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Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

LIFINITALINE NOV O DUD

▶ 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 For th	ne 201	5 calendar year, or tax year beginningJuly 1 , 2015,	and ending ,			20 16
		C Name of organization		D Employer idea	ntification n	umber
B Check if a	pplicable	P.E.O. International Peace Scholarship				
Addre		Doing business as		42-6	078058	
	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
 	return	3700 Grand Ave		515	255-31	53
Final	return/	City or town, state or province, country, and ZIP or foreign postal code				
termii Amen	nated nded	Des Moines, IA 50312-2899		G Gross receipts	. .	4,359,674
return	n cation	F Name and address of principal officer		H(a) Is this a grou		Yes X No
pend				subordinates	? }	
		Kathy Soppe, same as above	1 1	H(b) Are all subord		
	empt sta		527	 -}	halist (see in	•
		www.peointernational.org	1.	H(c) Group exemp		
	of organ	ization Corporation Trust X Association Other	L Year of for	rmation 1949 M	State of lega	I domicile IA
Part I		mmary				
1		describe the organization's mission or most significant activities: To pro-				
8	wome	en students, with citizenship in a country of	ther than	n the Unite	<u>d State</u>	es_and
퉏	Cana	da, to pursue graduate study in the United S	States a	nd Canada.		
Governance 2 2	Check	this box 🕨 🔙 if the organization discontinued its operations or disposed	of more than a	25% of its net assets	3.	
ගි 3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	3
		er of independent voting members of the governing body (Part VI, line 1b)			4	3
Activities &		number of individuals employed in calendar year 2015 (Part V, line 2a)			5	0
≩ 6		number of volunteers (estimate if necessary)			6	53
ĕ 7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	
		nrelated business taxable income from Form 990-T, line 34			7b	
	1101 01	TOTAL OF STATE OF STA		Prior Year		Current Year
8	Contri	butions and grants (Part VIII, line 1h)	<u> </u>	1,588,8	84	1,923,925
9 9		am service revenue (Part VIII, line 2g)				2,520,520
Revenue 0 10				199,8	23	239,421
		ment income (Part VIII, column (A), lines 3, 4, and 7d)	` • • • • • ⊢	2,2		235,421
11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · -	1,790,9		2 162 246
12				1,398,0		2,163,346
13		s and similar amounts paid (Part IX, column (A), lines (3)	$ackslash \dots ackslash$	1,330,0	00	1,462,350
14	Benet	ats paid to or for members (Part IX, column (A), line (1)	₹/ -	45.0	01	F2 470
ຸ ສ 15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· \· · · · ⊢	45,6	01	53,470
[16a	Profes	ssional fundraising fees (Part IX, column (A), (internal 11e)	با دهب			
⊼XI b	Total	rundraising expenses (Part IX, column (D), line 25)				
າງ ພ 17	Other	expenses (Part IX, column (A), lines 11a-11d, 111-24e)		42,5		37,400
- 18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,486,1		1,553,220
19 ==	Rever	tue less expenses Subtract line 18 from line 12		304,8		610,126
- 5 8 S			B	eginning of Current \		End of Year
호텔 20	Total	assets (Part X, line 16)		6,479,7	55	7,089,978
≟ ≦ ∰ 21	Total	liabilities (Part X, line 26)				97
Net Assets of Land Balances 20 22 22 22 22 22 22 22 22 22 22 22 22	Net as	ssets or fund balances Subtract line 21 from line 20		6,479,7	55	7,089,881
Part II	Sig	gnature Block				
Under pe	nalties	of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	es and statemen	its, and to the best of	my knowle	dge and belief, it is
v true, com	ect, and	complete Declaration of preparer (other than onicer) is based on all information of which	ii preparer nas a	ily knowledge		
٥.		Mathy a. Breeze		11/	7/16	
Sign		Signature of officer		Date	•	
Here		Kathy A. Soppe, Director of Finance/Treasure	er		_	
		Type or print name and title				
	Print	Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid				self-employ	ed	
Preparer	Eirm's	s name		Firm's EIN ▶		
Use Only		s address >		Phone no		
May the		cuss this return with the preparer shown above? (see instructions)				Yes No
		Reduction Act Notice, see the separate Instructions.		<u> </u>		Form 990 (2015)

