(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> F	or the	2019	calendar year, or tax year beginning	July 1	, 2019,	and ending		June 30		, 20 2	0			
n -			C Name of organization					D Employer idea	itification r	number				
в с	hock if ap	oplicable	P.E.O. Program for Con	tinuing Education	n									
	Addre	Doing histories as							23-7405311					
		change	Number and street for B.O. how if mail is not delivered to street address.						mber					
	trotiel	return	3700 Grand Ave	and Ave				515-25	5-3153	ł				
		return/	City or town, state or province, country, a	nd ZIP or foreign postal code				313 23	<u> </u>	<u></u>				
\vdash	Lermin Amen	deá	Des Moines, IA 50312	• '				G Gross receipts	s	5 7/0	9,994			
\vdash	return Applic		F Name and address of principal officer	·				H(a) Is this a grou		Yes	X No			
L	pendu	u o	• •			_		subordinates	?	-	-:- -			
	T		Dana Van Roekel, same		.=	- /\ \ \		H(b) Are all subord		Yes	No			
		empt st	1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		47(a)(1)	or () /52	/			e instructions)			
	_	te: 🕨	www.peointernational.c			\- ₋		H(c) Group exem		<u> </u>				
		of organ		Association Other		L Year of	format	ion 1973 M	State of leg	al domicile	<u>IA</u>			
Ľ	art i		mmary	· · · · · · · · · · · · · · · · · · ·										
	1	Briefly	describe the organization's mission or	most significant activities _T	o pro	<u>ovide ne</u>	ed-l	based gra	nts to	<u> </u>				
ç		qua:	<u>lified women to further</u>	their education										
ğ														
ver	2	Check	this box 🕨 🔙 if the organization di	scontinued its operations of	r dispose	ed of more tha	an 25%	of its net assets	3					
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		3			
∞ 5	4	Numb	er of independent voting members of the	ne governing body (Part VI, II	ne 1b) .				4		3			
Activities &	5	Total	number of individuals employed in cale	ndar year 2019 (Part V, line 2	2a)				5		0			
.≑	6		number of volunteers (estimate if necess						6		54			
Ä	7a		unrelated business revenue from Part VI						7a					
	b	Net u	nrelated business taxable income from F	orm 990-T, line 39					7b					
								Prior Year		Current \	/ear			
	8	Contri	butions and grants (Part VIII, line 1h)	Dogain.	استاست	00		3,117,7	83	3.300), 311			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			corres '					7			
ě		Invest	ment income (Part VIII, column (A), line	s 3 4 and 7d)	- OSC	; 07		326,3	13	402	2,916			
œ	11				10						.7 220			
	12	3(1) 1 3 2021							96	3,703,22	227			
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)					3,444,096 3,769,700			3,750			
	14	Renef	its paid to or for members (Part IX, colur	ļ	3,103,1	- -	3,000	7730						
			es, other compensation, employee bene-	 	45,4	79	A (9,042						
Expenses	162		ssional fundraising fees (Part IX, column		<u> </u>	43,4	03	4 :	7,042					
beu	l lua													
Ä	4.7		fundraising expenses (Part IX, column (E		# 10	5	<u> </u>	20.7	35					
			expenses (Part IX, column (A), lines 11	· · · · · · · · · · · · · · · · · · ·	गः उ	' ⊙ · · ∕√·	 -	32,7			5,009			
	18	Dame	expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)		\cdots	-	3,847,8			3,801			
_ <u></u>	19	Rever	nue less expenses Subtract line 18 from	Ilne 12	6 0 4	· 2021 · · \	Boole	-403,7			9 <u>,426</u>			
Net Assets or Fund Balances							Değin			End of Ye				
Sala	20		assets (Part X, line 16)	DECENT	n' Fi	1414	<u></u>	8,501,1	30	9,050), 55 <u>6</u>			
ag g	21		habilities (Part X, line 26)		D. EI	ITITY DÉF	# -							
			ssets or fund balances Subtract line 21	from line 20		/	<u> </u>	8,501,1	30	9,050	<u>556</u>			
	rt II	<u>`</u>	gnature Block											
true	e, corre	ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	officer) is based on all informat	ion of whi	ch preparer ha	is any k	nowledge	niy knowi	euge ano c	rener, it is			
			D V O. I.					11-0	5-20					
Sig	ın	<u> </u>	Signature of officer					Date	20	···-	_			
He			•					54.5						
) 7	Dana Van Roekel, Directive or print name and title	tor of Finance/T	reasu	rer								
		.	Type preparer's name	Preparer's signature		Date			, PTIN					
Paid	t	' ''''	. 15-2 brokerer a riginie	Sparer o dignotoro		Jane		Self-employ	; " {					
Pre	parer	-					_							
	Only		s name 🕨					Firm's EIN						
			s address ►	ahaa ahaa ah				Phone no			11			
_			iscuss this return with the preparer		uctions)	· · · · · ·			<u>l</u>	Yes	No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions						Form 99	U (2019)			

