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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
e organization may have to use a copy of this return to satisfy state reporting requirements

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Th

	er tn	e 2009 calendar year, or tax year beginning <u>July 1</u> , 2009, and endi	ט פווי	<u>une 3</u>			, 201	_	
Chi	ck if ap			D Emplo	yer ide	entificat	tion numb	er -	
7	Addre	label or Dong Business As		4	2-6	0780	16		
_		change print or Number and street (or P O box if mail is not delivered to street address) Roo	m/suite	E Telep	hone ni	umber			
_	Initial	type		_	15-	255-	3153		
	Termi	Specific City or town state or country and ZIP + 4							
_	Amen	instruc-		G Gross	recein	te C		-00	0.47
_	return	Des Moines, IA 50312-2899		H(a) is th					,247
	Applic pendi	ng .		affilia	tes?		-	ľ	X No
		Kathy Soppe, same as C above		H(b) Are				Yes	No.
1	ax-ex	empt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		If "N	lo," attac	alıst (see instruction	ons)	
٧	Vebsi	te: ▶ www.peointernational.org		H(c) Grou	p exemp	ption nun	nber 🕨		
F	orm o	of organization Corporation Trust X Association Other L Year	of format	ion 1960	ОМ	State of	f legal dom	icile :	IA
	tΙ	Summary							
Ī		Briefly describe the organization's mission or most significant activities The building	fund	18 US	sed	excl	usive	lv	
		for puposes of construction, repairs, and maintenance of							
							_ IVE VAL	<u> </u>	
	•	MO 64772, a qualified charity.							
	_								
		Check this box ▶ ☐ If the organization discontinued its operations or disposed of more the				1 :			
		Number of voting members of the governing body (Part VI, line 1a)							5
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4			5
	5	Total number of employees (Part V, line 2a)	. 			5			
	6	Total number of volunteers (estimate if necessary)				6			5
	7 a	Total gross unrelated business revenue from Part VIII, column (C), line 12				7 a			
	. b			 		7 b			0
_		RECEIVED		Prior '		· •	Curre	nt Ye	
			—				····		
8		Contributions and grants (Part VIII, line 1h)	·			-	- 4	18/	,942
,		Program service revenue (Part VIII, line 2g)	• -						
1()	Investment income (Part VIII, column (A), lines 3,14, and 70)						51	<u>,845</u>
11	J	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 117.	L						
12		Total revenue - add lines 8 through 11 (must equal Part VHI) column (A) line 12)					5	<u>539</u>	,787
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)							,021
1		B. Stevensky of the complete (Ded (V. Jahrena (A), head)							
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
						-+			
1	оa	Professional fundraising fees (Part IX, column (A), line 11e)	• • ├─						
		Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.00				-+			
1	7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)							<u>, 898</u>
1		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)							<u>,919</u>
1	9	Revenue less expenses Subtract line 18 from line 12						364	,868
			E	Beginning	of Ye	ar	End	of Ye	ar
2	0	Total assets (Part X, line 16)		2.0	71,2	46	2,4	433	,972
	1	Total liabilities (Part X, line 26)			85,3			_	,164
	22	Net assets or fund balances Subtract line 21 from line 20	· ·		85,9				,808
		Signature Block	• • • •	٠,٠	<i></i>			<u> </u>	, 000
	gn ere	Under penalties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of Signature of officer Kathy A. Soppe, Director of Finance/Treasurer	dules and	d statemen ermation of Da	its, and f which l	to the prepared to the prepare	e best of n arer has an	ny kno	owledge
		Type or print name and title			15		146		
			heck if elf-			parer's i	identifying r	umbe	er
-		l avaiatura P	mployed	_					
)	arer's	signature e		EIN	 	-			
	arer's Only	signature P		 	<u> </u>				

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		-	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
404	complete Schedule D, Parts XI, XII, and XIII	12		X
148				
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional See. Schedule	4.2		
	•	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		.,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		Х
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	"		X
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
	If "Yes," complete Schedule G, Part III	19		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		_	X
	The state of the s			

