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# Form

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Th

e organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

	<u> </u>	or th	ie 2011	i calendar year, or tax year b	eginning	July 1	, 2011,	and ending		<u>e 30</u>	, 2012				
	R c		pplicable	C Name of organization					D Employer id	lentificatio	n number				
		_	L	P.E.O. International	Peace S	cholarship									
		Addre		Doing Business As					42-6	507805	8_				
		Name	change	Number and street (or P O box if ma	ail is not delivered	to street address)	F	Room/suite	E Telephone	number	-				
	Г	Initial	return	3700 Grand Ave					515	255-3	153				
-7	$\vdash$	┨	nated	City or town, state or country, and ZIF	9 + 4				<u> </u>		+				
<u></u>	$\vdash$	Amer	nded	Des Moines, IA 5031	2-2800				G Gross recei	nts \$	6 50	A 650			
38		returi Appli	n L	F Name and address of principal office					- 0,301,030						
SE.	L_	_ pend.	-	• •					` affiliates?	•	₩.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
				Kathy Soppe, same as		- 1		<del> </del>	H(b) Are all affili						
CELVELOPE OATE			empt sta	1 1 1 1		nsert no ) 49	47(a)(1) or	527	-		e instructions)				
3				www.peointernational	<del></del>	1 1		Г	H(c) Group exen						
0			of organi	zation Corporation Trust	K Association	Other -		L Year of form	nation 1949 M	State of le	gal domicile	• IA			
$\mathcal{C}$	Pa	rt I	Sun	nmary .											
		1	Briefly	describe the organization's mission	n or most sign	ificant activities T	o prov	vide_schol	arships fo	or					
~				ified women students		_					ited S	tates			
Sec.	uc			Canada, to pursue gra											
2012	rna			======================================						<b>:-</b>					
7	Activities & Governance	2	Check	this box ▶ if the organization	n discontinue	d its operations o	r disposed	of more than 25	5% of its not asso						
	ŏ											_			
	S			er of voting members of the govern								<u>          3                          </u>			
	itie			er of independent voting members								3			
	÷			number of individuals employed in		2011 (Part V, line 2	<sup>2a)</sup>								
	¥			number of volunteers (estimate if ne		<i>.</i>						53			
				inrelated business revenue from Pa						. 7a					
		b	Net un	related business taxable income fr	om Form 990-1	Γ, line 34		<del></del>	<del> </del>	. 7b					
e e									Prior Year		Current'	Year			
	a	8	Contrib	outions and grants (Part VIII, line 1h	)				1,426,5	521	1,32	5,315			
	2			m service revenue (Part VIII, line 2g							•				
SCANNED	Revenue	10	Investr	nent income (Part VIII, column (A),	lines 3, 4, and	7d)			225,3	347	130	0,815			
Z	œ	11	Other	revenue (Part VIII, column (A), line	s 5 6d 8c 9c	10c and 11e)			22,		0,013				
Ħ				evenue - add lines 8 through 11 (n							1 45	6 120			
Ö				1,674,5			6,130								
			2/32/300												
YCL															
$\prec$	Ses			es, other compensation, employee t			s 5-10)		63,	792	6'	<u>7,183</u>			
p==3	Expens			sional fundraising fees (Part IX, coli			2000		<del></del>						
ശ	X			undraising expenses (Part IX, colum				IVED							
20%	-	17	Other 6	expenses (Part IX, column (A), lines xpenses Add lines 13-17 (must edue less expenses Subtract line 18	s 11a-11d, 11f-	24e) . ∫ <u> </u>		- 20	29,9	<b>351</b>	5:	1,736			
<b>)</b> {2		18	Total e	xpenses Add lines 13-17 (must ed	jual Part IX, col	lumn (A) ໃຊ້ເຖື້ອ 25)ງ	FT .0: .	<u>10</u>	1,711,7	743	1,46	5,419			
		19	Revenu	ue less expenses. Subtract line 18	rom line 12.	<u> </u>	C! Z. S	2012 6	-37,1	L75	- !	9,289			
	Net Assets or Fund Balances							Beg	inning of Current	Year	End of Ye				
	a ge	20	Total a	ssets (Part X, line 16)		O(	SDEAL		5,848,1		5.831	8,785			
	Page			abilities (Part X, line 26)		1-4-4	N. C.IV	<u>:'UT' '</u>	- 1 1 -	78	<u> </u>	-7.55			
	털			sets or fund balances Subtract line					5,848,0		5 93	8,785			
1		rt III		nature Block	221 110111 11110 2		• • • • •		5,040,0	//4	5,63	5,765			
ı		_	<u> </u>	perjury, I declare that I have examined t	his return, includ	lina accompanyina s	chedules ar	nd statements and	I to the best of my	knowledge	and hallof	1.0.10.0			
	corr	ect ar	nd compl	lete Declaration of preparer (other than	officer) is based	on all information of	which prep	parer has any knov	viedge	Mowleage	and belief, i	t is true,			
				Prathe La Mana					פו	بالموا	•				
:	Sig	n	🕨 5	Signature of officer						2711	<u> </u>				
	Her		"						Date '						
1		•			tor of F	<u>inance/Tre</u>	asurer								
			<u></u>	ype or print name and title											
	0-:-0		Print/T	ype preparer's name	Preparer's	signature		Date	Check	If PTIN					
	Paid			<u> </u>				1	self-employ	red					
	•	arer	Firm's i	name ►					Firm's EIN ▶						
	USB	Only		address >					Phone no						
i	May	the II		cuss this return with the preparer sh	nown above? (s	ee instructions)	, ,		1		Yes	No			
				Reduction Act Notice, see the sep	<del></del>	<del>-</del>	· · · · · ·		• • • • • • • • • • • • • • • • • • • •			0 (2011)			

