294933480 120 1545-0047

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

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

Inter	mal Rev	enue Sen	vce	1	► Go to ww	w.irs.gov/Foi	m990 tor i	nstructions	and the late	st infori	nation. / /	<u>UX</u>		nspec	tion
<u>A</u> _	For th	e 2018	calen	dar year, or tax	year beginning	July	1	, 2018	, and endin	g J	une 30		, 20)
	Ob 10 10 1		C Nan	ne of organization							D Employer ii	dentifica	ation numt	ıer	
	Check II a	ipplicable	P.E	.O. Found	ation										
Ĺ	Addr		Doin	g business as							42-	- <u>609</u> 4	4564		
	Nam	e change	Nun	nber and street (or	PO box if mail is	s not delivered to	street addr	ess)	Room/suite		E Telephone	number			
	Initia	1 return	370	O Grand Av	renue				<u> </u>		515	5-25 <u>5</u>	5-31 <u>5</u> 3		
		return/ nated	City	or town, state or p	province, country,	and ZIP or fore	gn postal co	de							
	Ame.	nded	Des	Moines,	IA 50312	2899					G Gross recei	pts \$	41,	, 060	,934
		cation		e and address of			 :				H(a) Is this a g		ım for	Yes	X No
_		9	Kat	hy A. Sop	pe, same	as C abo	ove			0	H(b) Are all sub		ncluded?	Yes	No
ī	Tax-ex	empt sta		X 501(c)(3)	501(c) (ert no)	4947(a)(1)	or 5	29 7)	If "No,"	attach a	list (see insti	ructions)	_
J	Webs	ite [.]	www	.peointer	national.	org			, (H(c) Group ex	emption n	number 🕨		
ĸ	_			X Corporation	Trust	Association	Other	>	L Year	of format	ion 1961 i	VI State	of legal do	mıcıle	IA
	art l		mmar		<u> </u>	<u> </u>			-						
	1			ibe the organiza	tion's mission	or most signific	cant activiti	es To su	pport t	he ed	ducation	al a	ind		
بو				ole projec											
and				ng qualifi								•••			
Activities & Governance	2	Check	this b	ox ▶ if the	e organization (discontinued	ts operation	ons or dispes	ed-of-more th	an-25%	of als net ass	ets			
စ္ပ်	3			oting members of	-				HEOL			3			6
₹.	4			idependent votir							000	4			6
tíes	5			r of individuals e	-	•		1.22	. NOV. 1	8.20	jq (Pi	5			0
ξ	6			r of volunteers (e				Im			[2]	6			2000
Ac	7a	Total ı	unrelat	ed business reve	enue from Part \	/III. column (C), line 12		.000	-01.1	137	7a			
	Ь	Net ur	relate	d business taxab	ole income from	Form 990-T.	line 38		UGU	<u> </u>		7b			
										T	Prior Year		Curr	rent Ye	ar
•	8	Contri	butions	s and grants (Par	t VIII, line 1h)						5,735,	763	6,	849	,714
Revenue	9			vice revenue (Par											
eve	10			ncome (Part VIII							6,126,	281	5,	865	,806
œ	11			ie (Part VIII, coli							2,	933		3	,784
	12	Total r	evenu	e - add lines 8 th	rough 11 (mus	t equal Part V	III, column	(A), line 12).			11,864,	977	12,	719	, 304
	13			imilar amounts p			_				5,557,				, 315
	14			to or for member	•								_		
ý	15			er compensation							174,	502		209	, 992
Expenses	16 a	Profes	sional	fundraising fees	(Part IX, colum	n (A), line 11e)								
xpe	b			sing expenses (F											
ш	17	Other	expens	ses (Part IX, colu	ımn (A), lınes 1	1a-11d, 11f-24	e)				378,	136		381	,294
	18	Total e	expens	es Add lines 13	-17 (must equa	l Part IX, colur	nn (A), line	25)			6,110,	087	6,	555	,601
	19	Reven	ue les	s expenses Sub	tract line 18 fror	m line 12	<u></u>		<u></u>		5,754,	890	6,	163	,703
ces						_					ning of Curren	t Year	End	of Year	r
sets	20	Total a	assets (Part X, line 16)							112,226,	562	118,	390,	, 265
Net Assets or Fund Balances	21	Total I	iabilitie	s (Part X, line 26)								_		
		Net as	sets o	fund balances	Subtract line 2	1 from line 20.			<u></u>		112,226,	562	118,	390,	, 265
Pa	irt II	Sig	iĥatur	e Block											
Und	der per	nalties of	f perjun	/. I declare that I i	nave examined th	is return, inclu	ding accomp	panying sched	ules and state	ments, a	nd to the best	of my k	nowledge	and be	lief, it is
True	s, corre	ct, and g	complet	e Declaration of pr	eparer (other tha	n officer) is basi	ed on all inic	rmation of wit	ich preparer na	as any kn	owieage	1	1.0		
٠.			= 110	the 4.	more				_			[[2	119		
Sig			Signatu	re of officer							Date				
He	re			y A. Sopp		or of Fi	inance,	Treasur	cer						
			Type or	print name and title											
 De-	,	Print/1	Type pre	parer's name		Preparer's sig	nature		Date		Check	ıf P	NIT		
Paid											self-emplo	oyed			
rre	parer	E.comia	name								Eirm's EIN				