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Form 990 (2015)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	1
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			 -
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		<u> </u>
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		
•	Part III			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			ļ
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			i
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated initiations statements for the tax year include a roothete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120	· · · · · · · · · · · · · · · · · · ·			
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 & a		<u>x</u>
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		144		X
D	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	446		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا ۔ ، ا		
	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		İ	
	If "Yes," complete Schedule G, Part III	19		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	, , , , , , , , , , , , , , , , , , , ,	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u>x</u>
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			\vdash
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ь
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	I .		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Ų,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
	Schedule L. Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^-
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		×
30	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2015)

Part				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		. t
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
	reportable gaming (gambling) winnings to prize winners?	1c	x	
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		. ,	- '
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	i		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1		l
	account)?	4a		х
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	1 1		1
52	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		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
.	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		l
-	Organizations that may receive deductible contributions under section 170(c).	"		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		x
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	' 		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		v
_	required to file Form 8282?	' 		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	\vdash		<u>x</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			i 1
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)	 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	∤		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\vdash	_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	↓		
С	Enter the amount of reserves on hand	 		أللل
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			
Saati	ion A. Governing Body and Management	- : -	<u> </u>	х
Secti	ion A. Governing Body and Management		Yes	No
40	Enter the number of voting members of the governing body at the end of the tay year.			
ıa	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			'
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
- 1	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	_x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	_x	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ļ
	the year by the following			
a	The governing body?	8a 8b	_x _x	
ь 9	Each committee with authority to act on behalf of the governing body?	- 00		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		 ? .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	х	
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			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420	.,	
40	describe in Schedule O how this was done	12c	x	-
13	Did the organization have a written whistleblower policy	14	x	
14 15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See. \$chedule	15a		
b	Other officers or key employees of the organization	15b		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a				
	with a taxable entity during the year?	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	40.		
C	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	E041	.)(2):	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	5 01(0)(၁)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inti-	erest	policy	, and
. •	financial statements available to the public during the tax year		- y	,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s ▶	E. 2	1 5 2

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orm	990	(2015)	

		-
Dan	•	

01111 330 (201	<u> </u>									rage
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractors								

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

х

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	orga	nıza	tion	cor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles er and	ss pe	ition more	than or Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Linda Spence, Chairman until 10/2015, Board of Trustees	33.5	x		x				0	0	0
(2) Glynda Samford, Chairman after	35									_
10/2015, Board of Trustees	1.5	X		х				0	0	0
(3) Deborah Taylor	20	ł								0
Board of Trustees (4) Barbara C Olson	20	X		×	⊢		_	0	0	0
Board of Trustees	120	×		×				0	o	0
(5) Jackie Matt,	2	<u> </u>		<u> </u>	-		┢╌			
Executive Director	38	1		×				0	0	0
(6) Kathy Soppe, Director	2									
of Finance, Treasurer	38			х				0	0	0
								-		
					İ					
(10)										
(11)										
(12)								,		
(13)										
(14)										

Par	t VII Section A. Officers, Directors, Trus	stees, Key	/ Em	ploy	/ee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ontinuea	<u>) </u>	
	(A) Name and title	(B) Average hours per	box,	(C) Position (do not check more the box, unless person is officer and a director/				an	(D) Reportable compensation	(E) Reportation compensation	on from	Est am	(F) timated ount of other	
,		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organizat (W-2/1099-	ions	comp fro orga and	pensation the inization related nizations	1
(15)							ed.							
(16)		,												
(17)														
(18)					_							-		 ,
(19)	· · · · · · · · · · · · · · · · · · ·													
(20)													-	
(21)												-	-	
(22)														
(23)														
(24)			-									-		
(25)														
С	Sub-total Total from continuation sheets to Part VII, 5 Total (add lines 1b and 1c)	Section A						> > >						
2	Total number of individuals (including but no reportable compensation from the organization	ot limited to						who	o received more th	an \$100,0	00 of			
3	Did the organization list any former offi employee on line 1a? If "Yes," complete Schee	cer, direct	tor, c	or ti	rust duai	ee,	key	em	nployee, or highes	st compen	sated	3	Yes	No x
4	For any individual listed on line 1a, is the organization and related organizations g individual	reater tha	n \$1	50,	000	?	lf "Υε	es, "	complete Sched	ule J for	such	4		×
5	Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue c	ompe	nsa	tion	fro	m an	y u	inrelated organizat	ion or indiv	vidual	5		x
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest concompensation from the organization Report year	npensated compensa	inder tion fo	oenc or th	dent ne c	t co aler	ntract ndar y	ors ear	that received mor ending with or wit	e than \$10 hin the org	0,000 janizatio	of on's tax		<u>.</u>
	(A) Name and business ad	dress							(B) Description of se	rvices	C	(C) Compens	ation	
N/A	·													
								-						
	Total number of independent contractor	s (includir	ng bi	ut r	not	lım	uted	to	those listed abo	ve) who				
_	received more than \$100,000 of compensat								0	.,				