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For	990 (2019) Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To provide need-based grants to qualified women in the United States and Canada
	whose education has been interrupted and who find it necessary to return to school
	to support themselves and/or families.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code) (Code)
4a	(Code) (Expenses \$ 3,123,030 including grants of \$ 3,068,750) (Revenue \$)
	1895 grants were awarded during the year, totaling \$3,068,750. The maximum grant is
	\$3,000 per person.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	2." (2.1.) :
44	Other program services (Describe on Schedule O)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,123,030
	J, 12J, UJU

ABDFIRM Page 3

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 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
٠	candidates for public office? If "Yes," complete Schedule C, Part I	3		Lx
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_ <u> </u>	·	-^
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
_		-		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		٠,
_	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5		_ X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, 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	<u> </u>		}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			17.
	VII, VIII, IX, or X as applicable	が続い	翻機	5.00
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u></u>	X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	ļ
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			}
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			ļ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		[
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	}		1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ì	1	1
	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			1
	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		ŀ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	90 (2019)		F	age 4
Part	IV Checklist of Required Schedules (continued)	- 1	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		108	-NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	i
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		х
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			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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			i
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
0.0	If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		'	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	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		X
32		22		v
33	complete Schedule N, Part II	32	-	_X_
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
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	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ŀ	
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pari				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
1 0	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
J	reportable gaming (gambling) winnings to prize winners?	1c	x	
JSA 96 1030				(2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ <u>Cayman Islands</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.		
	required to file Form 8282?	7c		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7g 7h		
8	·	711		
0	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		ĺ
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	'		
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	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 [12b]			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			1
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			
	Enter the amount of reserves on hand			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ۔ ا		
	excess parachute payment(s) during the year?	15		<u> </u>
4.0	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X
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r all				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent			ĺ
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a		- "		_
1 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	v	l
_	one or more members of the governing body?	7a	<u> X</u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l <u>.</u> . i		1
_	stockholders, or persons other than the governing body?	7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	<u> </u>	 -
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
	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	X	
ь				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			$\overline{}$
·	describe in Schedule O how this was done	12c	Х	
13		13	X	
	Did the organization have a written whistleblower policy?	14	x	
14	Did the organization have a written document retention and destruction policy?	1-4		
15	Did the process for determining compensation of the following persons include a review and approval by			1
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		ł
a	The organization's CEO, Executive Director, or top management official . See. Schedule . O	15a		
b	Other officers or key employees of the organization See Schedule. O	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ĺ
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	•		\ - /
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est r	olicy
	and financial statements available to the public during the tax year		· F	J.,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s ►		
	Dana Van Roekel, 3700 Grand Ave, Des Moines, IA 50312 515-2		153	
JSA				(2019)

	(2019)	

Page 7

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

. X

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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor	any related	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or tru	stee
(A) Name and title ′	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	rson	than of the state	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) Carol Jean Wyble, Chrman until 9/19	30									
Board of Trustees		х		x	l			0	0	l c
(2) Susan Penrod, Chrman after 9/2019	38									
Board of Trustees	2	Х		Х				0	0	l
(3) Debra Dumler	20									
Board of Trustees		Х	<u> </u>	X				0	0	0
(4) Beverly Prewitt	20		İ					İ		
Board of Trustees		X	$oxed{oxed}$	x				0	. 0	
(5) Kathy Soppe, Exec Dir after 11/19	2	ļ								
Dir of Finance/Treas until 6/20	38			х				0	0	0
(6) Dana Van Roekel, Director	2									
of Finance, Treasurer after 5/20	38			Х		Ĺ		0	0	L c
(7) Jackie Matt	2									
Executive Director until 11/19	38			Х			<u> </u>	0	0	c
(8)										
(9)										
(10)										
(11)						-				
(12)										
(13)		-		-	_		<u> </u>			
(14)	-				_		-			
	1	1	1	1	1	1	4	1	l	i .