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Yes

8E 1010 1 000

Firm's address

SCANNED FFR 0 8 2020

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Form 9	, 190 (2018)	H	1	<u>5</u>	<u> </u>	<u>ر</u>	<u>LI</u>	10	age :
Part	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 of the control of the contro	tıo	n)?	lf '	'Yes,	,,			NO
•	complete Schedule A	•			• •	• •	2	X	<u> </u>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in	0	opc	sıtı	on to)			Ţ
4	candidates for public office? If "Yes," complete Schedule C, Part I	e	tio	n 50	01(h))	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	be	erst	hip	dues	,	4_		X
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Scheen Did the organization maintain any donor advised funds or any similar funds or accounts for have the right to provide advice on the distribution or investment of amounts in such funds or	wł	nict	n de	onors	S	5		X
	"Yes," complete Schedule D, Part I			-		' I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve			n s	pace		<u> </u>		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar as						7		х
	complete Schedule D, Part III						8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liabil custodian for amounts not listed in Part X, or provide credit counseling, debt management, cr								
	debt negotiation services? If "Yes," complete Schedule D, Part IV						9		Х
10	Did the organization, directly or through a related organization, hold assets in tempora endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pai						10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedu VII, VIII, IX, or X as applicable								
а	Did the organization report an amount for land, buildings, and equipment in Part X, line	1	0?	If '	"Yes,	,,	Ì		
	complete Schedule D, Part VI						11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that i of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	s	5%	or	more	9	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of i								
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	rt .	Κ.				11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D,	Pa	rt X				11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If Schedule D, Parts XI and XII						12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and						12b		X
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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from fundraising, business, investment, and program service activities outside the United States,	g	ran	tma	akıng	,			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV						14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other as for any foreign organization? If "Yes," complete Schedule F, Parts II and IV						15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grassistance 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	ng	ser	rvice	es or	١ :	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and co Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	nt	rıbu	ıtıor	ns or	ו	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Par	t١	/111,	line	e 9a?	7			
	If "Yes," complete Schedule G, Part III						19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H						20a	 	X
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this re Did the organization report more than \$5,000 of grants or other assistance to any domestic	01	gaı	nıza	tion	or	20b	.,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.					!	21	ιX	l

Part	Checklist of Required Schedules (continued)		·	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	 -
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		👢
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	_26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		V
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		X
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
_		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		i	
25 -	or IV, and Part V, line 1	34	X	 ,,
		35a		X
D	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	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	1
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		لحل
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			ĺ
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		,,	ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Par	t V 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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots \dots \dots$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u>X</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٠.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter		ĺ	
	Initiation fees and capital contributions included on Part VIII, line 12			
11				
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		- 1	
J	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	i	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N		1	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O			

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	
Sect	ion A. Governing Body and Management			
	101711 00001111119 00001		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 in Schedule O			
b	e de la lata de la lata de la constanción de la lata de la constanción de la lata de la constanción de la lata			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a		7a	Х	
L	one or more members of the governing body?			
D	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_X_	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See .Schedule	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	1800	hon F	01/2
18	(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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	policy	, and
••	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 515-255-3153	s ▶		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntr	actors								

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		l	11120							<u> </u>
					C)					
(A)	(B)	/40.			sition	e than c		(D)	(E)	(F)
Name and Title	Average hours per	1 '				is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	I				or/trust		from	related	other
	hours for	\vdash	т —		1	,		the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ecto	ğ	1	夏	st c	"	(W-2/1099-MISC)		organization and related
	line)	ੂ ខ្លុ	a t		yee	ğ				organizations
•		tee	uste		"	ens				
			ď			ated				
. (1) Mary Elliott, Chairman	15									
,	2	Х	_	X	<u> </u>			0	0	0
(2) Lou McLaren	11									
Administrative Trustee	.8	X		Х				0	. 0	0
(3) Nicole Berner	2									
Administrative Trustee	0	X		X	<u> </u>			0	0	0
(4) Jennifer Heiss	1					İ				
Investment Trustee	3	Х		Х				0	0	0
(5) Lori O'Keefe	1							•		
Investment Trustee	3	Х		Х				0	0	0
(6) Barbara Ann Bowen	1]								
Investment Trustee	3	X		Х				0	0	0
(7) Jackie Matt	1]								
Executive Director	39			Х				0	0	0
(8) Kathy Soppe	10					İ				
Treasurer	30			Х				0	0	0
(9)										
			j							
(10)				İ						
		ļ					<u> </u>			
(11)										
(12)							_			
-										
(13)										
(14)				-					-	
X · · /	1									
								<u> </u>		

Part VII Section A. Officers, Directors, Tru	stees, Key	y Em	ploy	yee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ntınued	2	
(A) Name and title	(B) Average hours per	box,	unle	Pos heck	erson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from				
	week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organizat (W-2/1099-	ions	comp fro orga and	other pensation om the inization related nization	n I
(15)									-				
(16)												-	
(17)			_								 -		
(18)													
(19)													
(20)													
(21)													
(22̂)													
(23)													
(24)													
•		<u> </u>											
(25)		<u>.</u>						_					
1b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	Section A						▶ ▶						
Total number of individuals (including but no reportable compensation from the organization)	ot limited t						who	o received more the	nan \$100,0	000 of			
3 Did the organization list any former offi	cer, direct	or, o	r tr	ust	ee,	key	em	ployee, or highes	st compen	sated		Yes	
employee on line 1a? If "Yes," complete Scheoo 4 For any individual listed on line 1a, is the											3		X
organization and related organizations gi	reater thai	n \$1	50,0	000	? /	f "Ye	s, "	complete Sched	ule J for	such	4		- x
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	ompe	nsat	tion	fro	m any	/ ur	nrelated organizat	ion or indiv	vidual	5		
Section B. Independent Contractors													
Complete this table for your five highest cor compensation from the organization Report year													
(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) ompens	ation	
N/A													
												-	
2 Total number of independent contractors received more than \$100,000 of compensations.						ited t	to	those listed abo	ve) who				
JSA 8E1050 1 000		- 								-	Form	990 (2018)

