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TEAT NOV 3 2 2019

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

· .	A F	or the	e 201	4 calendar year, or tax year be	ginning July 1	, 2014	l, and ending	Jur	e 30		, 20 15			
,				C Name of organization				DE	mployer idei	ntification n	umber			
-}	Вс	heck if app	plicable	P.E.O. International	Peace Scholars	aip								
: }		Addres		Doing business as					42-6	078058				
إدرا	-	change	ľ	Number and street (or P O box if mail	is not delivered to street addre	ess)	Room/suite	E 1	elephone nu					
1	-	Name	Ť	•		,			•	255-31	53			
	-	Instal r		3700 Grand Ave	. and 7ID autorous social ass		L		313	255-51	33			
		termina	ated	City or town, state or province, country	•	Je			0.500.000					
	_	Amend return	L	Des Moines, IA 50312	2-2899				Gross receipt			8,068		
		Applica pendin	stion 9	F Name and address of principal officer				H(a	H(a) Is this a group return for subordinates?					
				Kathy Soppe, same as	C above			H(t	Are all subord	inates included?	Yes	No.		
	I	Tax-exe	mpt sta	itus 🗶 501(c)(3)   501(c) (	) <b> </b>	4947(a)(1)	or 527		If "No," attac	halist (see ir	nstructions)			
	J	Website	e 🕨	www.peointernational.	org			H(c	) Group exemp	otion number	<b>•</b>			
	K	Form o	f organ	zation Corporation Trust X	Association Other	<b>&gt;</b>	L Year of fo	rmation	1949 M	State of lega	al domicile	: IA		
		art I		mmary										
				describe the organization's mission	or most significant activitie	s To pr	ovide sch	olars	hips fo	r qual	ified	<u> </u>		
				n students, with citi										
	ž			da, to pursue graduat										
	L	-		<del></del>	<del>-</del>									
	Governance			this box  if the organization						1 1		2		
				er of voting members of the governing						3				
	S			er of independent voting members o						4		3		
	Activities &			number of individuals employed in ca	•					5				
	ctiv	6	Total r	number of volunteers (estimate if nec	essary)					6		53		
	Ă	7a -	Total t	inrelated business revenue from Part	VIII, column (C), line 12					7a				
		bı	Net ur	related business taxable income from	n Form 990-T, line 34		IFFE			7b				
						KECEI	AED	Р	rior Year		Current	Year		
	_	8	Contri	butions and grants (Part VIII, line 1h)			الي ا		1,403,1	L50	1,58	8,884		
	Revenue	9	Progra	im service revenue (Part VIII, line 2g)	· මු	NOV 7 C	2015			<del></del> -				
	, ve	10	Invact	ment income (Part VIII, column (A), I	nes 3 4 and 7d) 4	MOA J.G	[10.] . GIES		299,8	363	19	9,823		
	æ	l		revenue (Part VIII, column (A), lines	.11.		<u> </u>					2,259		
		ı					J: UT··H		1,703,0	113	1 70	0,966		
	_			evenue - add lines 8 through 11 (mu					1,218,0	···		8,000		
		l		and similar amounts paid (Part IX, c					1,210,0	,00	1,33	8,000		
		l		ts paid to or for members (Part IX, co			142		5,601					
	es	15 :												
	Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)											
	άx	b .		undraising expenses (Part IX, columr										
	w	17	Other	expenses (Part IX, column (A), lines		64,3								
		18	Total e	expenses Add lines 13-17 (must equ	ıal Part IX, column (A), line	25)	L		1,359,1			6,122		
		19	Reven	ue less expenses. Subtract line 18 fr	om line 12				343,8	359	30	4,844		
	or Ses						E	3eginning	of Current \	ear ear	End of Y	ear		
	la T	20	Total a	assets (Part X, line 16)					6,174,9	38	6,47	9,755		
	Net Assets or Fund Balances	21		abilities (Part X, line 26)						27				
	¥ 5	22		sets or fund balances Subtract line					6,174,9	911	6,47	9,755		
	Pa	rt II		inature Block			·····							
				f perjury, I declare that I have examined	this return including accom	panying sched	lules and stateme	nts and t	o the best of	my knowle	doe and	belief it is		
5				complete Declaration of preparer (other the						,				
2015				PATTO A A AA					10/3	0/2015				
~	Sig	n		Signalure of officer	<u> </u>				Date	0/2013				
₩	He	ı	,						Date					
•		.		Kathy A. Soppe, Direc	tor of Finance/	Treasur	er							
رے لا <b>نا</b>				Type or print name and title			12.			1 1 0000				
8	Paic	.	Print/	Type preparer's name	Preparer's signature		Date		Check	If PTIN				
									self-employ	ed				
		parer	Firm's	name >		-		Fin	n's EIN 🕨					
	USB	Only		*				Ph	one no					
ر کار	Mav	the IF	RS dis	address cuss this return with the preparer sho	own above? (see instruction	ns)		Yes No				No		
<				Reduction Act Notice, see the sepa								90 (2014)		
Q.	)		<b></b>									_		
V.	,											9		