Part	Checklist of Required Schedules (continued)			1
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u></u>	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	23	<u> </u>	Х
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25 a		25a	ŀ	ų.
		23a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	- T		- -
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		-
V-L	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			_
34	III, IV, and V, line 1	34	v	
		34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		
• •	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			l
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	х	
			000	

Pari	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		3 °	٠
	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
	gaming (gambling) winnings to prize winners?	1 c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	•		
	this return?	3a 3b		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	v	
_	account)?	44	<u>x</u>	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	<u> </u>		
•	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

Sect	ion A. Governing Body and Management			
	1 1		Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>x</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u>x</u>
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		V	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Ψ,	
	form?	11	Χ.	
11A	,,,,,,,	12a	х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	128		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ x `	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O howthis is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	х ·	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See .Schedule. O	15a		
b	Other officers or key employees of the organization See . Schedule. O	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See Instructions)			
16a				
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
Sect	the organization's exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed None			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only		
18	available for public inspection. Indicate how you make these available. Check all that apply	o oriy,	'	
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Kathy Soppe, 3700 Grand Ave., Des Moines, IA 50312 515-255-3153		 -	

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

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

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

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

The Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	<u> </u>		(C				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	Institutional trustee	che Officer	Key employee	Highest compensated at employee) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Barbara Andes til 9/09 President	<1	х		x				0	0	0
Elizabeth E Garrels after 9/09 President	<1	x		x				0	0	0
Susan Reese Sellers	<1			x				0	0	0
First Vice President Maria T. Baseggio		х	П							
Second Vice President Beth Ledbetter	<1	х		x				0	0	0
Organizer Sue Baker	<1	x		х				0	0	0
Recording Secretary	<1	x	Ш	x				0	0	0
Anne Pettygrove CEO	<1			x				0	0	0
Kathy Soppe Director of Finance/Treasurer	<1			x				0	0	0
	!									
									:	

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and i	Higi	hest Compensat	ed Employ	ees (c	ontınue	d)
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average hours per week	ndividual trustee	nstitutional trustee	Officer	a Key employee	Highest compensated at employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	tion ted ons	amo comp fro orga and	imated ount of other lensation on the nization related nizations
				_					:			
								-				
			į			_						
												. <u>.</u>
									-			
				:								
Total number of individuals (including but not)					<u></u>		o re	ceived more than	\$100 000 up			
reportable compensation from the organization			1310	u ai		S) WIII	010		Ψ100,000 III			
												Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for su	ch ınd	ıvıdı	ual							3	x
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	00,0	02	If "Y	'es, "	complete Sched	ule J for s	uch	4	x
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue co	omp	ens	atic	n fro	m	any unrelated o	rganization	for	5	x
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	dent	con	tract	tors that received	d more tha	n \$10	0,000	of
(A) Name and business addi	ess							(B) Description of ser	vices	C	(C) ompens:	ation
N/A							+					
							-					
							Ŀ					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	se li	sted above) who	received			

Pai	rt VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	-			
	9 h	Total Add lines 1a-1f	487,942			
Program Service Revenue	2a b c	Business Code				
rogran	e f g	All other program service revenue Total. Add lines 2a-2f				
<u></u>	3 4 5	Investment income (including dividends, interest, and other similar amounts)	40,999			40,999
	6a b c	Gross Rents	-			
	7a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	10,846			10,846
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
O		Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses	•			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold				
	11-		┥ !			
	11a b					
	C	All other revenue				
	d e	Total. Add lines 11a-11d		-		
	12	Total Revenue. See Instructions				51,845