Par	t VII					
		Check if Schedule O contains a response or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	6,849,714			
Prògram Service Revenue	2a b c d e f	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	3,139,538			3,139,538
•	6a b c	Gross rents				
•	d 7a	Ret rental income or (loss)				
	b c d	Less cost or other basis and sales expenses 28,341,630 Gain or (loss) 2,726,268 Net gain or (loss)	2,726,268			2,726,268
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
ğ	l	Less direct expenses				
	9a	Gross income from gaming activities See Part IV, line 19				
	l	Less direct expenses				
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold				
	44-	Miscellaneous Revenue Business Code				
	11a b					
	C					
	d	All other revenue				
	12	Total. Add lines 11a-11d	12,719,304			5,869,590

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX	<u></u>	
	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		ľ		
	and domestic governments. See Part IV, line 21	3,824,012	3,824,012		 -
2	Grants and other assistance to domestic individuals See Part IV, line 22 , , ,	2,138,303	2,138,303		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	2,000	2,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	171,459	158,101	9,993	3,365
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,994	8,293	524	177
	Other employee benefits	16,724	15,422	974	328
10	Payroll taxes	12,815	11,817	747	251
	Fees for services (non-employees)				
	Management	F 073		F 072	
	Legal	5,073		5,073	
	Accounting	8,475		8,475	
	Lobbying				
	Professional fundraising services See Part IV, line 17.	332,179		332,179	
٠.	f Investment management fees	332,119		332,113	
g	Other (If line 11g amount exceeds 10% of line 25 column)			
42	(A) amount list line 11g expenses on Schedule O)				
	Advertising and promotion	21,803	14,535	7,268	
	Information technology.	21/000	/.		
	Royalties				
	Occupancy	4,960	1,653	3,307	
	Travel	8,804	8,804		
•	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (O)				
а					
b					
C	:		-		
d	·				
	All other expenses	6 555 501	6 100 016	262 512	4 101
	Total functional expenses. Add lines 1 through 24e	6,555,601	6,182,940	368,540	4,121
2 6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

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	1,190,613	1	271,262
	2	Savings and temporary cash investments	10,828,811	2	11,879,482
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		l	
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5 6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	616
	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	90,637,237		96,466,188
	12	Investments - other securities See Part IV, line 11	9,569,901	12	9,772,717
	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 34)	112,226,562		118,390,265
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	
	22	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ξ		disqualified persons Complete Part II of Schedule L		22	
. <u>.</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			, <u> </u>
anc	27	Unrestricted net assets		27	
3a	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	28,392,500	30	29,596,787
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds	83,834,062	32	88,793,478
Š	33	Total net assets or fund balances	112,226,562	33	118,390,265
	34	Total liabilities and net assets/fund balances	112,226,562	34	118,390,265

Form 95	30 (2018)				۲a	geı∡
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,	719,	304
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,	555,	601
3	Revenue less expenses Subtract line 2 from line 1	3		6,	163,	703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		112,	226,	562
5	Net unrealized gains (losses) on investments	5			_	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				_
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
·10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		118,	390 ,	265
Part						- -
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod.					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	מו ר			
	Schedule O					<u>,,</u>
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			1 26	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
٠,	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both	tea c	n a			
•	X Separate basis Consolidated basis Both consolidated and separate basis					
						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for the audit review of the financial statements and calculate of an independent assumes responsibility for the financial statements and calculate of the financial statements and calculate		-	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acciling the organization changed either its oversight process or selection process during the tax year, experiences of the organization changed either its oversight process or selection process during the tax year, experiences are considered.					
	Schedule O	хріаі	11 171			
2 -	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
зa	the Single Audit Act and OMB Circular A-133?	LIUIL	1 111	3a		x
. h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	eran	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
-					990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Р.	E.O	. Foundation					42-609	4564
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art) See instruction:	3
The	orga	inization is not a private fou	ndation because if	t is (For lines 1 through	gh 12, ch	neck only	one box)	1
1		A church, convention of chi						~
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and si	tate					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described ii
		section 170(b)(1)(A)(iv). (C	Complete Part II)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170((b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b))(1)(A)(vi). (Compl	lete Part II)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of a	griculture (see instruct	ions) E	nter the	name, city, and state o	of the college or
		university						
10		An organization that norma	Ily receives (1) m	ore than 331/3 % of its	support	from co	intributions, members	hip fees, and gross
		receipts from activities rela support from gross investm	ited to its exempt in nent income and u	runctions - subject to on nrelated business tax	certain e able inco	exception ome (les	is, and (2) no more that s section 511 tax) from	n 331/3 % of its
		acquired by the organizatio						,
11		An organization organized	and operated excl	usively to test for publi	c safety	See sec	tion 509(a)(4).	
12		An organization organized	and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to	carry out the purposes
		of one or more publicly su	· · -					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of si	apporting	g organiz	zation and complete li	nes 12e, 12f, and 12g
а			anızatıon operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the
	_	ຸ supporting organization 🐧	You must complet	te Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizat	on(s), by having
		control or management of	• • • •	-	the sam	e persor	ns that control or mar	nage the supported
		_ organization(s). You must						
C	L	_ Type III functionally integ		• •			•	lly integrated with,
	_	ıts supported organization		•				
d			•	. •	•			• , ,
		that is not functionally inte	-		-			d an attentiveness
		requirement (see instructi	•	•				. .
е		Check this box if the orga						II, Type III
f	Ent	functionally integrated, or			_	organizat	lion	
g		er the number of supported vide the following information	-					
. 9		ime of supported organization	(iı) EIN	(iii) Type of organization	(IV) is the	organization	(v) Amount of monetary	(VI) Amount of
	(1) 110	or outported organization	(, 2	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					163	140		
A)								
								-
B)								
		<u> </u>						
C)								
D)								İ
					-			
E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,100,450	7,473,083	6,580,250	5,735,763	6,849,714	30,739,260		
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	4,100,450	7,473,083	6,580,250	5,735,763	6,849,714	30,739,260		
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)								
_6	Public support. Subtract line 5 from line 4				L		30,739,260		
Sec	tion B. Total Support		1						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	4,100,450	7,473,083	6,580,250	5,735,763	6,849,714	30,739,260		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,289,911	2,345,747	2,520,783	2,822,723	3,143,322	13,122,486		
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>			1	43,861,746		
12	Gross receipts from related activities, etc. (s	•				12			
13	First five years If the Form 990 is f organization, check this box and stop here								
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2018 (li	ne 6, column (f) divided by line	11, column (f)).		14	70.0822%		
15	Public support percentage from 2017						69.8385%		
16a	331/3% support test - 2018. If the or	•							
	box and stop here. The organization q						• • • •		
b	331/3% support test - 2017. If the org						1 1		
47.	this box and stop here. The organizati		• •	-					
1/a	10%-facts-and-circumstances test - 2	•							
	10% or more, and if the organization Part VI how the organization meets t								
	-			-			apported		
.	organization						and line		
D	15 is 10% or more, and if the organization	-							
	Explain in Part VI how the organizati								
	supported organization				_	•	a publicly ▶ ☐		
18	Private foundation. If the organization						اسا ۲۰۰۰ ما د		
10									
	instructions			<u> </u>			· · · · · <u> </u>		