Page 2

Form 990 (2011)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	2	х	
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,		į	
	Part III	5	į	×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, 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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		ж
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	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		ж
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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		х
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		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	$\overline{}$		ж
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			<del></del>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	١		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24 a	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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ <u> </u>	<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	2.7	1	
••	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a	<u> </u>	x
D	Schedule L. Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		X
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_
•	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
• •	Part I	31		×
32	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, Parts II, III,			
	IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
	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	х	
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	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Par				
	Check if Schedule O contains a response to any question in this Part V	• • • •	• • •	لسلخ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	26		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
2-	<b>Note</b> . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del>- 55</del>		
<b>~</b> a	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 ▶ Cayman Islands, Bermuda	1.5		
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ì		ì
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 1		
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			•
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		ļ 
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		ж
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		x
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>'"</del>		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	÷		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12-	against amounts due or received from them)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	1Ja		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			*
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ж
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedulo O	444		<del></del> -

Par	WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics. O See instructions							
	Check if Schedule O contains a response to any question in this Part VI				x			
Sect	tion A. Governing Body and Management							
		_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	3						
	material differences in voting rights among members of the governing body, or if the governing body				İ			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	h	ĺ					
_	any other officer, director, trustee, or key employee?	- 1	2		x			
3	Did the organization delegate control over management duties customarily performed by or under the dire							
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .		3		x			
4								
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?	1	6		x			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	- 1	7a	x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) member							
_	stockholders, or persons other than the governing body?		7ь	x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri		1					
•	the year by the following	9	l					
а	The governing body?		8a	x				
b	Each committee with authority to act on behalf of the governing body?		8b	х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven			)	<u> </u>			
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	1	i 0a		х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	- 1						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		lОb					
11a	· · · · · · · · · · · · · · · · · · ·							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	I 2a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?		l 2b	x				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	;." [						
	describe in Schedule O how this was done		I2c	x				
13	Did the organization have a written whistleblower policy?		13	x				
14	Did the organization have a written document retention and destruction policy?	I	14	х				
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	0						
а	The organization's CEO, Executive Director, or top management official	1	5a					
b	Other officers or key employees of the organization	1	15b					
	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 arrangeme	nt						
	with a taxable entity during the year?	[1	6a		_x			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	ıs						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	е						
	organization's exempt status with respect to such arrangements?	<u>   1</u>	16ь					
<u>Sect</u>	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 re	n 50	1(c)(	3)s o	nty)			
	available for public inspection. Indicate how you made these available. Check all that apply							
	Own website x Another's website x Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflic	t of	ınter	est p	olicy.			
	and financial statements available to the public during the tax year			•	•			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	!					
JSÁ		5-25	55-3					
JOA		ł	Form	990	(2011)			

Form 990	(2011)

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A.	Officers, Directors,	Trustees, Key	y Employees,	and Highest Comp	pensated Emp	oloyees

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

(A) Name and Title	(B) Average hours per week (describe hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Barbara Hoffman Chmn until										
9/11 Board of Trustees	25	ж		х				0	0	!
(2) Sandra Webster Chmn after 9/11 Board of Trustees	25	x		x				00	0	
(3) Linda Spence										
Board of Trustees	25	×		x				<u> </u>	0	
(4) Glynda Samford										
Board of Trustees	20	x		x				0	o	
(5) Anne Pettygrove										
Chief Executive Officer	2			x				0	o	
(6) Kathy Soppe, Director										
of Finance, Treasurer	2			x				0	o	
(7)										
(8)							-			
(9)										
_ (10)										
(11)			-							
_ (12)								<del> </del>		
_ (14)										. <u>-</u>