	990 (20 t VIII			no or note to co	ulino in this Bort \	111		Page 9
		Check if Schedule O contains	s a respons	se of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d 1e 1f 1a-1f \$	336,009 1,587,916	1,923,925			
anue				Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue						
٦	<u>д</u> 3	Total. Add lines 2a-2f	dividen					
	4 5	and other similar amounts)	empt bond	proceeds . ▶	122,519			122,519
	6a b c d	Gross rents						
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses 2, 1	\$13,230 .96,328	(II) Other				
Other Revenue	d 8a	Gain or (loss)			116,902			116,902
Other	b c	See Part IV, line 18 Less direct expenses Net income or (loss) from fundrais	b					
	9a	Gross income from gaming activ See Part IV, line 19	ities					
	b c	Less direct expenses Net income or (loss) from gaming	b		 -			
	10a	Gross sales of inventory, returns and allowances	less					
	b C	Less cost of goods sold Net income or (loss) from sales of	b inventory					
	112	Miscellaneous Revenue		Business Code				
	11a b c	All other revenue						
	d e	All other revenue					· · · · · ·	
	12	Total revenue. See instructions .			2,163,346			239,421

Form 990 (2015) Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	1,394,350	1,394,350		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	50.000	50.000		
	individuals See Part IV, lines 15 and 16	68,000	68,000		
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages	40,954	17,255	21,985	1,714
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,004	844	1,076	84
9	Other employee benefits	7,363	3,102	3,953	308
10	Payroll taxes	3,149	1,327	1,691	131
11	Fees for services (non-employees)				
а	Management				
b	Legal	780		780	
C	Accounting	1,575		1,575	
d	Lobbying				
	Professional fundraising services See Part IV, line 17.				·
1	Investment management fees	13,608		13,608	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				.
12	Advertising and promotion	7 010	4 075	0.427	
13	Office expenses	7,312	4,875	2,437	 -
14	Information technology				
15	Royalties	2 100	1 400	700	
16	Occupancy	2,100	1,400	700	
17	Travel	7,914	7,914		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,168	1,584		1,584
	Conferences, conventions, and meetings	3,100	1,304		1,304
20					
21	Payments to affiliates				- ·
22	, , ,				
23					
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	943			943
•)				
	;				
	·			-	
	All other expenses			•	
	Total functional expenses. Add lines 1 through 24e	1,553,220	1,500,651	47,805	4,764
	Joint costs. Complete this line only if the organization reported in column (B) joint costs		=, 3 5 7, 3 2		
	from a combined educational campaign and fundraising solicitation Check here If				
	following SOP 98-2 (ASC 958-720)			<u></u> <u> </u>	

Form 990 (2015)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa		` 	·
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	93,436	1	<u>59</u> 0,383
2	Savings and temporary cash investments	1,547,485	2	1,744,218
3	Pledges and grants receivable, net	23,726	3	19,966
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees		- 1	
1	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L.		6	_
Assets 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation		10c	
11	Investments - publicly traded securities	4,281,407	11	4,291,897
12	Investments - other securities See Part IV, line 11	533,701	12	443,514
13	Investments - program-related See Part IV, line 11		13	-
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16		6,479,755	16	7,089,978
17	Accounts payable and accrued expenses		17	97
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
စ္က 22	Loans and other payables to current and former officers, directors,			
道	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons Complete Part II of Schedule L		22	
□ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	97
Ses	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
Balances 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
Pund To	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds	4,554,284	30	5,113,965
Assets 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds	1,925,471	32	1,975,916
₹ 33	Total net assets or fund balances	6,479,755		7,089,881
34	Total liabilities and net assets/fund balances	6,479,755		7,089,978
				Form 990 (2015)

