** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. and ending A For the 2014 calendar year, or tax year beginning

В	Check if applicab	C Name of organization	D Er	D Employer identification numb					
_	— Addre								
H	chane			52_1	755133				
F	chang		cuita E To	lephone numbe	133133				
F	returr Fiṇal	322 ATH STREET NE	Suite E Te) 446-1565				
_	—lreturr termi ated		G Gro	oss receipts \$	431,120.				
Г	Amer	ided WACHTNOMON DC 20002		Is this a renup.					
F	Appli			for soloring	? Yes X No				
	pend	SAME AS C ABOVE	H(b)		uded? Yes No				
ī	Tax-ex		` ´		ist. (see instructions)				
		ite: ► WWW.SCOVILLE.ORG		aro. xemption					
					State of legal domicile; DC				
Р	art I	Summary							
4	1	Briefly describe the organization's mission or most significant activities: TO PROVI							
Activities & Governance		VARIOUS ORGANIZATIONS DEALING WITH NUCLEAR AF	RMS CO	NTROL IS	SUES FOR				
rna	2	Check this box if the organization discontinued its operations or disposed of n	mo, an	% of its net ass					
Š	3	Number of voting members of the governing body (Part VI, line 1a)			18				
e.	4	Number of independent voting members of the governing body (Part VI, line 1b)			18				
v.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			11				
	6	Total number of volunteers (estimate if necessary)			20				
ΑĊ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		 					
		Contributions and quarte (Part VIII line 41s)		ior Year 112,675.	Current Year 431,096.				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	<u>431,090.</u>				
	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32.	24.				
Ä	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column _{v./} , line 12)	-	112,707.	431,120.				
	13	Grants and similar amounts paid (Part IX, column (*s 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (line 4)		0.	0.				
.,	145	Salaries, other compensation, employee benefits († IX, co' nn (A), lines 5-10)		217,435.	235,250.				
ď	16a	Professional fundraising fees (Part IX, column line		0.	0.				
Fxnenses	b	Total fundraising expenses (Part IX, column (D), ii. 5) 20,197.							
й	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 1 , 24e)		43,844.	57,800.				
	18	Total expenses. Add lines 13-17 (must Column (A), line 25)		43,844. 261,279.	293,050.				
	19	Revenue less expenses. Subtract ' 18 frc. 12		148,572.	138,070.				
5	Ses		Beginning	of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		277,075.	418,672.				
t As	21	Total liabilities (Part X, line		158.	3,685.				
		Net assets or fund balances. Service 21 from line 20		276,917.	414,987.				
	art II	Signature Bloc'							
		alties of perjury, I declare tha. The explicit ined this return, including accompanying schedules and sta	•		knowledge and belief, it is				
true	e, corre	ct, and complete. Dr <u>ara</u> of proparer (other than officer) is based on all information of which prep	parer nas any	knowledge.					
٠ : ـ		Signature o.		 Date					
Sig		JOHN ISAACS, TREASURER		Duto					
He	re	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN				
Pai	d	DOUGLAS BOEDEKER		if self-employe					
raiu Preparer		Firm's name TATE AND TRYON		Firm's EIN	52-1855942				
	Only	Firm's address 2021 L STREET, NW SUITE 400							
	•	WASHINGTON, DC 20036		Phone no. (2	02) 293-2200				
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

ar 2014, or fiscal year beginning	, 2014, and ending				.20	_
	 	_	-	 	•	

OMB No. 1545-1878

	, 2014, and enough , 2014, and e	·	2074
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form88	7000	
Name of exempt organization	Internation about Form coresto and its instructions is at: www.iis.gov/io/ii/od		identification number
		_	
	LLE JR. PEACE FELLOWSHIP	52-1	755133
Name and title of officer			
JOHN ISAACS TREASURER			
	Return and Return Information (Whole Dollars Only)	· · · · · ·	
	rn for which you are using this Form 8879 EO and enter the applicable amount, if any, from	n the retu	rn. If you check the hox
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	nen leave l	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	431,120.
2a Form 990-EZ check he	. 	2b	
3a Form 1120-POL check	. 		
4a Form 990-PF check he			
5a Form 8868 check here			
	·		20
Part II Declarat	ion and Signature Authorization of Officer		
debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a organization's consent to a	pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ell institution account indicated in the tax preparation software for payment of the organizal stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. I an 2 business days prior to the payment (settlement) date. I also authorize the financial in copayment of taxes to receive confidential information necessary to answer inquiries and appropriate interesting the properties of the organization of the electronic retrailectronic funds withdrawal.	tion's fede Freasury F stitutions resolve is:	ral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one			
X I authorize TA		to enter n	
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed wit enter my PiN on As an officer of indicated with	on the organization's tax year 2014 electronically filed return. If I have indicated within this has state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2014 entities that a copy of the return is being filed with a state agency(ies) regulating charitater my PIN on the return's disclosure consent screen. Date	orize the a	aforementioned ERO to
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
•	your five-digit self-selected PIN. 52472820036 do not enter all zeros		
confirm that I am submitting e-file Providers for Busines) Informati	
ERO's signature	Date ► 11/		
	# ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	So	-

LHA For Paperwork Reduction Act Notice, see instructions. 423051 08-29-14

Form 8879-EO (2014)

Product: Exempt Category: IRS Center: Ogden

Name: HERBERT SCOVILLE JR. PEACE e-Postmark: 11/13/2015 10:40:02 AM

FELLOWSHIP

FEIN: *****5133 Notification:
Fiscal Year Fiscal Year eSigned:

Begin Date: 1/1/2014 **End Date:** 12/31/2014

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/12/2015	Upload Started			Boedeker,Douglas	
11/12/2015	Ready to Release by Customer				
11/13/2015	Released for Transmission - Validation in Progress			dboedeker	
11/13/2015	Ready to transmit - Validation Complete				
11/13/2015	Transmitted to FD	52472820153170347e02			
11/13/2015	Accepted by FD on 11/13/2015				