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (co	ontinue	d)	
(A)	(B) Average	(do 1		Pos	C) sition	e than c		(D) (I				(F)	
Name and title	hours per week	box,	unle	ss pe	erson	ıs both	an	Reportable compensation	Reportal compensation			mated ount of	
	(describe hours for	악등	T			or/trust 을 플		from the	related	d		ther ensatio	n
	related organizations	Individual trustee or director	titutio	Officer	emp	hest	Former	organization	organizati (W-2/1099-		fro	m the	
	ın Schedule	2 E	onal t		employee	e com		(W-2/1099-MISC)			and	nızatıon related	
	O)	stee	Institutional trustee			Highest compensate employee		i			orga	nization	3
(15)	<u> </u>							-					
(16)													
(17)													
(18)													
(19)													
(20)					-								
(21)													
(22)													
(23)													
(24)		-											
(25)	-	ļ											
1b Sub-total							<u> </u>						
c Total from continuation sheets to Part VII, S	ection A .								<u> </u>				
d Total (add lines 1b and 1c)								eceived more than	\$100,000	l of			
reportable compensation from the organizatio													
					_	1				atad		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, airecti Jule J for su	or, oi <i>ch inc</i>	r tri Iivid	uste lual	е.	кеу (	em;	ployee, or nignes			3		х
4 For any individual listed on line 1a, is the	sum of re	portal	ole :	con	nper	nsatio	n a	and other compen	sation from	the			
organization and related organizations gr	eater thar	n \$1	50,0	000	? /	f "Ye	S, "	complete Schedu	ule J for s	such	4		x
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y	es," comple	te Sc	hed	ule .	J foi	such	pe	rson			5		x
Section B. Independent Contractors  1 Complete this table for your five highest com	nensated	ınden	end	ent	COL	tracto	nre.	that received mor	e than \$100	000 c	of.		
Complete this table for your five highest com- compensation from the organization. Report of year.	compensat	ion fo	r the	e ca	alen	dar ye	ear	ending with or wit	hin the orga	inizatio	n's tax		
(A) Name and business add	dress	-				•		(B) Description of s	ervices	c	(C) Compens	ation	
N/A							$\perp$						
							+						
							+				-		
2 Total number of independent contractors (if more than \$100,000 in compensation from the				nıte	ed t	o tho		listed above) who	received				
more than \$ 100,000 in compensation from the	organize		_					<u> </u>	_,			000	

Pa	rt V <u>I</u> I	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d tions) 1e ts, above	311,175	,			
	h	Total. Add lines 1a-1f	<del> </del>		1,325,315			
enne	1			Business Code			,	
Program Service Revenue	2a b c d							
	е							<del></del>
٥٠٥	f g	All other program service reversed. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of talking Royalties	g dividends, inter	est, and	127,641			127,641
			(ı) Real	(II) Personal			4	
	6a	Gross rents		<u> </u>			*	
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>	**			
	d	Net rental income or (loss).	(i) Secunties	(II) Other				
	7a		<u></u>	<del>  ``                                  </del>				
	١.	assets other than inventory	5,051,702	-				
	Ь	Less cost or other basis and sales expenses	5.048.528		,			
	c	Gain or (loss)	3,174				·	
	ď	Net gain or (loss)			3,174			3,174
ě	8a	Gross income from fundral			٠			
Other Revenu		events (not including \$			,			
Şe		of contributions reported on I	•		×	** ,	,	
F		See Part IV, line 18		l .				
Ę	b c	Less direct expenses Net income or (loss) from fun			7	\$	`	•
0	ł	Gross income from gaming a See Part IV, line 19	ctivities				,	
	Ь	Less direct expenses			,			,
	С	Net income or (loss) from gain					-	
	10a	Gross sales of inventor	ory, less		•	·	, *	
	b c		es of inventory	<u></u>				
		Miscellaneous Reveni	ue	Business Code	-		. ~	
	11a				<u></u>			<del>- </del>
	b	· · · · · · · · · · · · · · · · · · ·						<del> </del>
	d	All other revenue		1				<del> </del>
	e	Total. Add lines 11a-11d					-	
	12	Total revenue. See instruction						130,815