Fe	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To povide scholarships for qualified women students with citizenship in a country
	other than the United States and Canada to pursue graduate study in the United States
	and Canada.
2	Did the organization undertake any significant program services during the year which were not listed on the
	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,439,631 including grants of \$ 1,398,000 ) (Revenue \$)
	156 scholarships were awarded during the year, totaling \$1,398,000. The maximum award
	is \$10,000.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	——————————————————————————————————————
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses ▶ 1,439,631
70	19701 b. 03. 201 100 0 40 100 0 1 1 1 2 2 1 2 2 2

Part	Checklist of Required Schedules		V	
			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	<del>                                     </del>
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	<del>                                     </del>
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_		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ł
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	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			ĺ
	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,			1
	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		×
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		×
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	×	ļ
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,"			1
	complete Schedule D, Part VI	11a		×
þ	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	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			ļ
	complete Schedule D, Parts XI and XII	12a	<u> </u>	×
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	×	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	×
		14a	<u> </u>	×
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	×	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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	×	
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	<u> </u>	×
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	<u> </u>	×
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>	×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	×
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Ь

Part	Checklist of Required Schedules (continued)		V 1	
		-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		ж_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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	22		v
	employees? If "Yes," complete Schedule J	23		<u> </u>
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	245		
_	undagn 2 ra ana dempirete concada i vivile, go te mie 2001.	24a		<u> </u>
b	Did the organization invest any proceeds of tax exempt bonds beyond a temperary period exception	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to delease any tax exempt beings	24c		
đ	Bid the organization dot do dir on bondin or looder to bonde o distribution grant and and year.	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
	transaction with a dioqualities percent during the year.	25a		<u> </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?	۱	l	
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<del></del>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	Į		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	_27_		<u>x</u>
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)	200		×
a	The deficition of the state of	28a		_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		×
	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		×
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
	Part I	31		
32		32		x
	complete Schedule N, Part II	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
34	or IV, and Part V, line 1	34	×	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		-
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20	•	330		
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	ж	[
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55	<u> </u>	<b></b> -
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del> </del>		† <del></del> -
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	×	
	10. Hote. Part offil 500 micro are required to complete obligation Control of the		990	(2244)

Form 990 (2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	$\Box$
			Yes	No
1 a	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	**		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	ļ
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		<u></u>	-
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)	-	-	
	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" to line 3b, provide an explanation in Schedule O	3b	-	<del> </del>
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	4.	×	
	account)?	4a		
b	If "Yes," enter the name of the foreign country ▶ Cayman Islands			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>5</b> 2	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ж
	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			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ــــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u> -	-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		┼
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<del>- ' ''-</del>	<u> </u>	<del>                                     </del>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business moralings at any time during the year	<b>├</b>		<u> </u>
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
	Did the sponsoring 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 10b			
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 )	_	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 2a		<del> </del>
	of If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	l .	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.2	,	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	+-
	Note. See the instructions for additional information the organization must report on Schedule O		<u> </u>	
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			}
-		1		
	Enter the amount of reserves on hand	14a	<u> </u>	×
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form 990 (2014) Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a 8b х 

Yes No Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c х 13 х 13 14 х 14 Did the organization have a written document retention and destruction policy?........... 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?

See Schedule O 15a 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 arrangement 16a Х 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?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

X Another's website X Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records >

List the states with which a copy of this Form 990 is required to be filed ▶ None \_\_\_

financial statements available to the public during the tax year

available for public inspection. Indicate how you made these available. Check all that apply

515-255-3153

17

19

20

Section C. Disclosure

Own website

990 (2014)	Pag	ae 7
1000 (2014)	I Day	40 B

Form 990 (2014	<u>+)</u>										Page 4
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	orgai	nıza	tion	COL	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Linda Spence, Chairman	25									
Board of Trustees	1.5	х		х				0	0	0
(2) Glynda Samford	25									
Board of Trustees	1.5	х		х				0	0	0
(3) Deborah Taylor	20									
Board of Trustees		х		х				0	0	0
(4) Jackie Matt	2									
Executive Director	43			х				0	0	0_
(5) Kathy Soppe, Director	2									
of Finance, Treasurer	38			x				. 0	0	0
_(6)										
(10)										
(11)										
(12)										
(13)								·		
(14)										·