Part III	Support Sche	dule for O	rganizations	Described in	Section 509(a)(2)
					f Dort Lor if the ore

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

						-'/	
	tion A. Public Support				r		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees	\				/	
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	\					
	sold or services performed, or facilities	\				/	
	furnished in any activity that is related to the	\ \				/	
	organization's tax-exempt purpose	\				/	-
3	Gross receipts from activities that are not an	\				/	
•	unrelated trade or business under section 513.	\			/	-	-
		\			/		
4	Tax revenues levied for the		\		/	ļ	
	organization's benefit and either paid to						
	or expended on its behalf		\	<u>-</u> .	//		
5	The value of services or facilities				/		
	furnished by a governmental unit to the				/		
	organization without charge						
. 6	Total. Add lines 1 through 5		\		/		
`7a	Amounts included on lines 1, 2, and 3		\ \	,	/		
	received from disqualified persons			/			
• ь	Amounts included on lines 2 and 3						
•	received from other than disqualified persons that exceed the greater of \$5,000						-
•	or 1% of the amount on line 13 for the year	į					
۰, بر	Add lines 7a and 7b			X			
. 8	Public support. (Subtract line 7c from	-					
, ,	line 6)		,	/ \			
.∻ Sec	tion B. Total Support			\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
~		(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
735	ndar year (or fiscal year beginning in)	(4) 2014	(2) 2010	/(0,2010	10/2011	(6) 2010	; -
9	Amounts from line 6			/	\		
, 10 a	payments received on securities loans,		,	/		1	-
• .	rents, royalties, and income from similar		/				
	sources						
, b	Unrelated business taxable income (less		/		\	}	
	section 511 taxes) from businesses		/		\		
	acquired after June 30, 1975						
C	Add lines 10a and 10b		-/-		1		
11	Net income from unrelated business		/		`		
	activities not included in line 10b,		1			<u> </u>	
	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)		/				
13	Total support. (Add lines 9, 10c, 11,		1	-		~/	
-	and 12)	}	[<i>[</i>			\	
14	First five years. If the Form 990 is f	or the organization	tion's first, secon	nd, third, fourth	or fifth tax ve	ear as a section	501(c)(3)
, ,	organization, check this box and stop here	٠,			•	\	```
Sec	tion C. Computation of Public Sup					<u> </u>	
15	Public support percentage for 2018 (line 8		×	mn (f))		15	%
16	Public support percentage from 2017 Sche	1				16	%
	tion D. Computation of Investmen				• • • • • • • •		, ,
	Investment income percentage for 2018 (li			13 column (f))		17	\ %
17	· · · · · · · · · · · · · · · · · · ·	· ·					// %
18	Investment income percentage from 2017				•		
19 a	331/3% support tests - 2018. If the or	- 1					· · · ·
	17 is not more than 331/3%, check th	1			· · · · · · · · · · · · · · · · · · ·		, —
b	331/3% support tests - 2017. If the orga						\ <u> </u>
	line 18 is not more than 331/3 %, check		•	•			\ —
20	Private foundation. If the organization	aid not check	a box on line 1	4, 19a, or 19b			
JSA 8E1221 1 0	00	1			s	chedule A (Form 9	90 or 990-EZ) 2018