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response				•
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	1,295,500	1,295,500		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	51,000	51,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	53,573	46,863	4,511	2,199
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	3,268	2,859	275	134
9	Other employee benefits	6,351	5,556	535	260
10	Payroll taxes	3,991	3,491	336	164
11	Fees for services (non-employees)				
а	Management		-		
	Legal	115		115	
	Accounting	1,822		1,822	
	Lobbying			•	
е	Professional fundraising services See Part IV, line 17				
	Investment management fees	15,013		15,013	
g	Other			•	
12	Advertising and promotion				
13	Office expenses	4,387	2,925	1,462	
14	Information technology		•		
15	Royalties				
16	Occupancy	3,121		3,121	
17	Travel	7,695	7,695	•	
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,001	3,000		3,001
20	Interest		· · · · · · · · · · · · · · · · · · ·		<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Promotional Materials	1,620			1,620
b	Uncollectible Receivables	11,962	11,962		
c					
d					
е	All other expenses				<del> </del>
	Total functional expenses. Add lines 1 through 24e	1,465,419	1,430,851	27,190	7,378
	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				
	following SOP 98-2 (ASC 958-720)				
ICA					

Pa	rt X	Balance Sheet			
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,674,412	2	1,550,018
	3	Pledges and grants receivable, net	149,120	3	111,040
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		5 6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,357	9	531
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	2,714,288		4,000,973
	12	Investments - other securities See Part V, line 11	1,308,975		176,223
	13	Investments - program-related See Part V, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part V, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,848,152		5,838,785
	17	Accounts payable and accrued expenses	78	17 18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	21	Payables to current and former officers, directors, trustees, key			<del></del>
豆	2 2	employees, highest compensated employees, and disqualified persons			
<u> </u>		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	78	26	
		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets		27	
<u>ala</u>	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ x and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	4,115,194	30	4,104,289
se	31	Paid-in or capital surplus, or land, building, or equipment fund	-, ,	31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds	1,732,880		1,734,496
Net	33	Total net assets or fund balances	5,848,074		5,838,785
_	34	Total liabilities and net assets/fund balances	5,848,152		5,838,785
_					Form <b>990</b> (2011)

Form 990 (2011) Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI......... 1,456,130 1 2 1,465,419 2 3 <u>-9,289</u> 3 5,848,074 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . 5 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, 5,838,785 **Financial Statements and Reporting** Part XII Yes No Accounting method used to prepare the Form 990 Cash Accrual x Other Mod. Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? . . . See . Schedule . O. 2b x c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2¢ x If the organization changed either its oversight process or selection process during the tax year, explain in d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

Both consolidated and separate bass

Form 990 (2011)

х

3a

3 b

Separate bass

x Consolidated basis

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

### **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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

		Internationa		larship s (All organizations mu	et cor	nnlete	thic n	art \ Sc		2-6078		<del>-</del>	
	rt I	· · - · - · · - · · · · · · · · · ·	<del></del>	cause it is (For lines 1 th		•	<del>.</del>	<del></del>		uclions	)		
4	Olga	•		association of churches	_				•				
2	$\vdash$			(1)(A)(ii). (Attach Schedul		Jeu III s	ection	170(0)	(1)(^)(1)				
2 3	H		• •	ervice organization descr	•	coctic	n 170/i	-\(1\(A\	/iii\				
4	$\vdash$	•	•	erated in conjunction wi			•		, ,	n 470/k	51/41/A	Viii) En	or the
~	ш	hospital's name, cit	-	erated in conjunction wi	un a i	ιοσμιτα	ii uesci	ibeu III	Sectio	11 170(1	J)( I)(A	дину. си	ei tile
_				nefit of a college or univ	oreity		d or on	orated			ntal w	out descri	hod in
9	ш	-		-	CISILY	OWING	a or opi	erateu	by a go	vernine	illai ui	iit descri	Deu III
6	$\Box$	section 170(b)(1)(A		or governmental unit des	cribad	ID 000	tion 17(	7/5//4//	A \/\				
6	x		_	•						ut or fre	om tha	aonoral	nublic
7		described in section	•	es a substantial part of it	s supp	יווטכנ	on a yo	vermin	ental ur	iit or iit	om the	general	public
				on 170(b)(1)(A)(vi). (Com	nloto I								
8 9	$\vdash$			es (1) more than 331/3%	•			contril	outions.	mamb	orobin	foon and	aroca
J		_	•	exempt functions - sub							•		_
		•		ome and unrelated busi									
		• • •		ne 30, 1975 See section				•		11 311	lax) II	Offi Dusii	103303
10	$\Box$			ted exclusively to test for	•		-		•				
11	Н	-	•	rated exclusively to test for the	•	-				•	or to	carn, o	ut the
• •		-	-	ipported organizations de								•	
		• •	•	es the type of supporting								•	ection
		a Type I	b Type	· · ·	-		nally inte	-		d	¬⁻	: III - Othe	r
e			· · ·	the organization is not			-	-					
	'لـــا	•	•	gers and other than one			•		•	-			
		509(a)(1) or section		goro and other than one	01 1110	, o pus	J.101, 00	pporto	a organ	Lations	4000	ilbou iii c	
f				n determination from th	e IRS	that it	ısaT	vne I	Type II	or Type	e III si	innorting	
•		organization, check	Alban Island						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. 1, p.	· ·	.ppo9	
g		•							the				Ш
2	,	following persons?						, 0					
		- ·	directly or indire	ectly controls, either alor	ne or t	oaeth	er with	persor	s desc	ribed in	n (11)	Ye	s No
			•	ly of the supported organ		-		-			. (,	11g(i)	
				scribed in (i) above?							• • •	11g(ii)	
				on described in (i) or (ii) a								11g(iii)	
h	1			ut the supported organization							• • • •		
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did	ou notify	(vi)	s the	(vi	i) Amount	of
	• •	organization		(described on lines 1-9	organi	zation in listed in	the org	anızatıon	organi	zation in	,	support	
				above or IRC section (see instructions))	your g	overning ment?		l (i) of upport?		rganized US?			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
											<b></b>		
(A)													
<b>(D)</b>													
(B)						Ì							
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(C)							-	1	ŀ				
(D)													
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Tot	al												
			L			1	1		1		1		