Part VII Section A. Officers, Directors, Tru					C)							
(A)	(B)				ition			(D)	(E)			(F)
Name and title	Average	(do not check more than on box, unless person is both a						Reportable	Reportable			mated
	hours per week (tist any			dad		or/trust		compensation from	compensation related			ount of ther
	hours for	우ె	lns.	Officer	χe	g F	Former	the	organizat		comp	ensation
	related	اع ق	tituti	Ē	em	bloy	mer	organization	(W-2/1099-	MISC)		m the nization
	organizations below dotted	or a	ona		Key employee	8 8		(W-2/1099-MISC)			-	related
	line)	Individual trustee or director	Institutional trustee		e	npe				i	orgar	nizations
		ě	stee			Highest compensated employee						
5)												
6)												*
7)		-	-									
8)				ļ								
9)		-										
0)				-		_						
1)					-							
2)												
3)												
4)												
5)												
1b Sub-total	L- <u></u>	1	l .	J	l		• •					
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						•			-		
Total number of individuals (including but no reportable compensation from the organization)	ot limited to	thos	se li	stec				received more th	an \$100,0	00 of		
									•			Yes N
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	icer, direct dule J for st	tor, o uch in	r ti divid	rust duai	ee, /	key	em	ployee, or highe:	st compen	sated 	3	
4 For any individual listed on line 1a, is the	sum of re	porta	ble	cor	npe	nsati	on a	and other comper	sation fron	n the		,
organization and related organizations g	reater tha	n \$1	50,	000	2 1	f "Ye	€S, "	complete Sched	ule J for	such		
ındıvıdual											4	:
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5	
ection B. Independent Contractors												
Complete this table for your five highest cor compensation from the organization Report year	mpensated compensa	indep tion fo	enc or th	dent ne c	co aler	ntract ndar y	ors ear	that received morending with or wi	e than \$10 thin the org	0,000 c janizatio	f n's tax	
(A) Name and business add	drace						T	(B) Description of se	PUNCES	C	(C)	ation
/A							$^{\dagger}$	20001121101101101				
							$oxed{\bot}$					
2 Total number of independent contractor received more than \$100,000 of compensat							to	those listed abo	ove) who			
SA E1050 1 000		<u>-</u>									Form	990 (20

Par	t VIII			uline in this Bort V	111		
		Check if Schedule O contains a response	e or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		1,588,884			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code				
P	3 4 5	Total. Add lines 2a-2f	roceeds .	124,990			124,990
	6a b c d	Gross rents	(II) Other				
	b	assets other than inventory  Less cost or other basis and sales expenses		74,833	-		74,833
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
Othe	g 9a	Less direct expenses					
	10a	Net income or (loss) from gaming activities.  Gross sales of inventory, less returns and allowances				<u>.</u>	
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventory	▶			····	
	11a		900099	2,259	2,259		
	d e	All other revenue		2,259			
	142	Total revenue. See instructions	<b>▶</b>	1.790.966	2,259		199.823

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)

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
•	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
-	Individuals See Part IV, line 22	1,316,500	1,316,500		
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	81,500	81,500		
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
Ī	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	40,530	18,541	16,783	5,206
	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)	182	83	75	24
۵	Other employee benefits	1,719	786	712	221
	Payroll taxes	3,170	1,450	1,313	407
	Fees for services (non-employees)				
	Management				
	Legal	980		980	
	Accounting	1,960		1,960	
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
	Investment management fees	13,959		13,959	
	1				
9	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O)				
		4,193	2,795	1,398	
	Office expenses	7,20			
	Information technology				
15		2,815	1,877	938	
	Occupancy	7,999	7,999		· · · · · · · · · · · · · · · · · · ·
	Payments of travel or entertainment expenses	.,,,,,,,	,		
10	for any federal, state, or local public officials				
40	<u></u>				
	Conferences, conventions, and meetings				
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	· '				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	·				
	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)				
_	Promotional Materials	2,515			2,515
a	Uncollectible Receivables	8,100	8,100		2,313
0	'	0,100	3,100		
C	;		<del> </del>		
d	All other symmetry				
	All other expenses	1,486,122	1,439,631	38,118	8,373
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1, 300, 122	1,233,031	30,110	0,313
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here			ļ	
	following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X (A) Beginning of year End of year 93,436 283 Cash - non-interest-bearing 1 1,434,992 Savings and temporary cash investments 2 1,547,485 2 39,430 23,726 3 Pledges and grants receivable, net 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disgualified 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) Complete Part II of Schedule L 6 7 8 0 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 4,281,407 Investments - publicly traded securities ......... 4,193,017 11 11 507,216 533,701 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 6,174,938 6,479,755 16 16 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties . . . . . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 27 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. Balances 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 🗓 and complete lines 30 through 34. ö 4,331,478 30 4,554,284 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 1,843,433 32 1,925,471

Total liabilities and net assets/fund balances........