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued))					
(A) Name and title	(B) Average hours per week	box office	unles	Pos heck ss pe d a d	rson irect	than one that the that the that the that the that the that the that the that the that the the that the the that the that the that the that the that the that the that the that the that the that the that the that the that the that the that the the that the the that the the that the the the that the the the the the the the the the th	an ee)	(D) Reportable compensation from the	(E) Reporta compensa from rela	ation	Estimat of	(F) ed amount other ensation
	(first any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	t compen ee		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		organi	m the zation and rganizations	
(15)												
(16)			-	-								
(17)									 	···		
(18)												
(19)					_							
							_					
(20)												
(21)												
(22)												
(23)												
(24)					\vdash		-					
(25)							_					· · · · -
1b Subtotal	Section A .											
Total number of individuals (including but n reportable compensation from the organization)	ot limited t	o tho	se l	iste	d al	oove)	wh	o received more the	han \$100,0	000 of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheel For any individual listed on line 1a, is the organization and related organizations gundividual	dule J for so sum of re reater than	ich in porta n \$1	divid ble 50,0	dual cor 000	npe 7 /	nsatio	 on : os,"	and other comper	 nsation from ule J for 	 n the such	3 4	Yes No
for services rendered to the organization? If " Section B. Independent Contractors		-					-				5	Х
Complete this table for your five high compensation from the organization Report	est compe	ensate	ed of	inde	per	ndent	CC	ontractors that re	eceived m	ore the	an \$10	00,000 of
(A)			101	uie	Cal	- Iuai	7	(B)			(C)	
Name and business add	ess				_			Description of ser	rvices		Compens	Blion
							-					
2 Total number of independent contractor received more than \$100,000 of compensat							to	those listed abo	ove) who		Form	990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	9 2 3,300,311			
Prog	e f g	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	171,181			171,181
	6a b	Gross rents 6a Less rental expenses Rental income or (loss) 6c	<u> </u>			
	d 7a	Net rental income or (loss)				
ther Revenue	b c d	Less cost or other basis and sales expenses	231,735			231,735
Othe	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	9 a	Gross income from gaming activities See Part IV, line 19 9a				
	b c	Less direct expenses				
	10a b	returns and allowances				
Miscellaneous Revenue	11a b c	Net income or (loss) from sales of inventory. Business Code All other revenue				
ISA	12 1 2 000	Total. Add lines 11a-11d				402,916 Form 990 (2019)

Form 990 (2019) Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colur	nn (A)
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	2,969,150	2,969,150		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	99,600	99,600		
	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)		,		
	Other salaries and wages	41,488	38,680	2,169	639
	section 401(k) and 403(b) employer contributions)	2,487	2,319	130	38
	Other employee benefits	2,009 3,058	1,873 2,851	105 160	31 47
11	Payroll taxes	3,030	2,031	100	
	Management				
	Accounting	1,275		1,275	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17.	26.010		16.040	· · · · -
	Investment management fees , , , , , , , , ,	16,240		16,240	
8	Other (If line 11g amount exceeds 10% of line 25 column				
40	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	7,745	2,582	5,163	
13 14		1,145	2,302	3/200	
15					
16	Occupancy	2,050	683	1,367	
17		1,886	1,886		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,813	3,406		3,407
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	<u> </u>	-			
	d				
	All other expenses				
	Total functional expenses Add lines 1 through 24e	3,153,801	3,123,030	26,609	4,162
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				

-	D - 1	01 1
Part X	Balance	Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	181,090	1	48,643
	2	Savings and temporary cash investments	3,049,021	2	3,928,124
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	_	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	41	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	4,816,516	11	4,312,685
	12	Investments - other securities See Part IV, line 11	454,462	12	761,104
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	_
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,501,130	16	9,050,556
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		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		l i	
		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	
nces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds	6,109,060	29	6,510,880
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	5,105,000	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	2,392,070		2,539,676
et /	32	Total net assets or fund balances	8,501,130		9,050,556
Z	33	Total liabilities and net assets/fund balances	8,501,130		9,050,556
			0,001,100	للتتا	Form 990 (2018)