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)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
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	3 c		
4 a	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		
5 a	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 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
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 .			
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)			
			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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	17.10	L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instruc	_	No
2	Activities Test Answer (a) and (b) below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S	
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		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
.8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
. c Fair market value of other non-exempt-use assets	1c		Α,
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		
2 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	<u> </u>	
· 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	6		
emergency temporary reduction (see instructions) 7		ted Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Dıstributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	·		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	ionsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018		<u> </u>	r .
a	From 2013	=		
b	From 2014			
<u>, c</u>	From 2015			
<u>ʻ d</u>	From 2016			
<u>е</u>	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>: h</u>	Applied to 2018 distributable amount		-	
	Carryover from 2013 not applied (see instructions)			
-1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
' 4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years Applied to 2018 distributable amount			
<u>b</u>	Remainder Subtract lines 4a and 4b from 4			
_ , C	Remaining underdistributions for years prior to 2018, if			
5	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
U	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c			
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016		-	
d	Excess from 2017			
e	Excess from 2018	1		

Part VI	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)
	
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

42-6094564 P.E.O. Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements 2b h 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets (d	continued)
3	Using the organization's acquisition	on, accession, and o	ther records, chec	k any of the follo	wing that are a sign	nificant use	e of its
	collection items (check all that app	ly)					
а	Public exhibition		d Loan	or exchange progr	ams		
b	Scholarly research		e Other	:			
С	Preservation for future gene	rations					
4	Provide a description of the organ	nization's collections	and explain how	they further the d	rganization's exemp	t purpose	ın Part
	XIII					•	
5	During the year, did the organization	on solicit or receive o	lonations of art, his	torical treasures, o	r other similar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organization's coll	ection?	Yes	No
Pa	rt IV Escrow and Custodial A						
	Complete if the organiza	ition answered "Ye	s" on Form 990,	Part IV, line 9, or	reported an amou	nt on Forr	n
	990, Part X, line 21						
1 a	Is the organization an agent, truste						
	included on Form 990, Part X?					Yes [No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	ble			
					Amount		
C	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year						
f	Ending balance			1f	1		
2 a	Did the organization include an am					Yes	No
	If "Yes," explain the arrangement i	n Part XIII Check he	ere if the explanation	n has been provide	on Part XIII		
Pa	rt V Endowment Funds.		II - F 000	D - + D / 1 40			
	Complete if the organiza					•	
	+	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	
1 a	Beginning of year balance	83,834,062	78,981,034	74,620,00			
b	Contributions	4,459,141	3,922,305	3,440,61	7 4,569,320	2,762	2,823
С	Net investment earnings, gains,						
	and losses	4,408,207	4,581,610				7,919
d	Grants or scholarships	3,465,814	3,239,399	2,732,69	0 2,638,842	2,51.	L,307
е	Other expenditures for facilities						
	and programs			255 50	256 502	2.4	
f	Administrative expenses	442,118	411,488				2,819
g	End of year balancel	88,793,478	83,834,062	78,981,03	4 74,620,000	69,595	5,210
2	Provide the estimated percentage			, column (a)) held a	S		
a	Board designated or quasi-endown		_%				
	Permanent endowment ▶ 100.0						
С	Temporarily restricted endowment		1000/				
	The percentages on lines 2a, 2b, a	· ·			is as al facility		
3 a	Are there endowment funds not in	the possession of the	ie organization that	are nelo ano aom	inistered for the	Ye	s No
	organization by					3a(ı)	X
	(i) unrelated organizations (ii) related organizations					3a(ii)	X
L.	If "Yes" on line 3a(ii), are the relate					3b	+^
	Describe in Part XIII the intended i	=	•			30	
4	rt VI Land, Buildings, and Equ		tion's endowment it	inus			
FC	Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line 11a	See Form 990, Pa	irt X, line	10
	Description of property	(a) Cost or			ccumulated (d) Book value	
1a	Land		anony (omer) de	J, Coldioli		
ı a b	Buildings						
C	Leasehold improvements						
ď	Equipment						<u>.</u>
e	Other						
	I. Add lines 1a through 1e (Column		n 990, Part X. colum	n (B), line 10c)	. , , , . ▶		

	(a) Description of security or category	(b) Book value	(c) Method of valuate	ion
	(including name of security)		Cost or end-of-year mark	et value
1) Financia	al derivatives	9,772,717	Cost	
	-held equity interests			
(A)			<u>. </u>	
(B)				· · · · · ·
(C)	_			
(D)				
(E)				
(F)				
(G)				
(H)				* *
	n (b) must equal Form 990, Part X, col (B) line 12)	9,772,717	· · · · · · · · · · · · · · · · · · ·	······
		9,112,111		
Part VIII	Investments - Program Related. Complete if the organization answered	1 "Yes" on Form 990) Part IV line 11c See Form 990	Part X line 13
			(c) Method of valuat	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(4)				
(1)				
(2)				 -
(3)				
(4)	·			
(5)				
(6)				
(7)	·			
(8)				
(9)				
Cotal (Columi				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	l "Vos" on Form 000) Bart IV June 11d, See Form 990	Part Y line 15
	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
Part IX	Other Assets. Complete if the organization answered	l i "Yes" on Form 990 scription), Part IV, line 11d See Form 990,	
Part IX	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered	··), Part IV, line 11d See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De	scription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colo	Other Assets. Complete if the organization answered (a) De	scription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colo	Other Assets. Complete if the organization answered (a) De (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities.	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities.	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	ine 15)		(b) Book valu

i	D:	'n	P	4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,719,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities]	
	Recoveries of prior year grants]	
d	Other (Describe in Part XIII)	<u> </u>	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,719,304
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
_	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,719,304
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	6,555,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,555,601
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		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,555,601
Provide	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, Part III, lines 1b and 2b, Part II	art V, I	ine 4, Part X, line
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
Pt. '	V, Line 4Individual endowment funds are maintained with income to	be	used to
	and the second of the D.F.O. Ciet	- ~h -	od oz +o
suppo	ort the various educational and charitable funds of the P.E.O. Siste	STHO	od of to
awar	d scholarships to female recipients pursuant to P.E.O.'s mission to	pro	mote
educa	ational opportunities for women.		
<u> </u>			
			
