · · ·</u>	

Sch	edule G (Form 990 or 990-EZ) 2016 CT Quest for Peace, Inc. 2	6-4439286 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
	The organization's facility	13a %
b	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t
	of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party	
	Name	
	Address	
40	Coming manager information:	
16	Gaming manager information:	
	Name	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
		····
	☐ Director/officer ☐ Employee ☐ Independent contractor	
	Mandatory distributions	
a	a is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
_	organization's own exempt activities during the tax year > \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part IV	t III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
_		· · · · · · · · · · · · · · · · · · ·
		

Schedule C	G (Form 990 or 990-EZ)	CT Quest for	Peace, Inc.	26-4439286 Page 4
Part IV	Supplemental Info	CT Quest for primation (continued)	-	
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•				
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	<u></u>			
				
				
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	

SÇHEDULE 0

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CT Quest for Peace, Inc.

Employer identification number 26-4439286

Form 990, Part III, Line 4a, Program Service Accomplishments:
high school and college students in Leon through a scholarship program
which enables them to further their education. We are proud to say
that we have a number of university graduates.
Form 990, Part III, Line 4d, Other Program Services:
We supported dental professionals from NOVA University in Florida who
worked on 12 very complex cleft palate cases, including some extreme
reconstructions which took many hours with multiple surgeons. It was
also a reaching mission so Nicaraguan surgeons were able to learn new
techniques.
Expenses \$ 16,500. including grants of \$ 16,500. Revenue \$ 0.
Form 990, Part VI, Section A, line 2:
Wulfran and Ingrid Polonius are husband and wife, as are Robert and Carol
Ferraro, and Randy and Linda Klein.
Form 990, Part VI, Section B, line 11b:
The form 990 is submitted for review to the Board of Directors before it is
filed.
Form 990, Part VI, Section C, Line 19:
The form 990 and financial statements are made available to anyone who
requests information about the organization.
Additionally, the 990 is available at www.Guidestar.org