6,479,755 Form 990 (2014)

6,479,755

6,174,911 33

6,174,938 34

32

33

34

Page 12

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	790,	966
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	1,	486,	122
3	Revenue less expenses Subtract line 2 from line 1	3			304,	844
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>.</u>	6,	174	911
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6,	479,	755
art						
	Check if Schedule O contains a response or note to any line in this Part XII					x
			r		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other Mod.					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or	1		
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis	1170	_			
b	Were the organization's financial statements audited by an independent accountant?		· · ·	2b	x	
	If res, check a box below to indicate whether the infancial statements for the year were add	ted o	na			
	separate basis, consolidated basis, or both			l		
	Separate basis Consolidated basis Both consolidated and separate basis			İ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for					
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	חור	1		
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın	.		
	the Single Audit Act and OMB Circular A-133?			3a		ж
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	<u>,</u>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits	1	3b	000	

Form **990** (2014)

### 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 900 or Form 900 E7

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 42-6078058 P.E.O. International Peace Scholarship Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 8 9 An organization that normally receives (1) more than 331/3 % 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (IV) is the organization (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,426,521	1,325,315	1,305,914	1,403,150	1,588,884	7,049,784
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	1,426,521	1,325,315	1,305,914	1,403,150	1,588,884	7,049,784
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						7 <b>94</b> ,862
_	shown on line 11, column (f)	· · · · · · · · · · · · · · · · · · ·					6,254,922
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>				<u> </u>	0,234,322
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_		1,426,521	1,325,315		1,403,150		7,049,784
8	Amounts from line 4	129,642			112,115		616,297
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	22,700	0	0	0	2,259	24,959
11	Total support. Add lines 7 through 10		<u> </u>				7,691,040
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	<u></u>					
Sec	tion C. Computation of Public Sup	• • • • • • • • • • • • • • • • • • • •	-			<del>,</del>	
14	Public support percentage for 2014 (li						81.3274%
15	Public support percentage from 2013						80.1108%
16a	331/3% support test - 2014. If the o	~					. [:::1
	this box and stop here. The organizati						
b	331/3% support test - 2013. If the c	•					
	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to	meets the "fa the "facts-and-c	cts-and-circums circumstances" t	tances" test, ch est The organi	eck this box ai zation qualifies	nd <b>stop here.</b> E as a publicly s	xplain in
b	organization	2013. If the organization meets on meets the "	ganization did n s the "facts-and facts-and-circur	ot check a box d-circumstances mstances" test	on line 13, 16 " test, check t The organizatio	a, 16b, or 17a, his box and <b>st</b> on qualifies as a	op here. publicly
18	supported organization	did not check a	a box on line 13	i, 16a, 16b, 17a	, or 17b, check	this box and see	,
		<del></del>				Schodule A (Form 9	

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					·	··
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	)14 (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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		_				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			ļ			
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 and 3						
	received from other than disqualified				1		
	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			1		<del></del>	
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	)14 (f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less	<del>-</del> · ·					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
13	(Explain in Part VI)			<del> </del>	<del> </del>	<del> </del>	
	1		Ì				
14	and 12)	the organization	n's first second	third fourth o	r fifth tay year	e a section	on 501(c)(3)
14	organization, check this box and stop here.	•			•		
Sec	tion C. Computation of Public Sup				· · · · · · · · · · · ·		
15	Public support percentage for 2014 (line 8,			mn (fl)		15	0.0000%
16	Public support percentage from 2013 Sche					16	<u> </u>
_	tion D. Computation of Investmen	<del></del>			· · · · · · · · · · · · · · · · · · ·	1 10	
	Investment income percentage for 2014 (In			13 column (f))		17	0.0000%
17 18	Investment income percentage from 2013						%
18	331/3% support tests - 2014. If the org						
138		_					. —
	17 is not more than 331/3 %, check the 331/3 % support tests - 2013. If the organization		•	•	•		
D	line 18 is not more than 331/3 %, check						· —
20	Private foundation. If the organization		•	•		• •	· —
JSA	Tivate Tourisation. II the Organization	GIG THUL CHECK	a box on line	1-7, 130, UI 19			(Form 990 or 990-EZ) 2014

**Supporting Organizations** 

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

CCLI	on A. All Supporting Organizations			,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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	3a		
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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
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 <b>Part VI</b> , 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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
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)	8_		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9ь		
С	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
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.)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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		
Secti	on B. Type I Supporting Organizations			
		<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		L	
	- All Thromas - One - On		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).		ons)	
	Actuation Test. Anguay (a) and (b) heless		Yes	No
2	Activities Test Answer (a) and (b) below.			
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	<u> </u>	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com-			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-ıntegra	ated Type III supporting	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount			0.000000			
(	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6		-				
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014						
а							
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e		-				
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2014 from Section						
	D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if						
	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions)						
6	Remaining underdistributions for 2014 Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions)						
7	Excess distributions carryover to 2015 Add lines 3j						
	and 4c						
8	Breakdown of line 7						
а							
b							
С							
d	Excess from 2013						
е	Excess from 2014						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).							
Part II, Line 10:							
Other Income:	2010	2011	2012	2013	2014		
Scholarship Repymts:	\$22,700	\$0.00	\$0.00	\$0.00	\$0.00		
Currency Exchange	\$0.00	\$0.00	\$0.00	\$0.00	\$2,259		
Total:	\$22,700	\$0.00	\$0.00	\$0.00	\$2,259		
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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.

Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number

P.E.	O. International Peace Scholarsh	ip	42-6078058
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and dono	or advisors in writing that the assets held	in donor advised
	unds are the organization's property, subject to the		
	Old the organization inform all grantees, donors,		
	only for charitable purposes and not for the ben-	efit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	<u> </u>	Yes No
Par			
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e g , re	creation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization l	neld a qualified conservation contribution in	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Fotal number of conservation easements		
b	Fotal acreage restricted by conservation easemen	ts	2b
C	Number of conservation easements on a certified	I historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not on a	
	nistoric structure listed in the National Register		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or termin	nated by the organization during the
	ax year ▶		
	Number of states where property subject to cons		
	Does the organization have a written policy r		-
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemen	nts during the year
	<b>&gt;</b> \$		
	Does each conservation easement reported on li	· · ·	
	and section 170(h)(4)(B)(ii)?		Yes L No
	n Part XIII, describe how the organization reports		
	palance sheet, and include, if applicable, the text organization's accounting for conservation easem		ial statements that describes the
		is of Art, Historical Treasures, or Other	r Similar Accets
Гаг	Complete if the organization answere		i Silillai Assets.
		<del></del>	
1a	If the organization elected, as permitted under sworks of art, historical treasures, or other simpublic service, provide, in Part XIII, the text of the	SFAS 116 (ASC 958), not to report in its i	revenue statement and balance sheet cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that des	cribes these items
	f the organization elected, as permitted under		
	works of art, historical treasures, or other sim		cation, or research in furtherance of
	oublic service, provide the following amounts rela		<b>.</b> .
	(i) Revenue included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of	•	
	following amounts required to be reported under		
	Revenue included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		
b	733613 HICHAGA HIT OHH 330, FAILA		· · · · · · · · · • · •

Par	Urganizations Maintaining Colle	ctions of	Art, mist	orical I	reasures	, or Otr	ier Similar Asse	S (COTILI	lueu)
3	Using the organization's acquisition, acces	sion and o	ther recor	ds check	any of t	he follow	ing that are a sign	uficant us	e of its
	collection items (check all that apply)	sion, and o	ther recon	30, 011001	carry or c		ing that are a sign	meant as	0 01 110
а	Public exhibition		d [	Loan	r exchan	ge prograr	ns		
b	Scholarly research		e	-			 		
c	Preservation for future generations								
	Provide a description of the organization's	collections	and expla	in how t	hev furth	er the ord	anization's exempt	purpose	ın Part
	XIII				,	· ·	,,,	F F	
	During the year, did the organization solicit	or receive d	onations o	fart, histo	orical trea	sures, or	other similar		
	assets to be sold to raise funds rather than to						_	Yes	No
Par								), Part IV	, line 9,
	or reported an amount on Form 9	90, Part X	, line 21	•					
		-							
1 a	Is the organization an agent, trustee, custoo	dian or othe	r intermed	ary for c	ontributio	ns or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XII	I and comp	lete the fol	lowing tab	ole				
							Amount		
C	Beginning balance				1	С			
d	Additions during the year				1	d			
e	Distributions during the year	<i></i> .		<b>.</b>	1	е			
f	Ending balance	<b>.</b>			1	f			
2a	Did the organization include an amount on I	Form 990, F	Part X, line	21, for e	scrow or	custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement in Part XII	I Check he	ere if the ex	planation	has been	provided	ın Part XIII		
Part	V Endowment Funds. Complete if	he organi	zation ans	wered "	Yes" to F	orm 990	, Part IV, line 10		
	(a) Cu	rrent year	(b) Prio	r year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ears back
1 a		843,433	1,76	3,542	1,7	34,496	1,732,880	1,69	1,413
b	Contributions	50,000							
C	Net investment earnings, gains,								
	and losses	80,587	12	5,496		78,964	49,903	8	3,413
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	42,567		9,955		44,551		3	5,197
	Administrative expenses	5,982		5,650		5,367			6,749
g		925,471		3,433		63,542		1,73	2,880
2	Provide the estimated percentage of the cur	•		(line 1g,	column (a	a)) held as			
а	Board designated or quasi-endowment	0.0000	_%						
	Permanent endowment ▶ 100.0000 %								
С	Temporarily restricted endowment ▶ 0.								
	The percentages in lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the poss	ession of th	ie organiza	tion that	are held a	and admir	nistered for the	[v	
	organization by							<del></del> _	es No
	(i) unrelated organizations							3a(i)	×
	(ii) related organizations			0-1			• • • • • • • • •	<u> </u>	×
	If "Yes" to 3a(ii), are the related organization						• • • • • • • • •	3b	<u> </u>
4	Describe in Part XIII the intended uses of the	e organiza	tion's endo	wment fur	nas				
Par	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10.								
	Description of property	(a) Cost or	other basis	(b) Cost o	or other basis	(c) Acc	cumulated (0	l) Book value	
4 -	Lond	(invest	tment)	(0	ther)	depr	eciation		<del></del>
1a	Land					+			
b	Buildings					+			
	Leasehold improvements					+			
d	Equipment					+			
<del>0</del>	Other	L	- 000 - 00	· · · · · · · · · · · · · · · · · · ·	· (D) - /: = :	10(=) }	<del></del>		
Tota	I. Add lines 1a through 1e (Column (d) musi	equal Form	1 990, Part.	x, columr	n (B), line	τυ(c) )	<b>&gt;</b>		