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Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No 1545-0047 **Open to Public** Inspection.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

P.E.O.	Foundation	42-6094564
Part I	General Information on Activities Outside the United States. Complete if the	e organization answered "Yes" on

	Form 990, Part IV, line 14t					-
1	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the gran	ts or assistanc	e, and the selection criteria	a used to award the	X Yes No
2	For grantmakers. Describe in Foutside the United States	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants an	d other assistance
3	Activities per Region (The follow	ıng Part I, line	3 table can be	e duplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 service(s) in the region	(f) Total expenditures for and investments in the region
_(1) Europe			Investments		1,991,000
_(2	Central America & Caribbean			Investments		415,000
_(3) East Asia & Pacific			Investments		1,364,000
_(4	North America	- · · · · · · -		Investments		233,000
_(5	Middle East & North Africa			Investments		48,000
_(6	South America		-	Investments		85,000
_(7	South Asia			Investments		79,000
(8	Sub-Saharan Africa			Investments		52,000
(9	Russia			Investments		- 33,000
(10)					
<u>(11</u>					<u></u>	1 ,
(12						
(13						
(14))	 -				
<u>(15</u>)					
<u>(16</u>)					
(17)		0				4 300 000
3 a		U	0			4,300,000
c	Totals (add lines 3a and 3b)	0	0			4,300,000

Schedule F (Form 990) 2018

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (17) E (2) (3) **4** (2) 9 E (8) (6) 9 11 (12) (13) (14) (15) (16) (18)

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

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)

Schedule F (Form 990) 2018

X No

Yes

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions
Pt. I,	Line 2The organization provides scholarships to women residing in Canada. For
the 20	18 tax year, scholarships to Canadian recipients did not exceed \$5,000;
theref	ore, Part III of Schedule F has not been completed. All recipients must present
proof	of enrollment before scholarships are paid.
	,

SCHEDULE

(Form 990)

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.

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

OMB No 1545-0047

Page 1/2

Employer identification number 42-6094564 Š

P.E.O. Foundation

Department of the Treasury Name of the organization Internal Revenue Service

Part General Information on Grants and 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 the selection criteria used to award the grants or assistance? . . .

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

					•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W. Austin							
Nevada, MO 64772	440545271	501(c)(3)	607,951	0	N/A	N/A	Gen Supp/schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	352,601	0	N/A	N/A	Educ Loans
(3) P.E.O. International Peace Scholarshig						-	
Des Moines, IA 50312	426078058	501(c)(3)	451,743	0	N/A	N/A	Scholarships
(4) P.E.O. Program for Cont Educ							
Des Monnes, IA 50312	237405311	501(c)(3)	905,842	0	N/A	N/A	Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	532,685	0	N/A	N/A	Educ Awards
(6) P.E.O. STAR Scholarship Fund							
Des Moines, IA 50312	300583651	501(c)(3)	546,024	0	N/A	N/A	Scholarships
(7) Iowa P.E.O. Projects Fund, Inc.							
14661 Fame St, Colfax, IA 50054	420722695	501(c)(3)	13,522	0	N/A	N/A	Welfare Grant
(8) Iowa Wesleyan University, 601 N							
Main St, Mt Pleasant, IA 52641	420680332	501(c)(3)	10,000	0	N/A	N/A	College Maint
(9) Lulu Corkhill Williams Fund							
909 W. EuclidAve#1160, ArlightonHts, IL 60006	60006370635727	501(c)(4)	120,000	0	N/A	N/A	Welfare Grant
(10) Texas Star Oaks Fund, 205							
1854 San Leanna Dr, Allen, TX 75013	746047454	501(c)(3)	157,900	0	N/A	N/A	Welfare Grant
(11) Oregon State Chapter Charit Trust							
2035 Grey Eagle Dr, Medford, OR 97501	930862641	501(c)(3)	93,219	0	N/A	N/A	Scholarships
(12) Adams State University, 208							
Edgemont Blvd, Alamosa, CO 81101	81101 846000542	501(c)(3)	12,000	0	N/A	N/A	Scholarships
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment	roanizations lis	ted in the line 1 tab	<u>a</u>		4	11

Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2018)

Page 2/2

SCHEDULEI (Form 990) Department of the Treasury 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.

OMB No 1545-0047

Open to Public

° N

Internal Revenue Service Service	Inspection
Name of the organization	Employer identification number
P.E.O. Foundation	42-6094564
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	L
the selection criteria used to award the grants or assistance?	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ion answered "Yes" on Form 990,

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	, hat received	more than \$5,	000 Part II can b	be duplicated if a	dditional space is r	pepea	-
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Elizabeth LaForce Schol & Grant Fd	06416369	50170773	707 3		5, 2	K/ N	Wolfsro Cront
		(5) (2) 105			W/N	ŭ /v	
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)			:				
(12)							
	government o	rganizations lis	anizations listed in the line 1 table	Je		A	1
3 Enter total number of other organizations listed in the line 1	ted in the line	1 table				•	0

JSA 8E1288 1 000

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

Schedule 1 (Form 990) (2018)

Schedule 1 (dule I (Form 990) (2018)
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 peeded

	rait III call be duplicated II additional space is record.	اا علمود الا الحدا	ueu.			
	(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 Educ	1 Educ Scholarships for Women	1424	, 2, 138, 303	0	N/A	N/A
2					•	
က						
4						
5					-	
9						
7	-					
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the informati	on required in Pa	art I, line 2, Part	II, column (b), and any c	ther additional information