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>	<u> </u>	<u></u> .	
1		1	2,	163,	346
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	553,	220
3	Revenue less expenses Subtract line 2 from line 1	3	-	610,	126
4		4	6,	479,	755
5	Net unrealized gains (losses) on investments	5			
6		6			
7		7			
8		8			
9		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	7,	089,	881
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.</u>	х
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod. Ca	ash_			
,	, If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? See. Sched	ule.O	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited				
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		_x_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
			Form	aan	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

P.I	E.O	. International Pea					42-6078					
Pai		Reason for Public Char			omplete	this pa	rt) See instructions					
		inization is not a private four										
1	Ň	A church, convention of chu										
2		A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	0 or 990	-EZ))					
3	一	A hospital or a cooperative										
4	\vdash	A medical research organization	•	_				(iii). Enter the				
•	ш	hospital's name, city, and sta		•	•			• ,				
5				college or university	v owned	or ope	rated by a governme	ntal unit described in				
•	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local gov		nmental unit described	d in secti	on 170(b)(1)(A)(v).					
7	х	An organization that norma						om the general public				
•	لتنا	described in section 170(b)			pport no		VO	on the general peshe				
8	$\overline{}$	A community trust described			Part II)							
9	Н	An organization that norma				rt from	contributions member	ership fees, and gross				
3	ш	receipts from activities rela										
		support from gross investi										
		acquired by the organization						,				
10		An organization organized a										
11	H	An organization organized a						rry out the purposes of				
• •	ш	one or more publicly suppor										
		the box in lines 11a through										
а		Type I A supporting orga										
ű	1	the supported organizatio										
		organization You must co				,		and a ma cappermig				
b		Type II A supporting orga			nnection	with its	supported organization	on(s), by having				
~	_	control or management o										
		organization(s) You must						9				
С	Г	Type III functionally integ			ited in co	nnectio	n with, and functional	lly integrated with.				
·	L	its supported organization						,, <u>.</u>				
d	Γ	Type III non-functionally						ted organization(s)				
_	_	that is not functionally inte										
		requirement (see instructi										
е		Check this box if the orga						I, Type III				
		functionally integrated, or										
f	En	iter the number of supported	-					[]				
g	Pr	ovide the following information	on about the suppo	orted organization(s)								
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-9 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,					
					Yes	No						
(A)				İ								
·~/												
(B)												
						_						
(C)]						
· <i>'</i>	_				<u> </u>	<u> </u>						
(D)												
(E)												
												
Tot	al					[

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,325,315	1,305,914	1,403,150	1,588,884	1,923,925	7,547,188
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	1,325,315	1,305,914	1,403,150	1,588,884	1,923,925	7,547,188
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						200 756
e	shown on line 11, column (f) Public support. Subtract line 5 from line 4				<u>-</u>		789,756
6	tion B. Total Support	<u> </u>		<u> </u>		<u> </u>	6,757,432
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	ndar year (or fiscal year beginning in) Amounts from line 4		1,305,914				7,547,188
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	127,641					609,174
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)				2,259		2,259
11	Total support. Add lines 7 through 10			L,		<u> </u>	8,158,621
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup					1	00 0055+
14	Public support percentage for 2015 (i	ine 6, column (f	f) divided by line	e 11, column (f))		14	82.8257%
15	Public support percentage from 2014	Schedule A, Pa	art II, line 14			15	81.3274%
16a	331/3% support test - 2015. If the						
	this box and stop here. The organizat						• • • ——
b	331/3% support test - 2014. If the check this box and stop here. The org						
47-	10%-facts-and-circumstances test -						
1/a	10% or more, and if the organization						
	Part VI how the organization meets						
	organization						P
h	10%-facts-and-circumstances test -						and line
b	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat						
	supported organization						_
18	Private foundation. If the organization instructions	n did not check	a box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and see	, _
	mod dottoris , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·			Schodulo A (Form 6	

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.)

Sect	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
5	The value of services or facilities				ļ		
	furnished by a governmental unit to the	 					
	organization without charge		i				
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						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6)						
Sec	tion B. Total Support		1		· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6,						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
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				1		
	loss from the sale of capital assets						
	(Explain in Part VI)		<u></u>	<u> </u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is	for the organiza	ation's first, sec	ond, third, fourth	h, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop here	·	<u></u>		<u> </u>	<u> </u>	▶
Sec	ction C. Computation of Public Su	pport Percent	age			-1	
15	Public support percentage for 2015 (line 8	3, column (f) divid	led by line 13, colu	ımn (f))		15	%_
16	Public support percentage from 2014 Sch	edule A, Part III, I	ine 15		<u> </u>	16	<u>%</u>
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2015 (line 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014					1 1	%
	331/3% support tests - 2015. If the o						and line
	17 is not more than 331/3%, check t						
ŀ	331/3% support tests - 2014. If the org						
	line 18 is not more than 331/3 %, chec						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this b	ox and see inst	ructions >
JSA							990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in 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.)