Form 8868 (Rev. 1-2014)					Page 2					
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, co	omplete only Part II and check this	box		X					
Note. Only complete Part II if you have already been granted an a										
 If you are filing for an Automatic 3-Month Extension, comple 	te only Pa	rt I (on page 1).								
Part II Additional (Not Automatic) 3-Month E	xtension									
		Enter filer's		g number, see ins						
Type or Name of exempt organization or other filer, see instru	ctions.		Employer	identification num	ber (EIN) or					
print				52-17551	2.2					
File by the HERBERT SCOVILLE JR. PEACE F										
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.	Social sec	curity number (SSI	V)					
return See 322 4TH STREET, NE										
City, town or post office, state, and ZIP code. For a formation of the control of the code.	oreign addr	ess, see instructions.								
WASHINGTON, DC 20002										
					0 1					
Enter the Return code for the return that this application is for (file	a separat	e application for each return)			[0] 1					
	Datama	Application			Return					
Application	Return	Application			Code					
Is For	Code 01	Is For			Jour					
Form 990 or Form 990-EZ	02	Form 1041-A			08					
Form 990-BL	03	Form 4720 (other than individual)			09					
Form 4720 (individual)	04	Form 5227			10					
Form 990-PF	05	Form 6069			11					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870										
STOP! Do not complete Part II if you were not already granted			ously filed	Form 8868.						
MARIE GARVIN	a dir daram									
 The books are in the care of ► 322 4TH STREET 	, NE -	WASHINGTON, DC 20	002							
Telephone No. ► (202) 546-0795		Fax No.			.7794					
If the organization does not have an office or place of busines	s in the Un	ited States, check this box			. [_]					
If this is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is for	the whole group,	check this					
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all membe	ers the extension i	s for.					
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2015.								
5 For calendar year 2014, or other tax year beginning		, and endin								
6 If the tax year entered in line 5 is for less than 12 months, or	check reaso	on: Initial return	Final r	eturn						
Change in accounting period										
7 State in detail why you need the extension					T T 3					
ADDITIONAL TIME IS NEEDED TO	COMPIL	E THE INFORMATION	REQUI.	RED TO FI	LE A					
COMPLETE AND ACCURATE RETURN.										
		I II a taraktar kan laan ami								
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any	8a	\$	0.					
nonrefundable credits. See instructions.	0	web in debte and detimated	Od							
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y retundable credits and estimated								
tax payments made. Include any prior year overpayment al	llowed as a	credit and any amount paid	8b	\$	0 *					
previously with Form 8868.	aumont wit	b this form if required by using	100	Ψ						
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using SETERS (Floatronic Foderal Tay Rayment System). See instructions. 8c \$ 0.										
EFTPS (Electronic Federal Tax Payment System). See instru	tion mus	at be completed for Part II o								
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	ding accomp	panying schedules and statements, and to	the best of	my knowledge and	belief,					
			Date		15					
Signature Kangamus Title	02.41		240	11/2	(Rev. 1-2014)					

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE FELLOWSHIPS WITH VARIOUS ORGANIZATIONS DEALING WITH NUCLEAR
	ARMS CONTROL ISSUES FOR COLLEGE STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services as meaning downward by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the services and all expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$177,308. including grants of \$) \(\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{
	STIPENDS TO FELLOWS TO LEARN AND INVESTIGATE NUCLEAR PROGRAM MILITARY BUDGETS.
	20202121
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 177,308.