Pt. 1, Line 2--Individual scholarship recipients must complete an application and submit proof of enrollment

The organization also provides from the applicable college or university prior to receiving any funding. These organizations must submit proof of financial funding to other charitable funds of the P.E.O. Sisterhood. need to the Foundation and funds are distributed according to each entity's charitable purpose and monitored by

the officers of the International Chapter of the P.E.O. Sisterhood.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

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Open to Public Inspection

Name of the organization
P.E.O. Foundation

Department of the Treasury Internal Revenue Service

Employer identification number

42-6094564

Par	Types of Property			<u> </u>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							•
3	Art - Fractional interests							
4	Books and publications							-
5	Clothing and household			THE P. P. L. S. S. S. S. S. S. S. S. S. S. S. S. S.				
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							•
9	Securities - Publicly traded		13	322.706	Avg Mkt Val	L-Dat	e Rec	'd
10	Securities - Closely held stock			5227.00				
11	Securities - Partnership, LLC,	-						
'''	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation						 -	
14	contribution - Other,					-		
4.5	Real estate - Residential							
15								
16 17	Real estate - Commercial							
18	Collectibles		-					
19								
20	Food inventory							
21								
22	Taxidermy							
23								
23 24	Scientific specimens , Archeological artifacts						**********	
25	ı							
25 26	Other ►() Other ►()							
27	Other > (············			
28	Other ►()		***************************************					
	Other ►() Number of Forms 8283 received	by the ora	portion during the tay ve	or for contributions for				
29	which the organization completed F				29			
	which the organization completed F	· OIIII 0203,	Falt IV, Dollee Acknowledge				Yes	No
302	During the year, did the organizati	ion receive	by contribution any proper	ty reported in Part I lines	a 1 through			
JUA	28, that it must hold for at least the				_			
	to be used for exempt purposes for	•			•	30a		х
_	If "Yes," describe the arrangement in		blumg period			30a		
	Does the organization have a		anno policy that require	s the review of any r	onstandard			
31	-	_				31	х	
22-	contributions?					J		
328	_	•		·		32a	x	
L	contributions?	• • • • • •				224	Λ	
	If "Yes," describe in Part II	amount in a	alumn (a) for a tuna of area	varty for which column (a)	ie chooked			
33	If the organization didn't report an a describe in Part II	amount in C	olumn (c) for a type of prop	erty for which column (a)	із спескеа,			

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I,	Line 9bThe number reported reflects the number of separate stock gifts
receive	ed by the reporting organization for the tax year.
Part I,	Line 32bThe P.E.O. Foundation uses Merrill Lynch to receive and sell
public	y traded securities received as contributions.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Foundation	42-6094564
Part I, Line 6: The number of volunteers is estimated, based	on the number of
volunteers serving on scholarship committees for the funds of	f P.E.O. Foundation.
Part VI, Line 7a-7b: The 5 members of the P.E.O. Foundation a	appoint the three trustees
serving as Administrative Trustees. The three trustees serv	ing as Investment Trustees
are the members of the Finance Committee of International Cha	apter of the P.E.O.
Sisterhood and serve ex-officio, without further vote or act	ion. Some decisions of
the board of trustees are subject to approval by the members	as outlined in the
bylaws.	
Part VI, Line 11: Copies of Form 990 were provided to each me	ember of the board of
trustees and to the members of the corporation prior to film	ng. A formal review
process was conducted with each group, with opportunities for	r questions to be
addressed before the return was filed.	
Part VI, Line 12c: Conflicts of Interest policies and signatu	ure pages are distributed
yearly to each member of the board of trustees. Signature pa	ages are collected at the
office in Des Moines, IA and monitored for completion. Any of	conflicts of interest that
arise pursuant to this process or otherwise throughout the year	ear are to be reported
immediately and the remaining members take the appropriate ac	ction.
Part VI, Lines 15a-15b: The organization's Executive Director	r is employed by the
related "parent" organization, International Chapter of the A	P.E.O. Sisterhood, and the
organization shares her services with the International Chapt	ter. The International

A similar arrangement exists for the treasurer.

Chapter explains on its Form 990 the process for determining the Executive Director's compensation.

Page 1/2

OMB No 1545-0047

► 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.

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

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

(f) Direct controlling Employer identification number entity 42-6094564 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity P.E.O. Foundation Name of the organization (1) N/A Partl 2 4 (2) ପ

Part II one or more related tax-exempt Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ne tax year	anization answer	ed "Yes" on Fo	rm 990, Part IV, I	ıne 34, because ı	t had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	N _o
(1) Int'l Chapter P.E.O. Sisterhood 42-0453829							
3700 Grand Ave, Des Moines, IA 50312	membership org	Iowa	501(c)(4)	N/A	N/A		×
(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) P.E.O. Int'l Peace Schol Fund 42-6078058							
3700 Grand Ave, Des Moines, IA 50312	schol fund	Iowa	501(c)(3)	7	See Pt VII		×
(4) P.E.O. Prog. for Continuing Educ 23-7405311							
3700 Grand Ave, Des Moines, IA 50312	grant fund	Iowa	501(c)(3)	7	See Pt VII		×
(5) Cottey College 44-0545271					•		
1000 W. Austin, Nevada, MO 64772	college	Mıssourı	501(c)(3)	2	See Pt VII		×
(6) P.E.O. Scholar Awards 42-1379026							
3700 Grand Ave, Des Monnes, IA 50312	schol fund	Iowa	501(c)(3)	7	See Pt VII		×
(7) Cottey College Building Fund 42-6078016							
3700 Grand Ave, Des Moines, IA 50312	supp. college Iowa	Iowa	501(c)(3)	12-Type II	See Pt VII		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990	-				Schedule R (Form 990) 2018	۲ (Form 990) 2018