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization

O Program for Continuing Education

Employer Identification number

_P.	E.O. Program for Conti	<u>inuing Educa</u>	<u>tion</u>			23-7405	311
Pa	rt I Reason for Public Char	rity Status (All o	rganizations must c	omplete	this pa	irt) See instructions.	
The	organization is not a private four	ndation because it	is (For lines 1 through	h 12, che	eck only	one box)	
1	A church, convention of chu						Q)
2	A school described in section	on 170(b)(1)(A)(ii).	. (Attach Schedule E	Form 99	0 or 990	-EZ))	()
3	A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	\bigcup
4	A medical research organization	ation operated in (conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and sta	ate					
5	An organization operated for	or the benefit of	a college or universit	y owned	or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C	omplete Part II)					
6	A federal, state, or local government	vernment or gover	rnmental unit describe	d in secti	ion 170(b)(1)(A)(v).	
7	X An organization that norma	ally receives a sub	stantial part of its su	pport fro	m a go	vernmental unit or fro	om the general public
	described in section 170(b)	(1)(A)(vi). (Comple	ete Part II)				
8	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II)			
9	An agricultural research org	janization describe	ed in section 170(b)(1)(A)(ix) c	perated	in conjunction with a	land-grant college
	or university or a non-land-g	grant college of ag	riculture (see instruct	ions) Er	iter the i	name, city, and state of	the college or
	university						
10	An organization that normal receipts from activities relat support from gross investm acquired by the organization	ted to its exempt f ent income and ui n after June 30, 19	unctions - subject to on inrelated business tax 1975 See section 509	certain e: able inco (a)(2). (C	xception me (les: omplete	s, and (2) no more that s section 511 tax) from Part III)	n 331/3% of its
11	An organization organized a			-	•		
12	An organization organized a			•			
	of one or more publicly sur			,		• • • •	
	Check the box in lines 12a tl						
а		•		•	• • •	•	
	the supported organizatio		•		ajority of	the directors or truster	es of the
	supporting organization Y	•	•				
b		•				• • •	• • •
	control or management o		=	tne same	e persor	is that control or man	age the supported
	organization(s) You must						
С	Type III functionally integ	-					ly integrated with,
	its supported organization		·				
d	<i>,</i> ,	-		-			
	that is not functionally inte	-		•		·	an attentiveness
_	requirement (see instructi						I Tuno III
е	 Check this box if the orga functionally integrated, or 					• • • • • • • • • • • • • • • • • • • •	і, туретіі
f	Enter the number of supported			porting t	nyamzai	1011	
g g							
	(i) Name of supported organization			(IV) Is the	roanization	(v) Amount of monetary	(vi) Amount of
	(,,	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
			above (see instructions))	Yes	No	Instructions)	instructions)
(A)							
(B)							
(C)				 			
(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)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not Include any "unusual grants")	3,105,085	3,619,023	2,815,387	3,117,783	3,300,311	15,957,589
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	3,105,085	3,619,023	2,815,387	3,117,783	3,300,311	15,957,58 <u>9</u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,971,351
6	Public support. Subtract line 5 from line 4	<u></u>					13,986,238
	tion B. Total Support	r ,	T		·	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,105,085	3,619,023	2,815,387	3,117,783	3,300,311	15,957,58 <u>9</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	127,342	124,836	158,868	197,020	171,181	779,247
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>		16,736,836
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>		nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (I						83.5656%
15	Public support percentage from 2018						84.1326%
тба	33 1/3 % support test - 2019. If the or						
h	box and stop here. The organization q			-			
	331/3% support test - 2018. If the orthis box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	n		▶ □
17a	a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.						
b	organization			ot check a box d-circumstances	on line 13, 16 test, check t	ia, 16b, or 17a his box and s	► , and line top here.
18	supported organization						
	instructions		· · · · · · · · · · ·	<u> </u>			
						Schodula A (Form	990 or 990.F7) 2019

Schedule A' (Form 990 or 990-EZ) 2019

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

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

Sec:	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	j					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/		
•	unrelated trade or business under section 513 .			/	1		
4	Tax revenues levied for the					-	
•	organization's benefit and either paid to						
	· ·						
5	or expended on its behalf	-				<u> </u>	
9							
	furnished by a governmental unit to the]	
_	organization without charge			/	 -	 	
6	Total. Add lines 1 through 5					<u> </u>	
7 a	Amounts included on lines 1, 2, and 3					1	
	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						u
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		/			<u> </u>	
8	Public support. (Subtract line 7c from	á					
	line 6)	/		<u> </u>	<u> </u>	<u> </u>	
<u>Sec</u>	tion B. Total Support			r			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 201/5	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6,					<u> </u>	
10 a	Gross income from interest, dividends						
	payments received on securities loans, rents, royalties, and income from similar						
	sources	/					
ь	Unrelated business taxable income (less	,					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
	· · · · · · · · · · · · · · · · · · ·						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)				}	1	
13	Total support. (Add lines 9, 10c, 11,					 	
1.3	and 12)						
4.4	First five years, If the Form 990 is for	or the economic	tion's first soon	nd third fourth	or fifth toy	toos as a noction	501(0)(3)
14	<i>,</i>	-					
<u>~~</u>	organization, check this box and stop here.			· · · · · · · · · · · · · · ·	· · · · · · · · · · · ·		••••
	Bubble support persentage for 2010 (less 8						
15	Public support percentage for 2019 (line 8,		-				
16	Public support percentage from 2018 Sche			<u> </u>		16	%_
	tion D./Computation of Investment						
17	Investment income percentage for 2019 (lin						<u> </u>
18	investment income percentage from 2018						%_
19 a	33/1/3 % support tests - 2019. If the or	-					
	17 is not more than 331/3%, check the	is box and sto	p here. The org	anızatıon qualıfie	s as a publicly	supported organ	ization . ►
タ	$\sqrt{331/3\%}$ support tests - 2018. If the org	anization did no	t check a box or	line 14 or line	19a, and line 16	s is more than 33	1/3 %, and
/	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ızation 🕨 🔃
20	Private foundation, if the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions -
JSA 9E 122	21 1 000					Schedule A (Form	990 or 990-EZ) 2019

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

ecti	on A. All Supporting Organizations		Yes	Νo
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_		
3 a	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 (as 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_		
9 a	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_		
С	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)	10b		