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are	not required to com	piete columns (B), (C)), and (D).
_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	170,021	170,021		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting	984		984	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			······································	
f	Investment management fees	2,628		2,628	
g	Other				
12	Advertising and promotion			···· · · · · · · · · · · · · · · · · ·	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Currency Exchange	1,286	1,286		
b				··· · · · · · · · · · · · · · · · · ·	
¢					
d					
е					
	All other expenses				
	Total functional expenses Add lines 1 through 24f	174,919	171,307	3,612	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet	(A)		(B)
· T .		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	1,451,055		1,804,30
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
6	Part II of Schedule L		6	
Assets 7 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or 10a			
	other basis Complete Part VI of Schedule D			
b	Less accumulated depreciation		10c	
11	Investments - publicly traded securities	443,552	11	455,61
12	Investments - other securities See Part V, line 11	176,639	12	174,05
13	Investments - program-related See Part V, 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)	2,071,246	16	2,433,97
17	Accounts payable and accrued expenses		17	-
18	Grants payable		18	
19	Deferred revenue	· 485,306	19	483,16
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ciabilities 22	Payables to current and former officers, directors, trustees, key			
abi	employees, highest compensated employees, and disqualified			
⊐	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	485,306	26	483,16
Ses	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
ਸ਼ੂ 27	Unrestricted net assets		27	
<u>R</u> 28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
달 29	Permanently restricted net assets		29	
or Fund Balances 82 82 92 92 92 92 92 92 92 92 92 92 92 92 92	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets 33 33 33	Retained earnings, endowment, accumulated income, or other funds	1,585,940		1,950,80
33	Total net assets or fund balances	1,585,940		1,950,80
34	Total liabilities and net assets/fund balances	. 2,071,246		2,433,97

Form **990** (2009)

For	m 990 (2009)	Pa	ge IZ
Pa	art XI Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod. Cash		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O	ŀ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		х
þ	Were the organization's financial statements audited by an independent accountant? . See Sched O 2b	х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		
	issued on a consolidated basis, separate basis, or both		
	Separate bass X Consolidated bass Both consolidated and separate bass		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		
	Fom	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Bui	ldı		Cottey Coll							607801	6		
Par				ty Status (All organ						ctions			
The	orgai	nization is no	ot a private found	dation because it is: (F	For lines 1 t	through 11,	, check on	ily one bo	x)				
1	Ш	•		rches, or association (in sectio	n 170(b)(1)(A)(i).				
2	Щ			on 170(b)(1)(A)(ii). (At		•							
3	Ш	•	•	hospital service organ									
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the		
			ame, city, and sta										
5		•	·	or the benefit of a col	llege or un	iversity ow	ned or o	perated t	by a gove	ernmental	unit described in		
			(b)(1)(A)(iv). (C	•									
6			_	vernment or governme									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the ge											
				(1)(A)(vi). (Complete F									
8			•	d in section 170(b)(1)(•	•						
9		•		lly receives (1) more									
		•		ted to its exempt fun		•							
		• •	•	ment income and un				•		511 tax)	from businesses		
			_	after June 30, 1975					•				
10		•	•	ind operated exclusive	•	•	-				to open, and the		
11	X	•	_	and operated exclusion	-		-				-		
		•	•	ublicly supported orga at describes the type o					-	•			
		a Typ	r-			e III - Fund			111105 1 10		pe III - Other		
_	x	· ' لسسا	_	ertify that the organiz			•	•	rectly by		•		
C		•	-	ion managers and oth				-			•		
		•	r section 509(a)(-	ior than on	0 01 111010	publicity (oapportot	2 01 gai 112		001,000 111 0001101		
f				i a written determina	tion from 1	the IRS tha	atıtısa	Type I. 1	Type II. o	r Type III	supporting		
•		-	n, check this box					7,6	,,, -	,,,			
g		•	•	the organization acce	pted any q	ift or contri	bution fro	om any of	the				
Ū		following pe		Ū	. , ,			•					
		(i) A pers	on who directly	or indirectly controls	, either ali	one or tog	ether wit	h persor	s descril	bed in (ii)	Yes No		
		and (III)	below, the gove	erning body of the sup	ported orga	anization?					11g(i) X		
		(ii) A famil	y member of a p	erson described in (i) a	above?						11g(ii) X		
		(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)	above?					11g(iii) X		
h		Provide the	following inform	ation about the suppo	rted organ	zation(s)							
(i) 1		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify	(vi)	ls the	(vii) Amount of		
	orga	inization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organiza	tion in col ized in the	support		
				(see instructions))		,		port?	`` Ŭ	S?			
					Yes	No	Yes	No	Yes	No			
						:							
Cot	tey	College	44-0545271	2	X		X	ļ	Х		170,021		
								[
		···					-						
							 	 		 			