ecti-	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 Part VI 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 Part VI 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 Part VI what controls the organization put in place to ensure such use	3c		
4a	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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	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)	10ь		

Part	V 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		
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		:
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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			
·				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			
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	ization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com-			structions. All			
Section A - Adjusted Net Income						
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	<u> </u>				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)	4-1-					
a Average monthly value of securities	1a		 -			
b Average monthly cash balances			 -			
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			
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			1			
emergency temporary reduction (see instructions)	6		_l			
7 Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting	organization (see			
instructions).						

Part		supporting Organizat	ions (continuea)	
	on D - Distributions	·		Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	npt purposes of support	ed	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
	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			
	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
4	Distributions for 2015 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			<u> </u>
			Schedule	A (Form 990 or 990-EZ) 2015

III, line 12; Part IV, S B, lines 1 and 2; Pai 3a and 3b; Part V, lii lines 2, 5, and 6. Als	rt IV, Section C, ne 1; Part V, Sec	line 1; Part IV, S ction B, line 1e; F	ection D, lines Part V, Section	2 and 3, Part IV, D, lines 5, 6, and	Section E, lines 1d d 8; and Part V, Se	c, 2a, 2b,
Part II, Line 10:						
Other Income:	2011	2012	2013	2014	2015	
Scholarship Repymts:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Currency Exchange:	\$0.00	\$0.00	\$0.00	\$2,259	\$0.00	
Total:	\$0.00	\$0.00	\$0.00	\$2,259	\$0.00	
			<u>,</u>			

					_	
					-	
						
			-			-
					<u>.</u>	

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2015 Open to Public

Inspection

Schedule D (Form 990) 2015

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

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

Par								
3	Using the organization's acquisition	n, accession, and o	ther records, chec	k any of th	e follow	ing that are a sigi	nificant u	se of its
	collection items (check all that appl	y)						
а	Public exhibition			or exchange	e prograr	ns		
b	Scholarly research		e Other					
С	Preservation for future gener	rations						
4	Provide a description of the organ	nization's collections	and explain how	they furthe	r the org	ganization's exemp	t purpose	ın Part
	XIII							
5	During the year, did the organization					_	 -	
	assets to be sold to raise funds rath		ined as part of the	organizatio	n's collec	tion?	Yes	No
Par	Complete if the organizati	rangements. on answered "Yes	" on Form 990, Pa	art IV, line	9, or re	oorted an amoun	t on Forn	n
	990, Part X, line 21							
1 a	Is the organization an agent, truste						_	_
	included on Form 990, Part X?					[Yes	∐ No
b	If "Yes," explain the arrangement is	n Part XIII and comp	lete the following ta	ble	1			
	_				-	Amount		
	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
7	Ending balance					account liability?	Yes	No
	If "Yes," explain the arrangement in	·				·		H
Par		II FAIL XIII CHECK HE	ere ii trie explanation	i nas been j	orovided	on at Am	<u> </u>	4
Гаі	Complete if the organizat	ion answered "Yes	s" on Form 990. P	art IV. line	10.			
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four y	ears back
4.	Beginning of year balance	1,925,471	1,843,433		3,542	1,734,496		32,880
1a b	Contributions		50,000			,		
	Net investment earnings, gains,							
·	and losses	101,449	80,587	12	5,496	78,964	4	19,903
А	Grants or scholarships	· · ·			·			
	Other expenditures for facilities							
•	and programs	5,872	42,567] 3	9,955	44,551	4	11,898
f	Administrative expenses	45,132	5,982		5,650	5,367		6,389
	End of year balance	1,975,916	1,925,471	1,84	3,433	1,763,542	1,73	34,496
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as			
	Board designated or quasi-endown		_%					
b	Permanent endowment ► 100.0							
C	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	•						
3 a	Are there endowment funds not in	the possession of the	ne organization that	are held a	nd admir	istered for the	[57	, Taa
	organization by							es No
	(i) unrelated organizations						3a(i)	x
	(ii) related organizations							×
b	If "Yes" on line 3a(ii), are the related						3b	х
4	Describe in Part XIII the intended							
Pal	t VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line	e 11a. S	ee Form 990, Pa	rt X, line	10.
	Description of property	(inves		or other basis other)		cumulated (eciation	d) Book valu	е
1a	Land							
b	Buildings				 		 _	
C	Leasehold improvements							
d e	Equipment				 			
	Other		m 990. Part X. colum	n (B), line 1	(Oc.)	•		
1010	m moo ta anoagn to (ootam	. , z,zor oquar r on		(-),	/		lule D (Form	n 990) 2015