Part	Supporting Organizations (continued)		<u>·</u>	
•			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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	<u>11c</u>		
3601	on B. Type roupporting organizations		Yes	No
			163	110
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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Sect	ion C. Type II Supporting Organizations	2		<u> </u>
0000	on o. Type ii dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 00	
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>		,	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	_1_		
<u>Sect</u>	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	}	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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			ļ
	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			
Sact	ion E. Type III Functionally Integrated Supporting Organizations	_3_	 _	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
, a	The organization satisfied the Activities Test. Complete line 2 below	0000	0113)	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	· · · · · · · · · · · · · · · · · · ·		1	
	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 position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatior	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		T
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	_].		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	-		
see instructions)	4		_]
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally	y integr	ated Type III supporting	g organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	instructions			
_3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
<u>c</u>	From 2016			
d	From 2017			
е	From 2018			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	<u> </u>	<u> </u>	
<u>h</u>	Applied to 2019 distributable amount		·	
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		<u> </u>	
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			İ
	and 4c		 	
	Breakdown of line 7			
a	Excess from 2015		 	
<u>b</u>	Excess from 2016		 	
	Excess from 2017			
d e	Excess from 2018			
	LAUGGO HUHI ZUID	i	1	i

Schedule A (Form 990 or 990-EZ) 2019

OUDDIGHT HINDINGHOLL FLOYING HIS EXDIGHTUID FEMALED BY COLL II. HIS TO, CALL II. HIS TABLE TA US TAD CALL
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E
lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
 <u>'</u>
·

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury			Open to Public	
	nal Revenue Service	► Go to www.irs.gov	Form990 for instructions and the latest info	rmation. Inspection
Name	of the organization			Employer Identification number
		for Continuing Educat		23-7405311
Pa			ised Funds or Other Similar Funds	or Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2	Aggregate value of	of contributions to (during year)		
3	Aggregate value of	of grants from (during year)		
4	Aggregate value a	at end of year		
5	Did the organizat	ion inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
			fit of the donor or donor advisor, or for	
			<u> </u>	Yes No
Pa		ition Easements.		
			"Yes" on Form 990, Part IV, line 7	
1		-	e organization (check all that apply)	
		n of land for public use (for example		n of a historically important land area
		of natural habitat	Preservation	n of a certified historic structure
_		on of open space		
2	· · · · · · · · · · · · · · · · · · ·	-	eld a qualified conservation contribution	
		last day of the tax year		Held at the End of the Tax Year
а				2a
b	_		s	f. 1
C .			historic structure included in (a)	2c
d			c) acquired after 7/25/06, and not on a	
3			insferred, released, extinguished, or ter	minated by the organization during the
	•		anistical accessors to boosted by	
4 5			ervation easement is located garding the periodic monitoring, inspe	
5			isements it holds?	
6			pecting, handling of violations, and enforcing	
Ū	Stati and volunteer	modis devoted to monitoring, insp	becting, Handling of Violations, and emorein	ig conservation easements during the year
7	Amount of expens	ses incurred in monitoring inspec	sting, handling of violations, and enforcing	conservation easements during the year
•	► s	ses meatres in monitoring, inspec	ing, harawig of violations, and emoroling	the year
8	•	vation easement reported on line	2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)
•				
9			conservation easements in its revenue a	
-			of the footnote to the organization's final	
	organization's acc	counting for conservation easeme	ents	
Pá			s of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organizatio	n elected, as permitted under Fa	ASB ASC 958, not to report in its reve	nue statement and balance sheet works
	of art, historical	treasures, or other similar asse	ets held for public exhibition, education to its financial statements that describes	n, or research in furtherance of public
h			ASB ASC 958, to report in its revenue	
b			eld for public exhibition, education, or r	
		ving amounts relating to these ite		
			1	
	(ii) Assets include	ed in Form 990, Part X		> \$
2	If the organization	on received or held works of a	art, historical treasures, or other simila	ir assets for financial gain, provide the
	following amount	s required to be reported under f	FASB ASC 958 relating to these items	
а				
b			<u></u>	
For	Paperwork Reductio	n Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2019