Schedule D (Form 990) 2014

JSA 4E1270 1 000

Financial derivatives   533,701   Cost     Closely-held equity interests       Other   (A)       (B)     (C)       (C)   (D)   (E)       (F)   (G)   (F)   (G)   (F)     (G)   (H)   (D)   (D		(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value
Closely-held equity interests	\ Emancia		533,701		
Other					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(B) (C) (C) (D) (E) (F) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	· (D)			· -	
(G) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(E)				
(G)	. <u>\</u>				
(4)					
Country   Divisit equal Form 990, Part X, col (B) Inv 12   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) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13		(b) must equal Form 990, Part X, col. (B) line 12.)	533.701		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 12 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value Cost or end-of-year mar			333,702		
Cost or end-of-year market value    1	<u> </u>	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990	), Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (a) (Column (b) must equal Form 990, Part X, col (B) line 13) ▶    Art IX		(a) Description of investment	(b) Book value		
(2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (8)   (9)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10				Cost or end-of-year ma	rket value
2    3    4    5    6    6    6    6    6    6	(1)				
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Part )	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.
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	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII )	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII ) 4b	
	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
C	Other losses   2c	
d	Other (Describe in Part XIII )  Add lines 23 through 2d	
-	Add lines 2a through 2u	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII )	
	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5
Provide 2, Part	Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.  The ANet income from the endowment fund of the reporting organical supplies.	nation
FL. V	, line 4Net income from the endowment fund of the reporting organi	zacion is useu
to pr	ovide additional funds for the educational scholarships as well as t	o provide support
towar	d the costs of administering the organization.	
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Schedule D (Fo	orm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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### 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.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 42-6078058 P.E.O. International Peace Scholarship General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the x Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, reaion (by type) (e a . expenditures for a program service. agents, and fundraising, program services, region describe specific type of and investments ındependent service(s) in region investments, ın region grants to recipients contractors in region located in the region) 0 scholarships 81,500 (1) North America grantmaking investments 129,000 (2) Europe (3) Cntrl Amer & Caribb investments 1,000 (4) E. Asia & Pacific investments 13,000 (5) North America investments 8,000 (6) (7) (8) (9) (10)(11) (12) (13) (14) (15) (16)(17)0 0 Sub-total...... 232,500 Total from continuation sheets to Part I . . . . . . . Totals (add lines 3a and 3b) 232,500 Page 2

Schedule F (Form 990) 2014

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

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization (11) (12)(13) (15) (10) (14) (16) 2 ව <u>4</u> 9 (9) B 8  $\Xi$ 9

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2

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) 2014

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. Schedule F (Form 990) 2014

Part | Grants an

(a) Type of grant or assistance (b) Region	(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	10	81,500	check	0	N/A	N/A
(2)							•
(2)							
(2)							
(4)							
(5)							
(9)							
(2)							
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(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2014

<b>Part</b>	IV Foreign Forms		
1	Was the organization a US 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 US 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, do not file with Form 990)	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 US Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Form 5471 not required	x Yes	☐ 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)		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 for Form 5713, do not file with Form 990)	Yes	x No

	(Form 990) 2014 Pag
Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds), Part II, line 3, column (f) (accounting method,
	amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (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,	Linie 2Proof of enrollment is required before an award can be granted and
recipie	ents are required to submit proof of enrollment each semester. The reports are
eviewe	ed and acted upon as necessary. All scholarships paid outside the U.S. are paid
or rec	cipients studying in Canada.
<del></del>	