Part IV Checklist of Required Schedules

It is the organization described in section SD1(c)(S) or 4947(s)(1) (other than a private foundation)? If Yes, "complete Schedule B, Schedule of Contributors? It is the organization requel in direct or indirect or floates (otherwise on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II Section SD1(s)(3) organizations. Did the organization engage in lobbying activities, or have a section SD1(h) election in efficiency of the organization as section SD1(s)(4), SD1(c)(5)(5), or 501(c)(6) organization than the receives membership dues, assessments, or similar amounts as defined in Review Procedure 18-19? If Yes, "complete Schedule C, Part III Is the organization section SD1(s)(4), SD1(c)(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Review Procedure 18-19? If Yes, "complete Schedule C, Part III III III III III III III III III I				. Ye <u>s</u>	No							
2 Is the organization required to complete Schedule 6, Schedule 6 Contribution? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in liobibing activities, or have a section 501(h) election in efficiency and in the organization assection 501(h) (s) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?										
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) section in effs. during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization assention 501(c)(d), 501(c)(s) or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8e-199 if "Yes," complete Schedule C, Part III. 5 Is the organization review on this conservation essential, including assements to breaver open page the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, sen's a cut under for amounts not listed in Part X or provide ordit conseiling, debt management, credit repair, or debt regous		If "Yes," complete Schedule A										
X Section SOI(N) organizations. Did the organization engage in lobbying activities, or have a section SOI(n) election in effect outling the tax year? If "Yes," complete Schedule C, Part III X X Section SOI(n) election in effect outling the tax year? If "Yes," complete Schedule C, Part III X X Section SOI(n) election in effect outling the tax year? If "Yes," complete Schedule C, Part III X X Section SOI(n) election or investment of amounts in such funds or accounts for which donors have "in-right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P, Part II S X X S S S S S S S	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\bot							
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effs. X S is the organization a section 501(c)(4), 601(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III. 5 is The organization a section 501(c)(4), 601(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III. 5 is Did the organization organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 is Did the organization areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 is Did the organization areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 is Did the organization areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 is Did the organization organization areas or an amount in Part X, line 21, for secret we custodial account liability: ser. is a cuit of an amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotion, services? If "Yes," complete Schedule D, Part V. 10 Did the organization and interest or any of the following questions is "Yes," then complete chedule Parts VI, VII, VII, VI, VI, VI, VI, VI, VI, V	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for										
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section 501(6)(5.016(6)), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any doore advised funds or any similar funds or accounts for which donors have "right, provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule Part III Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic faul areas, or historic structures? If "Yes," complete Schedulo D, Part III Did the organization report an amount in Part X, for escrow or custodial account liability, serv. is a civil ain for amounts not isted in Part X, or provide credit counseling, debt management, credit repair, or debt nego			L' -		X							
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-917 (**Pre**, "complete Schedule C, Part III") 5 Did the organization report an amount or investment of amounts in such funds or accounts for which doners have **** right provide advice on the distribution or investment of amounts in such funds or accounts for which doners have **** right provide advice on the distribution or investment of amounts in such funds or accounts for which doners have *** right provide advice on the distribution or investment of amounts in such funds or accounts for which doners have *** right provide advice on the distribution of vivors of art, historical treasures, or other similar assets? ** Yea, "implete Schedule D, Part III" 9 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability; sen. ** a cn. indian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negoc	4											
similar amounts as defined in Revenue Procedure 98-18? **If **Yes**, complete Schedule C, Part II ** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right, provide advice on the distribution or investment of amounts in such funds or accounts? *If *Yes**, complete Schedule D, Part II ** Did the organization receive or hold a conservation essement, including essements to preserve open space the environment, historical areas, or historical treasures, or other similar assets? *Yes*, **Implete Schedule D, Part II ** Did the organization maintain collections of works of art, historical treasures, or other similar assets? *Yes*, **Implete Schedule D, Part IV ** Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sen. **s a cit in dia for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negou					<u> </u>							
6 Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have "" "reft". 7 Did the organization receive or hold a conservation easement, including assements to preserve open space the environment, historic land areas, or historic structures? " "Yes," complete Schedule D, Part II. 8 Did the organization and olicitions of works of art, historical treasures, or other similar assets? "Yes, "implete Schedule D, Part II. 9 Did the organization organization report an amount in Part X, line 21, for escow or custodial account liability, sen is a cit. I dian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negonization services? " "Yes," complete Schedule D, Part IV. 10 Did the organization organization amount for a feated organization, hold assets in temporarily restriction or when the endowments, or quasi-endowments? " "Yes," complete Schedule D, Part V. 10 If the organization answer to any of the following questions is "Yes," then complete chedule Parts VI, VII, VIII, X, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in P - , line 1 - ,, "Yes," complete Schedule D, Part VI. 11 If the organization report an amount for investments - other securities in Par ine 1 or an ine 1 in at 1s 5% or more of 1ts total assess reported in Part X, line 16 /f II Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other liabilities in Part X, line 1 or an ine 1 in a 1s 5% or more of 1ts total assests reported in Part X, line 16 /f II Yes, "complete Schedule D, Part X II. 11 Did the organization report an amount for other liabilities in Part X, line 2 /f "Yes," complete Schedule D, Part X II. 12 Did the organization substance or consolidated finance: "imments for the tax year include a foothoote that addressess the organization substance is separate or consolidated finance: "imments for the tax year include a foothoote that addressess the	5											
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes, "miplete Schedule D, Part II Schedule D,			5		<u> </u>							
The provision receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Schedule D, Part IIII. Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? "Yes, "mplete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serving a cuil oldin for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego	6		1									
Bit the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II. Bit the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes, "implete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; sen. * a c.u. dain for amounts not listed in Part X, or provide cerdid counseling, debt management, credit repair, or debt negousservices? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restro. • n. wments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If If the organization is answer to any of the following questions is "Yes," then complete chedule. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Pr line 10 ments. or provided in assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments - program rels* "in Par. VIII. c Did the organization report an amount for other liabilities in Part X, line 2 If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 2 If "Yes," complete Schedule D, Part X. Did the organization included in consolidated, indeps. "In audited financial statements for the tax year? If Yes," complete Schedule D, Part X. Did the organization included in consolidated, indeps. "In audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. Did the organization included in consolidated, indeps. "In audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. Did the organization included in consolidated, indeps. "In audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. Did the organization asserted "If y lium (III), III, II			6		<u> </u>							
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes," *mpiete Schedule D, Part III 19 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; sen. *s a cr. idlan for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego	7				37							
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: sen: s a cuil idian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt nego			7		<u> </u>							
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, service is a cuit dian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt nego	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes, "mplete			37							
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego	_		8		<u> </u>							
## Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restriction, and the organization of the through a related organization, hold assets in temporarily restriction of the parts VI, VII, VIII, VIII, VII, VIII, VI	9											
10 Did the organization, directly or through a related organization, hold assets in temporarily restriction or wiments, permanent endowments, or quasi-endowments? // *Yes, *complete Schedule D, Part V					v							
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complet chedule "Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in P line 10 m/yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program rele** "in Pas, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, in 15 that 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, art VIII d Did the organization report an amount for other liabilities in Part X, in 15 that 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 12d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, indep. In a statements for the tax year? If "Yes," complete Schedule D, Part X 12a Did the organization included in consolidated, indep. In a statements for the tax year? 13 If "Yes," and if the organization answered "10" to line 12a, lien completing Schedule D, Parts XI and XII is optional 14b X 15 Did the organization as school described in Sec. 1170(b" A V V)			9									
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					-							
		•			<u> </u>							
	<u>b</u>	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(004.1)							

Part IV Checklist of Required Schedules (continued)