Pai	T Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, or	Other S	Similar Assets (d	continued)
3	Using the organization's acquisitio	n, accession, and c	ther records, check	any of the	followi	ng that make sign	ificant use of its
	collection items (check all that appl	y)					
а	Public exhibition		d Loan o	or exchange	program	า	
b	Scholarly research		e Other	_			
С	Preservation for future gener	ations					
4	Provide a description of the organ		and explain how t	hev further	the ora	anization's evenn	t nurnose in Part
•	XIII	nzation's concelloris	and explain now	iney futilier	the org	anization's exemp	t purpose iii Fait
5	During the year, did the organization	n collect or receive d	lanations of art hist	orioal transii		that amular	
3							
	assets to be sold to raise funds rath	· · · · · · · · · · · · · · · · · · ·	ained as part of the o	organization	s collect	tion/	Yes No
Pa	Complete if the organiza 990, Part X, line 21		es" on Form 990, F	Part IV, line	9, or re	ported an amour	nt on Form
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	or other	assets not	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in	n Part XIII and come	olete the following tab	ole			
			tere and removing ter			Amount	
С	Beginning balance			10		7 11710 0711	· · - · · -
4	Additions during the year						
۵.							
f	Distributions during the year						
-	Ending balance						
	Did the organization include an am		•			, _	Yes No
	If "Yes," explain the arrangement in	n Part XIII Check he	ere if the explanation	has been pr	ovided c	on Part XIII	<u> </u>
Pa	rt V Endowment Funds.						
	Complete if the organiza	ition answered "Ye	es" on Form 990, F				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance	2,392,070	2,331,871	2,257	7,253	2,189,695	2,096,860
ь	Contributions						37,830
c	Net investment earnings, gains,						
	and losses	221,863	126,170	135	7,092	125,787	109,982
٦	Grants or scholarships		200/2:0		7 0 2 -		
	•						
е	Other expenditures for facilities	66,666	58,651	5,	5,137	51,371	48,638
	and programs		7,320		7,337	6,858	
ī	Administrative expenses	2,539,676				2,257,253	
g	End of year balance					2,231,233	2,109,695
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year of the current year of the current year.	end balance (line 1g. - %	, column (a))	held as		
b	Permanent endowment ► 100.0		_				
С	Term endowment ▶ 0.0000						
	The percentages on lines 2a, 2b, a	•	100%				
3 a	Are there endowment funds not in	· ·		are held an	d admini	istered for the	
	organization by	россооны от п	io organization that	4.5 (1.5.5 4			Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
L	If "Yes" on line 3a(ii), are the relate						
		-	,				3b X
4 Pa	Describe in Part XIII the intended of the Land, Buildings, and Equ	uipment.					
	Complete if the organize						
	Description of property			or other basis other)		umulated (deciation	I) Book value
1 a	Land				2		
b	Buildings	· · · · · 			<u>-</u>		
	Leasehold improvements		-			+	-
ن	·			-			
d	Equipment,						
	Other			- (D) (10	·- ·		
Iota	I. Add lines 1a through 1e (Column	(a) must equal Forr	n 990, Part X, colum	n (B), line 10	<u>c)</u>	▶	

Part VII	Investments - Other Securities.			90 0
	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 valua Cost or end-of-year mark	
(1) Financia	al derivatives	761,104	Cost	
	held equity interests			
(A)				
(B)	· · · · · · · · · · · · · · · · · · ·			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1)	761 104		
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12). Investments - Program Related.	761,104	l. <u>.</u>	
rait VIII	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)				
Part IX	n (b) must equal Form 990, Part X, col (B) line 13). Other Assets.	<u> </u>	<u> </u>	
rait ix	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)	(-)			(5) 20011 12:20
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
	umn (b) must equal Form 990, Part X, col (B)	line 15)	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered line 25	d "Yes" on Form 990), Part IV, line 11e or 11f See For	m 990, Part X,
1.		otion of liability		(b) Book value
(1) Fede	ral income taxes			
(2)				
(3)				
(4)		 		
(5)				
(6)				
(7)		· - · · · · · · · · · · · · · · · · · · ·		
(8)				
(9)	4.1			
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions. In Part XIII, provide the i's liability for uncertain tax positions under FASB			
JSA		. 20 140 OHECK HEIE II	· 	chedule D (Form 990) 2019
9E1270 1 000			3	

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	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
- а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
	Add lines 4a and 4b	1 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
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	
þ	Prior year adjustments	
C	Other losses]
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	
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 4a	1
þ	Other (Describe in Part XIII)	
	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, I	Ond V June 4. Dard V June
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation
Part	V, Line 4 Net income from the endowment fund of the reporting o	rqanizatıon is
used	to provide additional funds for the educational grants as well as	to provide
_		
supp	ort toward the cost of administering the organization.	
		
	•	
	1	
	•	

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
	(
		<u></u>
	•	
		
		
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Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer Identification number

P.E.O. Program for Contin	nuing Educ	ation		23-740531	1
Part I General Information o Form 990, Part IV, line 14th		Outside the	United States. Comple	ete if the organization a	answered "Yes" on
1 For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	X Yes No
For grantmakers. Describe in I outside the United States					d other assistance
3 Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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	(f) Total expenditures for and investments in the region
(1) North America	0	0	grantmaking		100,000
(2) Europe			investments		103,000
(3) Central America & Caribb			investments		12,000
(4) E. Asia & Pacific			investments		83,000
(5) North America			investments		18,000
(6) South America			investments		5,000
(7) South Asia			investments		5,000
(8) Sub-Saharan Africa			investments		2,000
(9) Russia			investments		2,000
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					-
(16)					
3a Subtotal	0	0		,	330,000

Page 2

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 Schedule F (Form 990) 2019
Part II Grants al