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)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,314,756	1,333,089	1,368,608	1,426,521	1,325,315	6,768,289
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,314,756	1,333,089	1,368,608	1,426,521	1,325,315	6,768,289
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						505 404
e	shown on line 11, column (f)		-				596,424
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support	<u></u>		<u> </u>	1	<u> </u>	6,171,865
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	<del></del>		1,368,608			6,768,289
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,633	157,227		129,642		699,974
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	40,200	57,915	46,075	22,700		166,890
11	Total support. Add lines 7 through 10	ŧ	٠,	, ,	, to a		7,635,153
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2011 (li						80.8349 %
15	Public support percentage from 2010	Schedule A, Pa	irt II, line 14			15	90.4646 %
16a	331/3% support test - 2011. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2010. If the c						
47-	check this box and stop here. The organization						
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t						upported
h	organization						▶ 🗀
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization						
18	supported organization	did not check :			or 17h short	this boy and sa-	• 🗀
10	<del>-</del>				•		
	instructions	<u></u>		<u></u>	<u></u>		▶ 📖

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			<del></del>			<b></b>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose				L		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the						
	organization's benefit and either paid						-
	to or expended on its behalf						
5	The value of services or facilities			_			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 a nd 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6,	_					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					L.	
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part IV)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	_			•		
	organization, check this box and stop here.				<u> </u>	<u> </u>	▶
<u>Sec</u>	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,					15	%_
16	Public support percentage from 2010 Sche				· · · · · · · · · · · · · · · · · · ·	16	<u>%</u>
<u>Sec</u>	tion D. Computation of Investmen					,	
17	Investment income percentage for 2011 (lin					17	<u></u> %%
18	Investment income percentage from 2010 S						%_
19a	331/3% support tests - 2011. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2010. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	lid not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see instr	uctions >

Part IV	Supplemental Info Part II, line 17a or instructions	rmation. Complete 17b, and Part III, II	e this part to provi ne 12. Also compl	de the explanations ete this part for any	required by Part II, additional information	line 10, on. (See
Part_II	Line 10:					
Other In	rcome	2007	2008	2009	2010	2011
Carrency	Z_Exchange	0.00	6,640	0.00	0.00	0.00
Scholars	ship Repymts	40,200	51,275	46,075	22,700	0.00
	TOTAL:	\$40,200	\$57,915	<u>\$46,075</u>	\$22,700	0.00
			·			
			·			
<del>-</del>						
						~
					· <b></b>	
	<b></b>				•	
					·	