			Ƴe <u>s</u>	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	\bigcirc 4	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	F		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple.			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year use			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the yea	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc s benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a process, year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or FZ? If "Y", "complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from payables to 1y current or			
	former officers, directors, trustees, key employees, highest compensated employees or disquated persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director .ee, ke,, loyee, substantial			
	contributor or employee thereof, a grant selection committee member, or to 35% led entity or family member			37
	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 foiling process schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exception			v
	A current or former officer, director, trustee, or key employee? If " ,s," co, 'ete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, ey empl e? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or ke, or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule _, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, histo al treasu 3, or other similar assets, or qualified conservation			Х
24	contributions? If "Yes," complete Schedule M	30		- 25
31	Did the organization liquidate, terminate, or dissource perations?	31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, disposa of, or transfer nore than 25% of its net assets? If "Yes," complete	31		21
32		32		Х
33	Schedule N, Part II Did the organization own 100% of an first disressimple of the organization under Regulations	JZ		
00	sections 301.7701-2 and 301.7701-1 If pomplete Schedule R, Part I	33		х
34	Was the organization related to an, 's .emp' r taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a contro. Antity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the "ganizatic eceive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section. "\(\frac{1}{2}\) If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) or און consecutive organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete '-edı R, Part V, line 2	36		Х
37	Did the organization control of the organization control of the organization control of the organization o			
	and that is treated as a parship for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	
		Form	990	(201.4)

Form **990** (2014

Form 990 (2014) HERBERT SCOVILLE JR. PEACE FELLOWSHIP 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>, es</u>	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable] ,						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	⊢ ¹ ¬	X					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1						
_	filed for the calendar year ending with or within the year covered by this return 2a 11	L . <i>l</i>	77					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		X				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b						
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule O	SD						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:	4a		X				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial counts (LAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and the ganization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>				
b	If "Yes," did the organization include with every solicitation an express statement the such con outions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 17′,	_		v				
	Did the organization receive a payment in excess of \$75 made partly as a contribution d pay oods and services provided to the payor?	7a		<u> </u>				
ь	If "Yes," did the organization notify the donor of the value of the goods or ser sproving d? Did the organization sell, exchange, or otherwise dispose of tangible pers proving which it was required	7b						
·	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to premium on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly or indirectly a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual propert, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boatr annual	7h						
8	Sponsoring organizations maintaining donor advise funds. If a donor advised fund maintained by the N/A							
	sponsoring organization have excess business holding "t any ti" during the year?	8						
9	Sponsoring organizations maintaining donor a red .							
	Did the sponsoring organization make any taxable dis tions under section 4966? N/A	9a						
ъ 10	Did the sponsoring organization make a distribution to a distribution to a distribution to a distribution advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	9b						
	Initiation fees and capital contributions 'udec ' at VIII, line 12 N/A 10a							
	Gross receipts, included on Form 9°, Pa 'ine 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations.							
а	Gross income from members c 'paren membe							
b	Gross income from other sources , or not not amounts due or paid to other sources against							
	amounts due or received (n them.)							
	Section 4947(a)(1) non-exe. • har able trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the argument ax-exampt interest received or accrued during the year							
13	Section 501(c)(29 valifi / nonprofit health insurance issuers. Is the organization lice of to issue qualified health plans in more than one state? N/A	10-						
а		13a						
h	Note. See the instructions additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
J	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2014)				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 18 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. 18 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was 10 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or a point one more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stock....ers, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during are the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who in not have reached at the organization's mailing address? If "Yes." provide the names and addresses in ...dule U Section B. Policies (This Section B requests information about policies not regular literal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures go ing a ctivities of such chapters, affiliates, and branches to ensure their operations are consistent with the or inization exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 99(all mem) s of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization when this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go 3 line 13 12a b Were officers, directors, or trustees, and key employees requir _____isclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monito and enfo. compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblowe. "cy': Х 13 13 Did the organization have a written document retentioned destruction policy? Х 14 14 Did the process for determining compensation of the folloung persons include a review and approval by independent persons, comparability data, and contempt ous substantiation of the deliberation and decision? Х agement official The organization's CEO, Executive Dir , or . 15a Х Other officers or key employees of † org on 15b If "Yes" to line 15a or 15b, describ, oces in Schedule O (see instructions). 16a Did the organization invest in, 💎 tribu 💎 🕏 to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organizat follow a valuate its participation in joint venture arrangements er a licable federal tax law, and take steps to safeguard the organization's exempt status with r pec o such arrangements? 16h Section C. Disclos 4 NONE a copy of this Form 990 is required to be filed -List the states with w. Section 6104 requires an anization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CAIN FARMER - (202) 546-0795 322 4TH STREET, NE, WASHINGTON, DC 20002

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

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

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 organizatio.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of ensautenter -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) ceeived 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 a relations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than 1,000 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 truste the capacity as a former director or truste the capacity as a former director or truste.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; rest ensated employees; and former such persons.