Schedule D (Form 990) 2015

JSA 5E1270 1 000

Part VII	Investments - Other Securities.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives	433,514	Cost	
	held equity interests			
(3) Other_				
(//				
_ <u>_ (B)</u>				
(C)				
<u>(D)</u>				
				<u> </u>
(G)				
(H)		122 514		
	n (b) must equal Form 990, Part X, col (B) line 12)	433,514		
Part VIII	Investments - Program Related. Complete if the organization answered	1 "Voc" on Form 990	Part IV line 11c Sec Form 990	Dart V. lina 12
		Τ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(4)				
(1)		-		
(2)				
<u>(3)</u> <u>(4)</u>				
(5)		-		
(6)				
(7)				
(8)				
(9)		 		
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		escription		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)	_			
(4)				-
(5)				
(6)				
(7)	· ·			-
(8)				
<u>(9)</u>				
	umn (b) must equal Form 990, Part X, col (B)	line 15)	<u>,</u> ,,	
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1	(a) Description of liability	(b) Book valu	ie l	
1. (1) Fede	ral income taxes	(b) Dook vait		
(2)	TOT INSOME TAXOS			
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)		· 		
(6)				
(7)		<u> </u>		
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25) ▶		
	or uncertain tax positions. In Part XIII, provide the		the organization's financial statements that	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.
4	Total revenue, gains, and other support per audited financial statements	1
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
2	Net unrealized gains (losses) on investments	
a b	Donated services and use of facilities	
b	Recoveries of prior year grants	
c d	Other (Describe in Part XIII)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
c	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on 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	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	ا م
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	,
а	Investment expenses not included on Form 990, Part VIII, line 7b	
þ	Other (Describe in Part XIII)	4c
	Add lines 4a and 4b	
5 Part	XIII Supplemental Information.	
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	art V, line 4, Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation
Pt.	V, Line 4Net income from the endowment fund of the reporting organ	nization is
used	to provide additional funds for the educational scholarships as we	ll as to
nrou	ide support toward the costs of administering the organization.	
PLOV	ide Support toward the costs of daminitotetring one organizations	
		

Schedule D (Form 990) 2015	Page 3
Part XIII Supplemental Information (continued)	
	
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	- · · · · · · · · · · · · · · ·
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Schedule D (Form 990) 2015

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

OMB No 1545-0047

42-6078058 P.E.O. International Peace Scholarship General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1	For grantmakers. Does the organssistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pr	ocedures for monitoring	the use of its grants	and other
3	Activities per Region (The follow	ung Part I line	3 table can be	e duplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
_(1)	North America	0	0	grantmaking	scholarships	68,000
_ (2)	Europe			investments		123,000
_(3)	Cntrl Amer & Caribb			investments		10,000
_(4)	E. Asia & Pacific		·	investments	,	20,000
(5)	North America			investments		9,000
_(6	·					
_(7	·					
_(8)					
_(9						
(10)					
(11)	<u> </u>			-		
(12						-
<u>(13</u>						
<u>(14</u>		,				
(15)	-				-
<u>(16</u>)					-
<u>(17</u>		0	0			230,000
	Total from continuation sheets to Part I					
	Totale (add lines 3a and 3h)	0	0		1	230.000

Page 2

Schedule F (Form 990) 2015

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

tion valuation (i) Method of valuation (book, FMV, appraisal, other)																
f (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 (b) section organization (if																
-	£	(2)	9	3	(5)	9	5 5	<u> </u>	6 6	(19)	5 5	(12)	(13)	(14)	(15)	(16)

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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. (h) Method of valuation (book, FMV, appraisal, other) N/A(g) Description of non-cash assistance N/A 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement 68,000 check (d) Amount of cash grant (c) Number of recipients 7 North America (b) Region (1) Educational Awards/Grants (a) Type of grant or assistance Part III (14) (12) (13) (15) (16) 13 4 (9) 8 (10) **E** (2) 3 (2) 5 6