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspecti

Employer identification number Name of the organization 42-6078058 P.E.O. International Peace Scholarship Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year)...... Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Par	t   Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Ass	sets (C	ontinue	<u>∌a)</u>
3	Using the organization's acquisition collection items (check all that app		other recor	ds, check	cany of t	he follow	ring that are	a sign	ıficant	use of its
а	Public exhibition		d 🗆	Loa	n or exch	ange prog	grams			
b	Scholarly research		e	Oth			-			
C	Preservation for future ge	enerations	- L							
4	Provide a description of the organ		s and expla	ain how t	hev furth	er the or	nanization's	exempt	purpos	se in Part
7	XIV		o and oxpit	a 110 11 1	inoy rockin	51 tilo 51	garneations	oxompt	parpot	,c iii r ait
5	During the year, did the organization	on collect or receive o	donations o	fart bict	orical trop	CLEOC OF	other similar			
3	assets to be sold to raise funds rath									□ Na
			<del></del>							
P ar	Escrow and Custodial A line 9, or reported an an				iizalion a	iswered	Tes lord		J, Part	
1a	Is the organization an agent, truste			•					٦,,	
b	included on Form 990, Part X? If "Yes," explain the arrangement in					· · · · ·			Yes	No
							Am	ount		
	Beginning balance						<del> </del>			
	Additions during the year				<u> </u>				<del></del>	
f	Ending balance									<del></del>
2a	9		Part X, line	217				L	Yes	No
	If "Yes," explain the arrangement in									
Par	t V Endowment Funds. Con								4.5-	
4 -	Deciminate of ware balance	(a) Current year	(b) Prio		(c) Two y		(d) Three year		(e) Four	years back
1a	Beginning of year balance	1,732,880	1,69	1,413	1,6	62,348	1,744			
D	Contributions					-	25	,000		
С	Net investment earnings, gains,									
	and losses	49,903	8	33,413		72,844	-59	,006		
	Grants or scholarships									
е	Other expenditures for facilities .						1			
	and programs	41,898	3	<u>85,197</u>		37,150		,977		
	Administrative expenses	6,389		6,749		6,629		,807		
g	End of year balance	- 1 1		2,880		91,413		,348		
2	Provide the estimated percentage			e (line 1g,	column (a	)) held as				
a	Board designated or quasi-endown		_%							
b	Permanent endowment ▶_100.0	000_%								
С	Temporarily restricted endowment									
_	The percentages in lines 2a, 2b, ar	•								
3 a	Are there endowment funds not in	the possession of the	ne organiza	ation that	are held a	ind admir	nistered for th	е	_	
	organization by									Yes No
	(i) unrelated organizations								3a(i)	x
	(ii) related organizations								3a(ii)	х
b	If "Yes" to 3a(II), are the related org		•			• • • • •	• • • • • • •		3b	х
4	Describe in Part XIV the intended u					·				
Par	t VI Land, Buildings, and Equ	ipment. See Forr	n 990, Pa	rt X, line	10	1				
	Description of property	(a) Cost or (inves	other basis tment)		r other basis ther)		cumulated eciation	(d)	Book va	lue 
1a	Land									
þ	Buildings	<u> </u>								
C	Leasehold improvements					<u> </u>				
d	Equipment	<del></del>								
	Other									
Tota	I. Add lines 1a through 1e (Column	(d) must equal Form	n 990, Part	X, colum	(B), line	10(c))	▶			

Part VII Investments - Other Securities. See Fo	rm 990, Part X, line 1	2.	, ago o
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			·
(3) Other		<u> </u>	
(A)			
(B)			<del></del>
(C)			
(D)			
(E)			<del></del>
(F)		•	
(G) (H)			
<del>(1)</del>	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)		<del></del>	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15		
	Description		(b) Book value
(1)	···		
(2)			
(3)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(7)			<del></del>
(8)			<del></del>
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>	<u></u> ▶	
Part X Other Liabilities. See Form 990, Part X,			₹* 1
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes (2)			
(3)			·
(4)			
(5)			
(6)			18,
(7)			Y.
(8)		The first the state of the stat	
(9)			\$ **
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)  2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the te	ext of the features to the	organization's financial statements	that are aut the

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

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Schedule D (Form 990

Schedule D (Fo	orm 990) 2011	Page 3
Part YIV	Supplemental Information (continued)	
I dit Aiv	Cappetition and information (communica)	
<b></b> -		<b>-</b>
	·	
		_~~-

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name (	of the organization				Employer identifica	tion number
P.E.	O. International Peac	e Scholars	ship		42-6078058	1
Part		on Activities	Outside the l	Jnited States. Complete		
1	For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount o	f its grants and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criter	To the state of th	
	grants or assistance?				l	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganızatıon's pı	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region (The follow	<del>,</del>	3 table can be		pace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	North America	0	0	grantmaking	scholarships	51,000
(2)						
(3)	· · · · · · · · · · · · · · · · · · ·					
(4)				-		
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)					,	
(14)						
(15)						
						-
(16)						
(17)	Sub-total					F1 000
3a b	Sub-total continuation					51,000
~	sheets to Part I					
С	Totals (add lines 3a and 3b)					51,000

Page 2

Schedule F (Form 99) 2011		art II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990.	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Part II can be duplicated if additional space is needed
alipadas	20000	Part II		