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

Note	(A) Name and Title	(B) Average	(do	not c	Pos	C) itior	า than	one	(D) Reportable		(E)	(F) Estimated
RESIDENT		week (list any hours for related organizations below	offic	er an	id a d	irecto	or/trus	stee)	from 'he orga, 'ion	,	rom related organizations	other compensation from the organization and related
(2) JOHN ISAACS		5.00	l_									
TREASURER		2 22	Х		X		+			0.	0.	0.
Color Colo		3.00	l		l	4			1			•
DOARD OF DIRECTORS		1 00	Х		X		+	<u>ا</u> _		0.	0.	0.
CHAD DOBSON		1.00	.							,	0	0
DOARD OF DIRECTORS		1 00	Δ		_		+	\vdash	\	0.	0.	0.
S MOLLY FITZMAURICE 1.00		1.00	, ,					4		_	0	0
BOARD OF DIRECTORS		1 00	^				' /			0.	0.	0.
Color Colo		1.00	v				1			^	0	0
BOARD OF DIRECTORS		1 00	A		\vdash	\vdash	\vdash	_		٠.	0.	<u> </u>
Table Tabl		1.00								^	0	0
BOARD OF DIRECTORS		1 00	4	-/	_					٠.	0.	0.
(8) DARYL KIMBALL		1.00	γI							n	0	0
BOARD OF DIRECTORS		1.00					\vdash			•	0.	<u></u>
1.00	BOARD OF DIRECTORS		\mathbf{x}							0.	0.	0.
BOARD OF DIRECTORS	(9) DON KRAUS	1.00									-	
1.00 LORA LUMPE	BOARD OF DIRECTORS		x							0.	0.	0.
1.00 EOARD OF DIRECTORS	(10) LORA LUMPE	1.00										
BOARD OF DIRECTORS	BOARD OF DIRECTORS	<u> </u>	x							0.	0.	0.
1.00 Name	(11) KATHERINE MAGRAW	1.00										
BOARD OF DIRECTORS X	BOARD OF DIRECTORS		Х							0.	0.	0.
1.00 Name	(12) DARCY MARTIN	1.00										
BOARD OF DIRECTORS	BOARD OF DIRECTORS		Х							0.	0.	0.
1.00	(13) PAUL MARTIN	1.00										
BOARD OF DIRECTORS X 0. 0. 0. (15) DEBORAH ROSENBLUM 1.00 0.	BOARD OF DIRECTORS		Х							0.	0.	0.
1.00	(14) DIANE RANDALL	1.00										
BOARD OF DIRECTORS X 0. 0. 0. (16) JACOB SCHERR 1.00 0. 0. 0. BOARD OF DIRECTORS X 0. 0. 0. (17) KRISTIN SHARP 1.00 0. 0. 0. BOARD OF DIRECTORS X 0. 0. 0.			Х							0.	0.	0.
(16) JACOB SCHERR 1.00 BOARD OF DIRECTORS X (17) KRISTIN SHARP 1.00 BOARD OF DIRECTORS X 0. 0. 0. 0.	(15) DEBORAH ROSENBLUM	1.00	1									
BOARD OF DIRECTORS X 0. 0. 0. (17) KRISTIN SHARP 1.00 0. 0. 0. BOARD OF DIRECTORS X 0. 0. 0.	BOARD OF DIRECTORS		Х							0.	0.	0.
(17) KRISTIN SHARP BOARD OF DIRECTORS 1.00 X 0.0.0.	(16) JACOB SCHERR	1.00	.								_	_
BOARD OF DIRECTORS X 0. 0.	BOARD OF DIRECTORS		Х				_			0.	0.	0.
		1.00	_									_
	BOARD OF DIRECTORS		Х							Ο.	0.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •

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Part VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghe	st C		s (continued)			
(A)	1 ' '	(B) (C)				_		(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		F 'nat	
	hours per week	box, unless person is both an officer and a director/trustee)						compensation	compensatio		nou'	
	(list any	tor						from the	from related organization		ar Ompc	
	hours for	Individual trustee or director				9		organization	(W-2/1099-MIS		from to	
	related	ee or	stee			nsate		(W-2/1099-MISC)			الد يور	
	organizations	Itrus	Institutional trustee		oyee	Highest compensated employee					and relat	.ed
	below	vidua	itutio	Officer	Key employee	hest c	Former				ranizati	ons
	line)	lnd	lnst	ijij.	Key	E E	윤					
(18) RACHEL STOHL	1.00											_
BOARD OF DIRECTORS	20.00	Х					-	0.		0.4		0.
(19) PAUL REVSINE	30.00	-		,,				61 700				^
PROGRAM DIRECTOR				Х		-		61,792.		0.		0.
		-										
						-	-			\rightarrow		
		-										
	-					-	-			\rightarrow		
		-										
						-	-			-+		
		-										
	-					-		+		\rightarrow		
		-										
						-				-+		
		-										
						+	_			\dashv		
		1			4			1				
4h Cub total	<u> </u>		<u> </u>	_		-		61,792.		0.		0.
1b Sub-total c Total from continuation sheets to Part VI								01,792.		0.		0.
								61,792.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							20.5	eceived more than \$100	000 of reportable			<u> </u>
compensation from the organization	ot illilited to th	036	IISLE	u	6	,	10 11	eceived more than \$100	ooo or reportable	,		0
compensation from the organization			>			_					Yes	No
3 Did the organization list any former officer,	director c ru	iste	<u> </u>	er	nnlo	wee	or	highest compensated er	mnlovee on	Г		
line 1a? If "Yes," complete Schedule J for s					пріс	усс	, 01	riigilest compensated ci	ripioyee ori		3	х
4 For any individual listed on line 1a, is the su				 ensa	tion	anc		her compensation from t	he organization			
and related organizations greater than \$150									•		4	Х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con								ou organization or main	add: 101 001 11000		5	х
Section B. Independent Contractors	L COLLE IS	<i>- 0 1</i>	UI SI	acii j	UC/3	OH						
1 Complete this table for your five hig' st c	`sated inc	lepe	nde	nt co	ontra	acto	rs t	hat received more than \$	100.000 of com	oensati	on from	
		•						n the organization's tax y	•			
(A)								(B)			(C)	
	Jdress	N	INC	3				Description of s	services	Co	ompensatio	n
*												
2 Total number of independent contractors (i		ot lir	nite	d to		_	sted	l above) who received m	ore than			
\$100,000 of compensation from the organic	zation				()					- 000	