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Schedule F (Form 990) 2015

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2.	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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	× 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 .54.71.nqt, 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	× 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 US Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	× 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	x No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), 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,	ine 2Proof of enrollment is required before an award can be granted and	
recipie	ts are required to submit proof of enrollment each semester. The reports are	
reviewe	and acted upon as necessary. All scholarships paid outside the U.S. are paid	
for red	pients studying in Canada.	
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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OMB No 1545-0047	2015
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Open to Public Inspection

). Employer identification number

P.E.O. International Peace Scholarship	arship					42-6078058	
_	d Assistance						
es	ubstantiate the	amount of the	grants or assistar	nce, the grantees'	eligibility for the grant	_	
the selection criteria used to award the grants or assistance?	is or assistance	٠				_	× Yes No
2 Describe in Part IV the organization's proced	dures for mon	toring the use o	of grant funds in the	United States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	omestic Org ent that reco	janizations an eived more tha	d Domestic Gov In \$5,000 Part II	ernments. Com can be duplicate	plete if the organizade if additional spa	ation answered "Ye ce is needed	s" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
	7-						
(3)							
(4)							
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(7)							
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(10)							
(11)	<u> </u>						
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d governmen	corganizations	isted in the line 1 t	able		A	
3 Enter total number of other organizations listed in the line 1 table	listed in the lir	le 1 table					

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

Schedule I (Form 990) (2015)

JSA 5E1288 1 000

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 N/A (e) Method of valuation (book, FMV, appraisal, other) N/A 0 (d) Amount of non-cash assistance 1,394,350 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of 163 recipients 1 Educ awards for edu study in U\$ (a) Type of grant or assistance Part IV Part III 40 ~ ဖ

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

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

semester. These reports are acted upon as necessary.

JSA 5E1289 1 000

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.

20**15**

► Attach to Form 990 or 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

P.E.O. International Peace Scholarship

Employer identification number

42-6078058

Part I,	Line 6:	The number	of	volunteers	is	estimated,	based	on	the	number	of	state	

chairmen and number of Board of Trustees.

Part VI, Line 7a-7b: The president of the related "parent" organization, International Chapter of the P.E.O. Sisterhood, appoints the board of trustees for the organization.

Some decisions of the board of trustees are subject to approval by executive board of parent organization.

Part VI, Line 11: Copies of Form 990 were provided to each member of the board of trustees and to the audit committee of parent organization prior to filing. A formal review process was conducted with the audit committee, with opportunities for questions from that committee and the board of trustees to be addressed before the return was filed.

Part VI, Line 12c: Conflicts of Interest policies and signature pages are distributed yearly to each member of the board of trustees. Signature pages are collected at the office in Des Moines, IA and monitored for completion. Any conflicts of interest that arise pursuant to this process or otherwise throughout the year are to be reported immediately, and the remaining members take the appropriate action.

Part VI, Lines 15a-15b: The organization's Executive Director is employed by the related "parent" organization, International Chapter of the P.E.O. Sisterhood, and the organization shares her services with International Chapter. The International Chapter explains on its Form 990 the process determining the Executive Director's compensation. A similar arrangement exists for the Director of Finance/Treasurer.

SCHEDULE R (Form 990)

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.

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

P.E.O. International Peace Scholarship

Name of the organization Department of the Treasury Internal Revenue Service

2015 2015

Open to Public Inspection

Employer Identification number 42-6078058

(f) Direct controlling entity 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 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Partl (4) (2)<u>ල</u> 3 9 Ξ

One of more related tax-exempt organizations during the	וכ ומץ לכמו						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				,		Yes	No
(1) Int'l Chapter P.E.O. Sisterhood 42-04538	59						
3700 Grand Avenue, Des Moines, IA 50312	membershp org lowa	Іома	501(c)4	N/A	N/A		×
(2) P.E.O. Scholar Awards 42-13790	56						
3700 Grand Avenue, Des Moines, IA 50312	schol. fund	Iowa	501(c)3	7	See Pt VII		×
(3) P.E.O. Educational Loan Fund 42-607805	6						
3700 Grand Avenue, Des Moines, IA 50312	loan fund	Iowa	501(c)3	7	See Pt VII		×
(4) P.E.O. Prog. for Continuing Educ. 23-74053	11						
3700 Grand Avenue, Des Moines, IA 50312	grant fund	Іома	501 (c) 3	7	See Pt VII		×
(5) P.E.O. Foundation 42-60945	24						
3700 Grand Avenue, Des Moines, IA 50312	educ scholshp Iowa	Iowa	501(c)3	7	See Pt VII		×
(6) Cottey College 44-05452	71						
1000 West Austin, Nevada MO 64772	college	Missouri	501(c)3	2	See Pt VII		×
(7) Cottey College Building Fund 42-60780	91						
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 R (Form 990) 2015	۲ (Form 99)	0) 2015

SCHEDULE R (Form 990)

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.