	י מוני וו סמון בל מקווסמולת וו ממתווסוומו שלמכם וא ווכפתפת	2000	icoaca.						
<b>-</b>	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	ر . د	,							/ 12 12 12 12 12 12 12 12 12 12 12 12 12
(2)	` }	,							
(3)		70,				15 15 15 15 15			
, ( <b>4</b> )	74.								
(9)		*.							
(9)	**	**							
3									
(8)									
(6)									
(10)		\$							
(11)									
(12)		*							
(13)									
(14)	Share and a share and a share	4							
(15)	( 3								
(16)	-		, , , ,						

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. 8

Schedule F (Form 990) 2011

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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed Schedule F (Form 990) 2011

Part III Grants ar

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Educational Awards/Grants	North America	9	51,000 check	check	0	N/A	N/A
(2)							
(4)							
(5)							
(9)							
(2)							
						S	Schedule F (Form 990) 2011

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	ж No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	ж No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Form .5471.not. required	x Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	x No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	x No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		

Schedule F (Form 990) 2011

x No

Yes

Part V	Supplemental Information  Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)
Pt_I,_I	ine 2Proof of enrollment is required before an award can be granted.
Recipie	ents are requested to submit a progress report each semester. The reports are
reviewe	ed and acted upon as necessary. All scholarships paid outside of the U.S. are paid
for_rec	ripients studying in Canada.
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SCHEDULE I (Form 990)

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

OMB No 1545-0047 2011

Open to Public Inspection

> Department of the Treasury Internal Revenue Service Name of the organization

P.E.O. International Peace Scholarship

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

Employer identification number	42-6078058
Employer ic	42-607

Part   General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate		amount of the	grants or assistan	ce, the grantees'	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	[
the selection criteria used to award the grants or assistance?	or assistance				•		x Yes N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	res for monit	oring the use o	f grant funds in the	United States			]
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	vernments y recipient s space is nee	nts and Organiza nt that received needed	tions in the Unit more than \$5,00	ed States. Com 30 Check this bo	plete if the organiza ox if no one recipier	ation answered "Ye	s" an \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
	vernment or	ganizations liste	organizations listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	In the line 1	table				•	
For Paperwork Reduction Act Notice, see the Instructions	tructions for	for Form 990.				Schedu	Schedule I (Form 990) (201

Schedule I (Form 990) (2011)

Schedule 1 (	Schedule I (Form 990) (2011)
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educ	1 Educ awards for edu study ın US	146	1,295,500	0	0 N/A	N/A
2						
က						
4						
တ						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part		provide the info	ormation required	I in Part I. Ine 2. and an	to provide the information required in Part I. line 2, and any other additional information

		1 1 1	 
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
!			1 1 1 1 1

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
P.E.O. International Peace Scholarship	42-6078058
Part I, Line 6: The number of volunteers is estimated, based on the	he number of state
chairmen and number of Board of Trustees.	
Part VI, Lines 7a-7b: The president of the related "parent" organ:	ızatıon, International
Chapter of the P.E.O. Sisterhood, appoints the board of trustees for	or the organization.
Some decisions of the board of trustees are subject to approval by	_executive_board
of parent organization.	
Part VI, Line 11: Copies of the Form 990 were provided to each men	mber of the board of
trustees and to the audit committee of parent organization prior to	o filing. A formal
review process was conducted with the audit committee, with opportu	unities for questions
from that committee and the board of trustees to be addressed before	
Part VI, Line 12c: Conflicts of Interest policies and signature part	ages are distributed
yearly to each member of the board of trustees. Signature pages as	re collected at the
office in Des Moines, IA and monitored for completion. Any conflic	cts of interest that
arise pursuant to this process or otherwise throughout the year are	e to be reported
immediately, and the remaining members take the appropriate action	·
Part VI, Lines 15a-15b: The organization's CEO is employed by the	related "parent"
organization, International Chapter of the P.E.O. Sisterhood, and	the organization
shares her service with International Chapter. The International (	
its Form 990 the process in determining the CEO's compensation. A	
exists for the Director of Finance/Treasurer.	
======================================	

SCHEDULE R (Form 990)

Internal Revenue Service

Name of the organization

P.E.O Part I

Department of the Treasury

International Peace Scholarship

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

:

OMB No 1545-0047

Page 1/2

Open to Public Inspection

See separate instructions.