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Pa	IL VII			or note to any line	in this Bart VIII			. \Box
		Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Rev de exchided full tax der
ts t	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
, E	С	Fundraising events	1c					1
ar /	d	Related organizations						1
s, G	е	Government grants (contribut	ions) 1e					l
ion	f	All other contributions, gifts, gran	its, and					
but		similar amounts not included abo	ve 1f	431,096.				1
Öţ	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	431,096.			
				Business Code				
ø	2 a							
Z Š	b							
Se	С	<u></u>						
am	d							
Program Service Revenue	е							
Pr	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		▶	24.			24.
	4	Income from investment of ta						
	5	Royalties		▶ [
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)		1				
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
_		Gross income from fundraisin						
Other Revenue		including \$	•					
)ve		contributions reported on line						
Ä		Part IV, line 18		'				
the	b	Less: direct expenses		1				
Ò		Net income or (loss) from ful.						
		Gross income from gami						
		Part IV, line 19						
	b	Less: direct expens						
		Net income or (loss) from an		I				
		Gross sales of ver. y, less						
		and allowar						
	b	Less: cost of gu sold						
		Net income or (loss) n sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			431,120.	0.	0.	24.
43200 11-07-	9				-			Form 990 (2014)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fu. is J exp. s
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			`	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C1 700		42.255	10 527
	trustees, and key employees	61,792.		43,255.	18,537.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	150 510	150 510		
7	Other salaries and wages	150,510.	150,510.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 024	2 024		
9	Other employee benefits	3,934.	3,934.	2 074	1 660
10	Payroll taxes	19,014.	13,480.	3,874.	1,660.
11	Fees for services (non-employees):				
a	Management				
b	Legal	14,095.	_(-/-)	14,095.	
С.	Accounting	14,095.		14,095.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	5,392.		5,392.	
12	Advertising and promotion	9,384.	9,384.		
13	Office expenses	87.		87.	
14	Information technology	<u> </u>		1,196.	
15	Royalties				
16	Occupancy	0.1 0.2 5		04.005	
17	Travel	24,936.		24,936.	
18	Payments of travel or entertainment expenses for any federal, state, or local public official.				
19	Conferences, conventions, and meetir	7			
20	Interest	17.		17.	
21	Payments to affiliates				
22	Depreciation, depletion, and ar *izatic				
23	Insurance				
24	Other expenses. Itemize expenses not coverabove. (List miscellaneous expenses in line re. If line 24e amount exceeds 10% are zeroust list line 24e expenses in line 24e expenses in list line 24e expenses in li				
_	amount, list line 24e ey lise. 1 Scheuule 0.) PAYROLL EXPENSE	2,243.		2,243.	
a b	BANK FEES	450.		450.	
	DIMIN I DID	400•		±30•	
c d					
a e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	293,050.	177,308.	95,545.	20,197.
26	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 if following SOP 98-2 (ASC 958-720)	_			
					Earm 990 (2014)

Form 990 (2014)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(F End yea
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	246,325.	2	268,608.
3	Pledges and grants receivable, net	750.	3	64.
4	Accounts receivable, net	30,000.	_4_	150,000.
5	Loans and other receivables from current and former officers, directors,		,	
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L			
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ب</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		. F	
Assets 7	Notes and loans receivable, net		1	
Ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,478. Less: accumulated depreciation 10b 1,478.			
'	Less: accumulated depreciation 10b 1,478.	0.	10c	0.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
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)	277,075.	16	418,672
17	Accounts payable and accrued expenses	137.	17	3,685.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Sch		21	
ဖွ 22	Loans and other payables to current and former officers, directors, ustees,			
≝	key employees, highest compensated employees disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	
- 23	Secured mortgages and notes payable to unrela 1 third p lies		23	
24	Unsecured notes and loans payable to unit in the lieses		24	
25	Other liabilities (including federal income tax, pe'es to related third			
	parties, and other liabilities not included on lines 17. 4). Complete Part X of	01		0
	Schedule D	21.	25	0.
26	Total liabilities. Add lines 17 th	158.	26	3,685.
	Organizations that follow SF 3 1			
8	complete lines 27 through / line /3 and 34.	246 017		201 007
27 B	Unrestricted net assets	246,917. 30,000.	27	384,987. 30,000.
82 g	Temporarily restricted net as	30,000.	28	30,000.
필 29	Permanently restric' 'net asse		29	
교	Organizations that do foll SFAS 117 (ASC 958), check here			
ס	and complete res through 34.		0.0	
\$ 30	Capital stoc trus principal, or current funds		30	
8 31	Paid-in or capit. olus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, Swment, accumulated income, or other funds	276 017	32	111 007
00	Total net assets or fund balances	276,917.	33	414,987.
34	Total liabilities and net assets/fund balances	277,075.	34	418,672.

Form 990 (2014)

Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			7 /	
1	Total revenue (must equal Part VIII, column (A), line 12)	43	1, 1	<u> 20</u> .
2	Total expenses (must equal Part IX, column (A), line 25)			50 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	138	8,0	7 <u>0.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	27	6,9	17.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	41	4,9	<u>87.</u>
Pa	t XII Financial Statements and Reporting			
	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 MODIFIED CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accc nt?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compared or viewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated an separate sis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the part were called on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated basis arate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass. sres politity for oversight of the audit,			
	review, or compilation of its financial statements and selection of an interest accountant?	2c		X
	If the organization changed either its oversight process or selection, proceduring the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to corgo an a lit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the ganization did not undergo the required audit			

or audits, explain why in Schedule O and describe any caken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

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Name of the organization HERBERT SCOVILLE JR. PEACE FELLOWSHIP 52-1755133 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(AV***\ E1. city, and state: An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), X An organization that normally receives a substantial part of its support from a governmental ur or from to general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from cont tions, mer bership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more true? 3 1 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin see acquirecty the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See cition 19(a)(4). An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) sec' 3(a)(2). See section 509(a)(3). Check the box in Type I. A supporting organization operated, supervised, or control. "vits" ported organization(s), typically by giving the supported organization(s) the power to regularly appoint or loct a local rity of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and ... Type II. A supporting organization supervised or control. on with its supported organization(s), by having control or management of the supporting organization veste. The ame persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting zation operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) ou mus omplete Part IV, Sections A, D, and E. Type III non-functionally integrated. A suppcer of organization operated in connection with its supported organization(s) that is not functionally integrated. The org ation. ally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must con. 'e Part IV, Sections A and D, and Part V. Check this box if the organization received a writte. determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III no nctions integrated supporting organization. f Enter the number of supported organig Provide the following information at at the ported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 HERBERT SCOVILLE JR. PEACE FELLOWSHIP 52-1755133 Page 2

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.)