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Am grant cash grant cash non assis	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(2)								
(4)								
(9)								
						•		,
(8)						-		
(6)								
(6j.)								
(15)								
(16)								

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

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed Schedule F (Form 990) 2019

Part III Grants an

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Educational Grants	North America	09	009'66	check	0	N/A	N/A
(2)							
(3)							
(4)							
(5)							
(9)							•
(2)					•		
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				·		Sche	Schedule F (Form 990) 2019

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)	
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, don't file with Form 990) Yes X. No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Form 5471 not required X Yes No	ı
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) Form 8621 not required X Yes	ı
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	ı
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, don't file with Form 990)	,

SÇILE	oule	т (rom	330)	20	19
		_			_	_

Supplemental Information		
Provide the information required by Part I, line 2 (monitoring o	f funds), Part I, line 3, column (f) (accoun

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

Part I, line 2Recipients of Program for Continuing Education grants outside the U.S.
are all in Canada. Before grants are approved for payment, an application packet must
be approved, including information of eligibility, proof of financial need and
educational goals. The local chapters who nominate these recipients maintain contact
and follow their educational progress.

SCHEDULE (Form 990) Department of the Treasயீர Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

2019	Open to Publi Inspection
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Employer identification number

OMB No 1545-0047

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å Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 23-7405311 (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash (e) Amount of non- (f) Method of valuation or assistance (book, RM, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.......... Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of other organizations listed in the line 1 table....... (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance Program for Continuing Education (p) EIN 1 (a) Name and address of organization or government P.E.O. Part II £ (2) ପ୍ର (4) (5) E 8 (9) (6) (10) Ξ 12)

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Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)						Page ,
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed	Domestic Indivi	iduals. Complete	if the organizat	ion answered "Yes" on F	orm 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 Grants for educational study	1835	2,969,150	0	N/A	N/A	
2						
3						
4						
5						
9						
7						
Part IV Supplemental Information. Provide the	de the informat	ion required in P	art I, line 2, Part I	II, column (b); and any o	Information required in Part I, line 2, Part III, column (b); and any other additional information	
Part I. Line 2Grant recipients	are	required to submit proof of	proof of e	elıqıbility,including a budget	ing a budget showing	
cial need and educational	oals.	chapters no	minate these	Local chapters nominate these recipients and 1	and maintain contact to follow	
1						
					Schedule I (Form 990) (2019	(2019

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.

OMB No 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ

► Go to www.lrs.gov/Form990 for the latest information.

Inspection
Employer Identification number

P.E.O. Program for Continuing Education	23-7405311
Part I, Line 6: The number of volunteers is estimated, based or	n the number of state,
provincial and district chairmen and number of Board of Trustee	es
Part VI, Line 7a-7b: The president of the related "parent" organized	anization, International
Chapter of the P.E.O. Sisterhood, appoints the board of trusted	es for the organization.
Some decisions of the board of trustees are subject to approva-	l by the executive board
of the parent organization.	
Part VI, Line 11: Copies of Form 990 were provided to each mem	per of the board of
trustees and to the audit committee of the 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: Conflict of Interest policies and signature	pages are distributed
yearly to each member of the board of trustees. Signature page	s are collected at the
office in Des Monnes, IA and monitored for completion. Any con	flicts of interest that
arise pursuant to this process or otherwise throughout the yea	r are to be reported
ımmedıately, and the remaining members take the appropriate ac	tion.
Part VI, Line 15a-15b: The organization's Executive Director i	s employed by the
related "parent" organization, International Chapter of the P.	E.O. Sisterhood, and the
organization shares her services with International Chapter. T	he 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 O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
P.E.O. Program for Continuing Education	23-7405311
Part VI, Line 19: Governing documents, conflict of interest po	licies and financial
statements are available to members of the parent corporation	only. These items are
not available to the general public.	
Part VII, Line la: The Executive Director and Director of Fina	
parent organization, International Chapter of the P.E.O. Siste	rhood, also serve in the
same capacity for the reporting organization. An estimate of a	verage hours worked each
week for reporting and related organizations has been included	in column (B). No wages
are paid or reimbursed for either officer from the reporting o	rqanization. All waqes
and related benefits for the individuals are paid and reported	by the parent
organization.	
Part IV, Line 12a and Part XII, Line 2b: The organization's mo	dified cash basis
financial statements were audited by an independent auditing f	irm on a consolidated
basis with the other philanthropic funds of the P.E.O. Sisterh	ood, excluding Cottey
College and P.E.O. Foundation. (Listed on Schedule R, Part II)	
	····

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Servoc Name of the organization

P.E.O. Program for Continuing Education

Part I

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

► Attach to Form 990.