Employer identification number 42-6078058

(9) Section 512(b)(13) controlled Schedule R (Form 990) 2011 (f) Direct controlling ŝ × × × × × entity? entity Yes (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had (f) Direct controlling See Pt VII End-of-year assets N/A ◉ (if section 501(c)(3)) Public chanty status 11-Type II (d) Total income N/A ◉ 5 7 ~ 2 1 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (c) (3) 501 (c) (4) 501 (c) (3) 501 (c) (3) 501(c)(3)501(c)(3)501 (c) (3) Legal domicile (state or foreign country) Missouri Primary activity Iowa Iowa Iowa Iowa Iowa educ scholshp lowa membershp org supp college schol. fund Primary activity grant fund loan fund Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year college 42-6078016 42-0453829 42-6078059 44-0545271 42-6094564 (3) P.E.O. STAR Scholarship Fund \_\_\_\_30-0583651 (4)P.E.O. Prog. for Continuing Educ. 23-7405311 50312 IA 50312 50312 50312 50312 50312 (a)Name, address, and EIN of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. 64772 IA 3700 Grand Avenue, Des Moines, IA Name, address, and EIN of related organization (1) Int'l Chapter P.E.O. Sisterhood 3700 Grand Avenue, Des Moines, Des Moines (2) P.E.O. Educational Loan Fund 1000 West Austin, Nevada, MO (7)Cottey\_College\_Building\_Fund 3700 Grand Avenue, (6) P. E. O. Foundation [5]Cottey\_College\_ Part II 5 (S) <u>(4)</u> (2) (9) [2]

1E1307 1 000

Page 2/2

OMB No 1545-0047

,

SCHEDULE R (Form 990)

Part

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

See separate instructions. ▶ Attach to Form 990.

Open to Public

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Employer identification number 42-6078058

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) International Peace Scholarship P.E.O.

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(5)						
(6)						
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	the organization ans	wered "Yes" to Fo	orm 990, Part IV	', line 34 becaus	e it had

	(g) Section 512(b)(13) controlled entity?	Š	×	×					
	Section 5 conti	Yes							
	(f) Direct controlling entity		See Pt VII	See Pt VII					
	(e) Public chanty status (if section 501(c)(3))		501(c)(3) 11-Type II	7					:
	(d) Exempt Code section		501 (c) (3)	501 (c) (3)					
	(c) Legal domicile (state or foreign country)		Iowa	Iowa					
י ומא לכמו /	(b) Primary activity		endow. fund	schol. Fund					
ל ווסוב וכומרכן ושכי בייכווים מושלים מתייום מיו ווסוב ומי לכמו	(a) Name, address, and EIN of related organization		(1)Cottey_College_Endowment_Fund42-6078017 3700 Grand Avenue, Des Moines, IA 50312	(2) P.E.O. Scholar Award 42-1379026 3700 Grand Avenue, Des Moines, IA 50312 s	(6)	(4)	(5)	(9)	<u>(7)</u>

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(k) Percentage ownership (h) Percentage ownership General or managing partner? Yes No (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (i) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportorate allocatora? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling 1 (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN related organization (1)N/A(1)N/A Part IV Part III 3 <u>E</u> 4 (5) 9  $\overline{C}$ (2) <u>(S)</u> **€** (5) Schedule R (Form 990) 2011

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# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	ated organizations listed	d in Parts II–IV?	Ves No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1a x
			$-\vdash$
c oill, glain, of capital contribution find related organization(s)			, ×
			1
f Sale of assets to related organization(s)			
h Exchange of assets with related organization(s)			1
Lease of lacinities, equipment, of other assets to reated organization(s)			×
j Lease of facilities, equipment, or other assets from related organization(s)			<b>. .</b> .
k Performance of services or membership or fundraising solicitations for related organization(s)			1k
Performance of services or membership or fundraising solicitation			
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>Sharing of paid employees with related organization(s)</li> </ul>			
			* :
o Reimbursement paid to related organization(s) for expenses.			, ×
p Reimbursement paid by related organization(s) for expenses			1p x
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>			, ×
Other transfer of cash or property from related organization(s)			П
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covere	d relationships and transa	iction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) P.E.O. Foundation	O	311,175	Cash-FMV
(2) International Chapter of the P.E.O. Sisterhood	ď	67,183	CashFMV
(3)			
(4)			
(5)			
(9)			
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Part VI Un

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		,								
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	7	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocators?	(I) Code V-UBI amount in box 20 of Schedule K-1	(f) General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No			Yes No	(+ orm 1065)	Yes No	
(1)							-			
( <u>2</u> )										
( <u>3</u> )										
(4)									_	
		·								
(1)										
(8)										
(10)										
(11)		,								
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
Part II,	Lines (2)-(7) pg. 1/2, Lines (1)-(2) pg. 2/2, col (f): The direct
controll	ing entity for referenced related organizations is The International
Chapter	of the P.E.O. Sisterhood. The executive board of this organization
either a	ppoints trustees or governs directly for each of the aforementioned
related	organizations.
	, 