(9)

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OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Open to Public

(f) Direct controlling Employer identification number entity 42-6094564 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity P.E.O. Foundation Name of the organization (1) N/A Part I

2

3

(4)

(5)

9

Part II	Identification of Related Tax-Exempt Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year	anization answer	ed "Yes" on Fo	rm 990, Part IV, I	ıne 34, because ı	t had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
							Yes	°N
(1) Cott	(1) Cottey College Endowment Fund 42-6078017							
3700	3700 Grand Ave, Des Moines, IA 50312	endow fund	Iowa	501(c)(3)	12-Type II	See Pt VII		×
(2) P.E.	(2) P. E.O. STAR Scholarship Fund 30-0583651							
3700	3700 Grand Ave, Des Moines, IA 50312	schol fund	Iowa	501(c)(3)	7	See Pt VII		×
(3)								
(4)								
(2)								
(9)	:							
				_				
(7)								

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

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(k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year (I) General or Yes No managing partner? 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 Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportorats affocators? Yes No (g) Share of end-ofyear assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
tax under
sections 512 - 514) (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Part III Part IV (1) N/A 2 <u>ත</u> ₹ 9 (9) 5

(a)	(Q)	9	(g)	(e)		(b)	ε	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity		Share of	Percentage	Section
		(state or foreign country)	entity	(C corp S corp or trust)	псоте	end-of-year assets ownership 512(b)(13) controlled	ownership	512(b)(13) controlled
								Yes No
(1) N/A								
(2)								
(3)								
				-				
(4)								
(5)								
(9)								
(7)								
						Schedule R (Form 990) 2018	R (Form 9	90) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations lis	ted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			4
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			1c ×
d Loans or loan guarantees to or for related organization(s)			1d X
e Loans or loan quarantees by related organization(s)			1e X
f Dividends from related organization(s)			; ×
			1
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			1; ×
j Lease of facilities, equipment, or other assets to related organization(s)			1j ×
k it ease of facilities equipment or other assets from related organization(s)			, ×
Performance of services or membership or fundraising solicitation			=
			×
Performance of services or membership or fundraising solicitation			┸
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_
o Sharing of paid employees with related organization(s)			10 ×
p Reimbursement paid to related organization(s) for expenses.			<
q Reimbursement paid by related organization(s) for expenses			19 X
r Other transfer of cash or property to related organization(s)			1r ×
s Other transfer of cash or property from related organization(s).			X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	this line, including cove	covered relationships and transaction thresholds	action thresholds
(a)	(q)	(5)	(p)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
L C			7374
VI INCETHALIONAL CHAPLER F.E.O. SISCETHOOD	O ,III	766 '607	Casn-rmv
(2) International Chapter P.E.O. Sisterhood	Q٠	360,357	Cash-FMV
			-
(3) Cottey College	p	607,951	Cash-FMV
(4) P.E.O. Educational Loan Fund	Q	352,601	Cash-FMV
		.l	
(5) P.E.O. International Peace Scholarship	۰ م	451,743	Cash-FMV
(6).P.E.O. Program for Continuing Education	Q	905,842	Cash-FMV
			Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	<u>o</u>
	ated organizations list	ted in Parts II-IV?		
a Receipt of (i) interest (ii) annuties (iii) rovalities or (iv) rent from a controlled entity	•		13	
b Gift grant or cantal contribution to related organization(s)			1p	ĺ
	· · · · · · · · · · · · · · · · · · ·			
			2 3	
d Loans or loan guarantees to or for related organization(s)				1
e Loans or loan guarantees by related organization(s)			1e	1
		•		
f Dividends from related organization(s)			1,	
	· · · · ·	•	10	
B Care of assets to related organization(s)				
Tuttiase of assets from related organization(s).			 	
I Exchange of assets with related organization(s).			= :	1
j Lease of facilities, equipment, or other assets to related organization(s)			<u>-</u>	
k Lease of facilities, equipment, or other assets from related organization(s)			*	
1 Performance of services or membership or fundraising solicitations for related organization(s)			11	
m Performance of services or membership or fundraising solicitations by related proanization(s)			1m	
			1	
	•	•		
o snaring of paid employees with related organization(s)			2	-
			•	,
p Reimbursement paid to related organization(s) for expenses.			1 d L	1
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)			<u>-</u>	
s Other transfer of cash or property from related organization(s)			1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	s line, including cove	this line, including covered relationships and transaction thresholds	ction thresholds	
(a)	(q)	(c)	(p)	Ι.
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	
(1) P.E.O. Scholar Awards	Р	532,685	Cash-FMV	
, , , , , , , , , , , , , , , , , , ,	۷.	700 373	- 40 c 5	
STAR	2	940,046	Casilling	1
(3)				
	f			
(5)				
(9)				
₩ Si		Sch	Schedule R (Form 990) 2018	318

Unrelated Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

N/A	sections 512-514)	Ves No			Aes No		Yes No	
(1) N/A (2) (3) (4) (5) (6) (7) (8) (10) (11) (12)								
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(4) (5) (6) (7) (8) (10) (11) (12)								
(4) (5) (6) (7) (8) (9) (10) (11) (12)								
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(5) (6) (8) (8) (10) (11) (12)								
(6) (7) (8) (9) (10) (11) (12)								
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