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33

► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

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Employer identification number

23-7405311

(a) Name, address, and EiN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
	•				
(9)					
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	e organization answ	ered "Yes" on Fo	rm 990, Part IV,	line 34, because	it had

Part II	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization answered lifes on Form 990, Part IV, line 34, because it riad uning the tax year.	anization answer	ed res on ro	orm 990, Part IV, I	ine 34, pecause	r riao	
:	(a) Name, address, and EIN of related organization	(b) Primary activity	(d) Legal domicile (state Exempl Code section or foreign country)	(d) Exempl Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entrly?	b)(13) d
							Yes	No
(1) Int	(1) Int'l Chapter P.E.O. Sisterhood 42-0453829	l .	!			.,		;
370(3700 Grand Ave, Des Moines, IA 50312	membershp ord Iowa	Іома	501 (c) 4	N/A	N/A		×

10) 2019	₹ (Form 99	Schedule R (Form 990) 2019					For Paperwork Reduction Act Notice, see the Instructions for Form 990.
×		See Pt VII	12-Type II	501(c)3	Іома	suppt college Iowa	3700 Grand Ave, Des Moines, IA 50312
							(7) Cottey College Building Fund 42-6078016
×		See Pt VII	2	501(c)3	Missourı	college	1000 West Austin, Nevada, MO 64772
							(6) Cottey College 44-0545271
×		See Pt VII	7	501(c)3	Iowa	educ scholshp Iowa	3700 Grand Ave, Des Moines, IA 50312
							(5) P.E.O. Foundation 42-6094564
×		See Pt VII	7	501(c)3	Іома	grant fund	3700 Grand Ave, Des Moines, IA 50312
							(4) P.E.O. STAR Scholarship Fund 30-0583651
×		See Pt VII	7	501(c)3	Iowa	schol. fund	3700 Grand Ave, Des Moines, IA 50312
			-				(3) P.E.O. Int'l Peace Schol. Fund 42-6078058
×		See Pt VII	7	501(c)3	Iowa	schol. fund	3700 Grand Ave, Des Moines, IA 50312
	-		•				(2) P.E.O. Scholar Awards 42-1379026

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

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OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

P.E.O.

Program for Continuing Education

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

2019

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

23-7405311

(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 (f applicable) of disregarded entity Part II Part I (4) E ପ (5) (9) (2)

(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 (rf section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
						Yes	No
(1) Cottey College Endowment Fund 42-6078017				-			;
3700 Grand Ave, Des Moines, IA 50312	endow. Fund	Iowa	501 (c) 3	12-Type II	See Pt VII		×
(2) P.E.O. Educational Loan Fund 42-6078059							
3700 Grand Ave, Des Moines, IA 50312	loan fund	Iowa	501 (c) 3	7	See Pt VII		×
(3)							
	•						
(4)							
	•						
(5)							
(9)							
(2)							
Car Dangerer Reduction Act Notice see the Instructions for Form 990.	90.				Schedule R (Form 990) 2019	(Form 99	10) 2019

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

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Schedule R (Form 990) 2019

Percentage Section Section ownership controlled entity? (k) Percentage ownership Yes Schedule R (Form 990) 2019 (I) General or managing Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 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, because it had one or more related organizations treated as a partnership during the tax year (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 (h) Oisproperterate aftectoors? ž income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp S corp or trust) (f) Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization A/N N/A Part III Part IV 3 Ξ <u>ම</u> (5) 9 뒥 3 3 5 (3) <u>4</u> 9 9 (2)

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

ί

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Yes No
	elated organizations le	sted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a
b Gift, grant, or capital contribution to related organization(s)			1b ×
c Gift, grant, or capital contribution from related organization(s)			×
d Loans or loan guarantees to or for related organization(s)			1
e Loans or loan guarantees by related organization(s)			1e ×
f Dividends from related organization(s)	•		1
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s).			14 ×
i Exchange of assets with related organization(s)			×
j Lease of facilities, equipment, or other assets to related organization(s)			;; :
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solic	•		= :
Performance of services or membership or fundraising solicitations by related organization(s)	•		1m X
	•		1n ×
	•		10 ×
p Reimbursement paid to related organization(s) for expenses.			×
q Reimbursement paid by related organization(s) for expenses			19 ×
r Other transfer of cash or property to related organization(s)	•		
)			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	is line, including cov	complete this line, including covered relationships and transaction thresholds	action thresholds
(a)	(a)	(c)	(p)
Name of related organization	fransaction type (a-s)	Amount involved	amount involved
(1) P E O Foundation	U	909,642	Cash-FMV
(2)			
(3)			
(4)			
(5)			
(9)			
vSr vSr		Sct	Schedule R (Form 990) 2019

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

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

(d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domcile (state or foreign country)	Predominant Alincome (related, corclated, co	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No		,	Yes No	(2001	Yes No	
(1)	:									_
(2)	····									
(3)										
(4)										
									-	
(5)										
									1	
(9)										
(7)										
(8)					•					
107							-			
	-				·					
(10)										
(11)										
(12)									-	
(43)									+	
(61)										
(14)										
(15)										
(16)										
								Sche	dute R (For	Schedule R (Form 990) 2019