SCHEDULE 1 (For

Grants and Other Assistance to Organizations,

OMB No 1545-0047

to Public Ispection Imber

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(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	99
	► Attach to Form 990.	Open to I
Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	oedsul
Name of the organization	Emplo	Employer identification number
P.E.O. Interna	P.E.O. International Peace Scholarship	42-6078058
Part   General	Part   General Information on Grants and Assistance	
1 Does the organiz	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection crit	the selection criteria used to award the grants or assistance?	x Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

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

Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)	. ,						
2 Enter total number of section 501(c)(3) and government	d government		organizations listed in the line 1 table	able		<b>A</b>	

Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990. က

Schedule I (Form 990) (2014)

Schedule I (I	Schedule I (Form 990) (2014)
Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

	ו מונ ווו ממון כם ממלוונים וו מתמוונים להמים ווי	ماري مصطم	505			
!	(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 in US 146	146	1,316,500	0	N/A	N/A
2						
4						
LO.						
ဖ						
,						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the informati	on required in P	art I, line 2, Part I	II, column (b), and any o	ither additional information.

# Pt. I, Line 2--Scholarship recipients are required to show proof of admission and enrollment in their educational

program, as well as proof of an address in the United States. Transcripts are requested each semester. These

reports are acted upon as necessary.

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2014
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Department of the Treasury Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir:	s.gov/form990.	Inspection
Name of the organization		Employer identif	
P.E.O. Internation	onal Peace Scholarship	42-60780	58
Part I, Line 6:	The number of volunteers is estimated, based on	the number	of state
chairman and num	ber of Board of Trustees.		
Part VI, Line 7a	-7b: The president of the related "parent" organ	ization, I	nternational
Chapter of the P	.E.O. Sisterhood, appoints the board of trustees	for the or	ganization.
Some decisions o	f the board of trustees are subject to approval b	y executiv	e board
of parent organi	zation.		
Part VI, Line 11	: Copies of Form 990 were provided to each membe	r of the b	oard of
trustees and to	the audit committee of parent organization prior	to filing.	A formal
review process w	as conducted with the audit committee, with oppor	tunities f	or questions
from that commit	tee and the board of trustees to be addressed bef	ore the re	turn was filed
Part VI, Line 12	c: Conflicts of Interest policies and signature	pages are	distributed
yearly to each m	ember of the board of trustees. Signature pages	are collec	ted at the
office in Des Mo	ines, IA and monitored for completion. Any confl	icts of in	terest that
arise pursuant t	o this process or otherwise throughout the year a	re to be r	eported
immediately, and	the remaining members take the appropriate actio	n.	
			- · · · · · · · · · · · · · · · · · · ·
Part VI, Lines 1	5a-15b: The organization's Executive Director is	employed	by the related
"parent" organiz	ation, International Chapter of the P.E.O. Sister	hood, and	the
organization sha	res her services with International Chapter. The	: Internati	onal Chapter
explains on its	Form 990 the process determining the Executive Di	rector's c	ompensation.

A similar arrangement exists for the Director of Finance/Treasurer.

Name of the organization	Employer identification number
P.E.O. International Peace Scholarship	42-6078058
Part VI, Line 19: Governing documents, conflicts of intere	st policies and financial
statements are available to members of the parent corporati	on only. These items are
not available to the general public.	
Part VII, Line 1a: The Executive Director and Director of	Finance/Treasurer of the
parent organization, International Chapter of the P.E.O. Si	sterhood, also serve in the
same capacity for the reporting organization. An estimate	of average hours worked each
week for reporting and related organizations has been inclu	ded in column (B). No wages
are paid or reimbursed for either officer from the reporti	ng organization. All wages
and related benefits for these individuals are paid and rep	orted by the parent
organization.	
Part IV, Line 12a and Part XII, Line 2b: The organization'	s modified cash basis
financial statements were audited by an independent auditing firm on a consolidated	
basis with the other philanthropic funds of the P.E.O. Sist	erhood, excluding Cottey
College and P.E.O. Foundation. (Listed on Schedule R, Part	II)
	_ <del>-</del>

Page 1/2

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

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Open to Public Inspection

Employer identification number 42-6078058 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. P.E.O. International Peace Scholarship Name of the organization

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
:						
(5)						
(9)						
11 31 30	Identification of Bolotal Tou Commissions Complete if the concentration conserved "Vot" on Form 000 Boot NV Inc. 24 head-inc thead	Hodo delectionere	Cao "CoV" poso	VI #20 000 ms	Line 24 hoseston	it hod

had	(6)
line 34 because it	(4)
orm 990, Part IV,	(θ)
ed "Yes" on Fo	(p)
anization answer	(၁)
tions Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had uring the tax year	(q)
Part II Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the state of the state	(a)
Part II	