Information about Schedule R (Form 990) and its instructions is at www.irs.gow/form990.

2015

OMB No 1545-0047

Open to Public

International Peace Scholarship

P.E.O.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 42-6078058

(g) Section 512(b)(13) controlled ŝ (f) Direct controlling × entity 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 (e) End-of-year assets entity (if section 501(c)(3)) Public chanty status 11-Type II (d) Total income <u>e</u> 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 Legal domicile (state or foreign country) (b) Primary activity Iowa fund Primary activity endow. 30-058365 42-607801 50312 (a) Name, address, and EIN (if applicable) of disregarded entity $_{
m IA}$ Name, address, and EIN of related organization 3700 Grand Avenue, Des Moines, (1) Cottey College Endowment Fund (2) P.E.O. STAR Scholarship Fund Part II Part I 9 2 (3) 4 2 (1)

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

Schedule R (Form 990) 2015

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See Pt VII

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3700 Grand Avenue, Des Moines,

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Schedule R (Form 990) 2015

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 Yes No (k) Percentage ownership (h) Percentage ownership (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 (g) Share of end-of-year assets (I)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income (h) Disproportorate alboatora? ŝ Yes (g) Share of end-of-(c) Copp. S cop. or trust) year assets (f) Share of total income (d)
Direct controlling
entity 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) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) (a) (a) Name, address, and EIN of related organization Primary activity (a)
Name, address, and EIN of related organization N/A N/APart IV Part III € (4) (7 (7 3 (5) 9 $\widehat{\Xi}$ 9 9 3 (3) (4) 2

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

All the section of th			×	Yes No
Note. Complete line 1 if any entity is listed in Parts II, iii, of IV of ulls schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations liste	d in Parts II-IV?		
			1a	×
A receipt of (// interest, (ii/ annutrest, (iii/ refamics) of (ii/	· · · · · · · · · · · · · · · · · · ·		4 P	×
	· · · · · · · · · · · · · · · · · · ·		12	
			\perp	>
d Loans or loan guarantees to or for related organization(s)			<u>-</u> : :	<
e Loans or loan guarantees by related organization(s)				×
			+	>
f Dividends from related organization(s),			:	;
				< >
h Purchase of assets from related organization(s)			=	4
i Exchange of assets with related organization(s),			= ;	×
j Lease of facilities, equipment, or other assets to related organization(s)			- - :::	×
			7	
k Lease of facilities, equipment, or other assets from related organization(s)			 	<u> </u>
1 Performance of services or membership or fundraising solicitations for related organization(s)			= :::::::::::::::::::::::::::::::::::::	×
m Performance of services or membership or fundraising solicitations by related organization(s),			1m	×
			1n 3	×
			10,	×
o Strattling of pard entiployees with related organization(s)			ļ	
Beimburgement paid to related opposition(s) for expenses			10	<u>×</u>
			19	×
			-	
r Other transfer of cash or property to related organization(s)			-	×
s Other transfer of cash or property from related organization(s)			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	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nınıng ed
(1) P.E.O. Foundation	υ	336,000	Cash-FMV	
(2) International Chapter P.E.O. Sisterhood	o.m	53,470	Cash-FMV	
(3)				
(4)				
(9)				
(9)				
JSA 5E1309 1 000		Sch	Schedule R (Form 990) 2015	0) 2015

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) S Share of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No	- +	Yes No	
(1)										
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(16)							-		_	
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Part VII Provide additional information for responses to questions on Schedule R (see instructions)
Part II, Lines (2)-(7) pg. 1/2, Lines (1)-(2) pg. 2/2, col (f): The direct
controlling entity for referenced related organizations is The International Chapter
of the P.E.O. Sisterhood. The executive board of this organization either appoints
trustees or governs directly for each of the aforementioned related oragnization.
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