Se	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	, tal
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	165,975.	313,989.	534,505.	112,675.	431,096.	1558240.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						1
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	165,975.	313,989.	534,505.	112,675.	<u>4</u> 31, <u>096.</u>	1558240.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					l	
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		974,308.
6	Public support. Subtract line 5 from line 4.						583,932.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	J12	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	165,975.	313,989.	534,505.	112,675.	431,096.	1558240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	92.	69.	144.	18.	24.	347.
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.)	40.					40.
11	Total support. Add lines 7 through 10	^					1558627.
12	Gross receipts from related activities,	etc. (see instruc.	1			12	
13	First five years. If the Form 990 is for	the organization's	fire, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publi	ר ב הסטר ב	<i>S</i> entage				
14	Public support percentage for 2014	.e 6, 'n (t) di	vided by line 11, co	olumn (f))		14	37.46 %
15	Public support percentage from 20.	'a' ,dule Part	II, line 14			15	34.92 %
16a	33 1/3% support test - 2014. 📒 🤏	org、 🤫 n did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifie a publicly supported organization						▶ X
k	33 1/3% support test - 20 If the c	or, nization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization ual	as a publicly s د	supported organiza	ition			▶□
17a	17a 10% -facts-and-circ es test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organizat mee the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-c. stances" test. The organization qualifies as a publicly supported organization						▶□
k	10% -facts-and-circumst。 əs test	- 2013. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L		<u></u>
14	First five years. If the Form 990 is for	•			-		
Sac	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2014 (I			olumn (fl)		15	0/
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves	·				10	70
	Investment income percentage for 20			e 13 column (fl)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2014. If the						
.Ja	more than 33 1/3%, check this box ar						. —
h	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- **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 hor organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 1. (2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make aris to the eign supported organization? If "Yes," describe in **Part VI** how the organization had such introl and iscretion despite being controlled or supervised by or in connection with its supported organiza.
- c Did the organization support any foreign supported organization that does not an Incomermination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what ont organization used to ensure that all support to the foreign supported organization was used exclusion for ction 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations contact the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part, inclusing (i) the names and EIN numbers of the supported organizations added, substituted, or reasons for each such action, (iii) the authority under the organization's organizing document authors. In action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted so the designated in the organization's organizing document
- **c** Substitutions only. Was the substitution the result of event h ond the organization's control?
- Did the organization provide support (whether in form its or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) riduals that are part of the charitable class benefited by one or more of its supported organizations; (c) other supporting organizations that also support or benefit one or more of the filing supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant pan. ensation, or other similar payment to a substantial contributor (defined in IRC 4958(c), the part of a substantial contributor, or a 35-percent controlled entity with regard to the part of t
- B Did the organization make a loan we disquedified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I complete Language 2009.
- 9a Was the organization control. 'irec' or indirectly at any time during the tax year by one or more disqualified persons of addinaged in section 4946 (other than foundation managers and organizations described in section 509(a)(1 (2))? "Yes," provide detail in Part VI.
- **b** Did one or more disq. •d persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organizatio. ad an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **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.)

	Ye.	. <u>10</u>
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
710		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
Ωh		
9b		
9с		
10a		
106		
10b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI*.

reasons for the organization's position that its supported organization(s) would have engaged in these

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.*

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	/
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Cur ot Yr (option
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		
Secti	ion B - Minimum Asset Amount		(A) rior Yea.	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1/4		
d	Total (add lines 1a, 1b, and 1c)	1		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets			
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amu			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line Colum	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section b, 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 F n line ass subject to			
	emergency temporary reduction (seistr	6		
7	Check here if the current yea. + orga zation's first as a non-functional	ally-integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

8 Breakdown of line 7:

d Excess from 2013e Excess from 2014

b

and 4b from line 1 (if amount greater the

Excess distributions carryover to 4r Add les 3j

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

HERBERT SCOVILLE JR. PEACE FELLOWSHIP

Employer identific on r inber

52-1755133

Organization type (check o	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization i	s covered by the General Rule or a Special Rule.
	(7), (8), or (10) organization can check boxes for both the eral hund a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received during vear, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. Sea structure is for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) fili rm 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checker chedule (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from eater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, i, line 1. Complete Parts I ar.
	n described in section 501(c)(7), (8), (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1, 2 exclusive for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children 2 nima. 2 aplete Parts I, II, and III.
is checked, enter l purpose. Do not c	n described in 150°)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusiv. For received during the sexclusiv charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total charitable, etc., omposes any of the parts unless the General Rule applies to this organization because it received nonexclusively e. etc., contributions totaling \$5,000 or more during the year.
Caution. An organization	hat if ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),
but it must answer "No" or	
certify that it does not meet	the . g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

HERBERT SCOVILLE JR. PEACE FELLOWSHIP

52-1755133

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Ty 3 of c ution
1		\$ 30,000.	Parson X H. II Non sh The Part II for norwash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total co'u	(d) Type of contribution
2		\$ <u>1</u> 5, <u>000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
3		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP	(c) Total contributions	(d) Type of contribution
4	Nume, dudices, and En	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Nan. d ess, nd ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HERBERT SCOVILLE JR. PEACE FELLOWSHIP