(a)	9	<u>(</u> )	9	•	€	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section 512(b controlled entity?	2(b)(13) led ?
						Yes	S.
(1) Int'l Chapter P.E.O. Sisterhood 42-0453829						_	
3700 Grand Avenue, Des Moines, IA 50312	membershp org Iowa	Iowa	501(c)4	N/A	N/A		×
(2) P.E.O. Educational Loan Fund 42-6078059							
3700 Grand Avenue, Des Moines, IA 50312	loan fund	Iowa	501(c)3	7	See Pt VII		×
(3) P.E.O. Scholar Awards 42-1379026							
3700 Grand Avenue, Des Moines, IA 50312	schol. fund	Iowa	501(c)3	7	See Pt VII		×
(4) P.E.O. Prog. for Continuing Educ. 23-7405311							
3700 Grand Avenue, Des Moines, IA 50312	grant fund	Iowa	501(c)3	7	See Pt VII		×
(5) Cottey College 44-0545271							
3700 Grand Avenue, Des Moines, IA 50312	college	Missouri	501(c)3	7	See Pt VII		×
(6) P.E.O. Foundation 42-6094564							
3700 Grand Avenue, Des Moines, IA 50312	educ scholshp Iowa	Iowa	501 (c) 3	7	See Pt VII		×
(7) Cottey College Building Fund 42-6078016							
3700 Grand Avenue, Des Moines, IA 50312	supp college	Iowa	501(c)3	11-Type II	See Pt VII		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2014	0) 2014

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OMB No 1545-0047

2014

Open to Public

Employer identification number

42-6078058

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

P.E.O.

International Peace Scholarship

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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Information
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(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity ž × × Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling See Pt VII See Pt VII (e) End-of-year assets (if section 501(c)(3)) (e) Public chanty status 11-Type II (d) Total income , Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(c)3 501(c)3 (c) Legal domicile (state or foreign country) (b)
Primary activity Iowa Iowa endow. fund schol. fund Primary activity 42-6078017 30-0583651 (a) Name, address, and EIN (if applicable) of disregarded entity 50312 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 50312 IA Ϋ́ (a)
Name, address, and EIN of related organization 3700 Grand Avenue, Des Moines, 3700 Grand Avenue, Des Moines, (1) Cottey College Endowment Fund (2) P.E.O. STAR Scholarship Fund Part II Part **a** (9) 2 9 9 (4) (5) 9 5  $\Xi$ 3

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Percentage ownership 3 (j) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (i)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionals alboattora? ŝ Yes (g) Share of end-ofyear assets (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling entity Country) (b) Primary activity (a) Name, address, and EIN of related organization Part IV (1) N/A Part III (2) (4) 9 9 5 3

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(b) (c) (d) (e) (f) (g) (f) (g) (f) (g) (f) (g) (g) (h) (g) (f) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Yes No								
line 34 because it had one or more related organizations trea	(a) Name, address, and EIN of related organization Primary		(1) N/A	(2)	(3)	(4)	(5)	(9)	(2)	

Schedule R (Form 990) 2014

Part V

Schedule R (Form 990) 2014

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
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?	lated organizations lis	ted in Parts II-IV?	4
Necessity of (1) interest, (ii) anniquities, (iii) royantes, of (iv) refer noin			
			,
			•
d Loans or toan guarantees to or for related organization(s)			1
e Loans or loan guarantees by related organization(s)			1e ×
f Dividends from related organization(s),			1
h Purchase of assets from related organization(s).			1
j Lease of facilities, equipment, or other assets to related organization(s),			<b>1</b>
k Lease of facilities equipment or other assets from related organization(s)			3 <u>+</u>
m Performance of services or membership or fundraising solicitations by related organization(s).			×
			1 x
o Sharing of paid employees with related organization(s)			 
and the second to solution occupants for some and an analysis of the sound second seco			}
a Rembusement paid to related organization(s) for expenses			+-
r Other transfer of cash or property to related organization(s)			1. x
ام			1s ×
2 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	s line, including cove	red relationships and transa	action thresholds
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-s)		amount involved
(1) P.E.O. Foundation	U	369,346	Cash-FMV
(2)			
		-	
(6)			
(4)			
(6)			
(9)			
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# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

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) (b) (c) (d) (e) (f) (f) (f) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	1	(i) General or	(k) Percentage
		-	income (related unrelated, excluded from tax inder	501(c)(3) organizations?		end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	partner	ownership
				Yes No			Yes No		Yes No	
(1)										
(6)										
(2)	·1 ·-								-	
(3)										
(4)										
(5)										
(3)						:				
(2)										
(8)				1						
(6)										
(10)										
(11)							-			
(12)										
(13)										
(14)					3					
(15)										
(16)										
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