52-1755133

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	eceived
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c` FMV (o stimate (see in uctions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property gives	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	Descricion o. Sc. on property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
423453 11-05-		\$	90 990-F7 or 990-PF) (2014)

vame or orga	nization		Employer Identification number
IERBER'	T SCOVILLE JR. PEACE FE	LLOWSHIP	52-1755133
Part III	Exclusively religious, charitable, etc., contribute the year from any one contributor. Complete co	outions to organizations described in lumns (a) through (e) and the followi	section 501(c)(7), (8), or (10) that total more than ,000 i
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of he wift in the leading
.			
			_
		(e) Transfer of gift	
		(c) Transier or girt	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor transferee
.			
-			
-			
(a) No. from	(h) Duwnon of sift	(a) Has of sift	(d) sequiption of hour wift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d' escription of how gift is held
.			
·			
		(e) Transfor of c	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use or gift	(d) Description of how gift is held
.			
		(e) Transfer of gift	
		(c) Hameler et gint	
	Transferee's name 'ress,	_(P + 4	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpunf gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) t urbe (gine	(0) 000 01 9	(a) Decempation of non-girl to note
-			
			_
		(e) Transfer of gift	
	Transferee's name, address, and	1 7IP + 4	Relationship of transferor to transferee
	manaicree a name, audress, and	4 - 11 T T	residuoriship of dansieror to dansieree

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to "ublic

OMB No. 1545-0047

Insper ∠n

Name of the organization

HERBERT SCOVILLE JR. PEACE FELLOWSHIP

Employer identific on r inber 52-1755133

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Com f the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and counts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised for	ur s
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		ally important land area
	Protection of natural habitat	Preservation contract	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contril tion in the orm of a	conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		20
b			
c	Number of conservation easements on a certified historic stru-		·
d	Number of conservation easements included in (c) acquired af		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >	3	3
4	Number of states where property subject to conservation ease	ement is lo√íed ▶	
5	Does the organization have a written policy regarding the	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easer nts it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspering, a	and iforcing conservation easements during	the year ►
7	Amount of expenses incurred in monitoring, insp. , a.	cing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2, hove	e satisfy the requirements of section 170(h)(4)	(B)(i)
9	In Part XIII, describe how the organization .		
	include, if applicable, the text of the for te to ganization	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maint in Co ctions of		Similar Assets.
	Complete if the organize in an arrange of the form S		
1a	If the organization elected, as pern of uncer SFAS 116 (ASC		
	historical treasures, or other similar as a sheld for public exhibit		of public service, provide, in Part XIII,
	the text of the footnote to itscia' .atements that describ		
b	If the organization el .eu, 3 permited under SFAS 116 (ASC	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other milar sets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these item.		
	(i) Revenue included in r 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	- · · · · · · · · · · · · · · · · · · ·	n, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а			• \$
h	Accets included in Form 000 Part V		— •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Part VI Land, Buildings, and "ui me ...

Complete if the organiz n and ex Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improv ants				
d Equipment		1,478.	1,478.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	Form 990. Part X. colun	nn (B). line 10c.))	0.

Schedule D (Form 990) 2014 HERBERT SCOVILLE JR. PEACE FELLOWSHIP 52-1755133 F Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year mark/ value) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	Page
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year marks alu (l) Financial derivatives (l) Closely-held equity interests (l) Closely-held equit	r age
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	ue
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	_
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Part VIII Investments - Program Related	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, F	
(a) Description of investment (b) Book value (c) Method of value tion: C or end-of-year market value	ue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	
Complete if the organization answered "Yes" to Form 990. At IV, 11a. See Form 990, Part X, line 15. (a) Descriptior (b) Book value	
	16
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8) (Q)	

Total. (Column (b) must equal Form 990, Par Part X Other Liabilities.

Complete if the organizatio. red se" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

'Ol. (L

1.	(a) Descrit in or litt	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	•	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Pai	t XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Ret	urn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	431,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2	0.
3	Subtract line 2e from line 1		3	431,120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		421	431,120.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	/ith Exp∕ 9i	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	293,050.
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 adjustments2b			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	293,050.
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, FI, line)rt XIII Supplemental Information.		5	293,050.
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines nr , Part IV, lines	s 1b and 2b; Part V, line 4;	Part X, line	2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		,	,
PAI	RT X, LINE 2:			
FOE	R THE YEAR ENDED DECEMBER 31, 2014, THE FELLOW	SHIP HAS DOCUM	ENTED	ITS
COI	NSIDERATION OF FASB ACS 740-10, INCOME TAXES,	THAT PROVIDES	GUIDA	NCE FOR
REI	PORTING UNCERTAINTY IN INCOME TAXES AND HAS DE	TERMINED THAT	NO MA	TERIAL
UNC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOG	NITION OR DISC	CLOSUR	E IN

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

SCHEDULE D, PART XI AND XII

THE FINANCIAL STATEMENTS.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

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Name of the organization

HERBERT SCOVILLE JR. PEACE FELLOWSHIP

Employer identific on r inber 52-1755133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLEGE STUDENTS.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR
MANAGEMENT.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION FOR THE PROGRAM DIRECTOR IS DETERMINED BY THE BOARD.
COMPENSATION FOR FELLOWS IS SET BY THE PROGRAM DIRECTOR WITH INPUT FROM THE
FELLOWSHIP PRESIDENT, THEN APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
THE HERBERT SCOVILLE JR. PEACE FELLOWSHIP MAKES ITS FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 1:
THE ORGANIZATION'S ACCOUNTING METHOD IS MODIFIED CASH BASIS OF
ACCOUNTING. THIS BASIS DIFFERS FROM GENERALLY ACCEPTED ACCOUNTING
PRINCIPLES PRIMARILY BECAUSE CERTAIN REVENUES AND RELATED
ASSETS ARE RECOGNIZED WHEN RECEIVED, RATHER THAN WHEN EARNED AND
CERTAIN EXPENDITURES ARE RECOGNIZED WHEN PAID, RATHER THAN WHEN THE
OBLIGATION IS INCURRED.

16371112 790809 52-1755133