]				
						-							
									[
			 				 	 					
Tota	ıl					1					170.021		

Par	(Complete only if you check	ganizations D ked the box or	escribed in Son line 5, 7, or s	Sections 170(8 of Part I)	b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)
<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008 _.	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		· · · · · · · · · · · · · · · · · · ·				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount			ļ			
	shown on line 11, column (f)						ļ <u>.</u>
<u>6</u>	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>	<u> </u>		<u></u>
	tion B. Total Support			4 > 0.007	4 11 2000	4 1 2 2 2 2	1 15 7
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
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 IV)						
11	Total support. Add lines 7 through 10	L	1		l	 	<u>. </u>
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is f	or the organizat	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
500	organization, check this box and stop here tion C. Computation of Public Sup						··· • • • · • • • · • • • · • • • · • • • · • • • · • • • · • • · • • · • • · • • • · • • · • • • · • • • · • • • · • • • • · • • • • • · • • • • • · • • • • • • · • • • • • • · •
		' 		. 4.4 1 (5)			
14	Public support percentage for 2009 (li						<u>%</u> %
15 160	Public support percentage from 2008 331/3% support test - 2009. If the co						
ıoa	this box and stop here. The organizati						
h	331/3% support test - 2008. If the o						
U	check this box and stop here . The org	_					
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets						
	organization			_	•		• •
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization	2008. If the organization meets	ganization did r s the "facts-an	not check a box d-circumstances	c on line 13, 16 s" test, check t	a, 16b, or 17a his box and si	, and line top here.
	Explain in Part IV how the organization				•	•	
	supported organization	· · · · · · · · ·					🟲 📖

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)

Sec	tion A. Public Support			<u>′</u>			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		· · · -	, ,			
•	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge					}	
6	Total. Add lines 1 through 5						
	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						1
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	-					
•	line 6)						
Sec	tion B. Total Support		 	. .	<u>.</u>		
	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			1			
	sources					•	
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
С	Add lines 10a and 10b	•					
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or					·	
-	loss from the sale of capital assets		1				
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here.	<u> </u>		<u> </u>	<u> </u>	<u></u>	. <u></u> ▶ 🚺
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	column (f) divid	ed by line 13, colu	^{mn (f))}		15	%_
16_	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investmer	-				, ,	
17	Investment income percentage for 2009 (lin					17	<u> </u>
18	Investment income percentage from 2008					18	%_
19a	33 1/3% support tests - 2009. If the or	ganization did r	not check the bo	x on line 14, an	d line 15 is mo	re than 331/3%,	and line
	17 is not more than 33 1/3%, check the				_		
b	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3 %, check		•	•		•	
20 JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t			
JOA						Schedule A (Form	990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2	009								Page 4
	Supplemental	Information.	Complete Part III, line	this 12	part to Provide	provide any othe	the explanation	ons required formation. S	I by Part II, line ee instructions.	
										- -
										-
		. 								- -
		. 						_ *		-
		- 								
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			. .							
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				- <u>-</u> -						
									·	
			.			- -			· 	.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(rorm 990)		Governme		nts, and Individuals in the United States	in the United	d States		2009
Department of the Treasury Internal Revenue Service	-	Complete if the	e organization	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Form 990, Part IV, 0.	line 21 or 22.		Open to Public Inspection
Name of the organization							Employer identification number	ion number
Building Fund Cottey College	ottey College						42-6078016	
Part I General Info	General Information on Grants and Assistance	and Assistar	ice					
1 Does the organizat	Does the organization maintain records to substantiate the	o substantiate		the grants or assista	ance, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection critering Describe in Part IV	the selection criteria used to award the grants or assistance?	rants or assista ocedures for m	nce?onitoring the us	se of grant funds in the			:	X Yes No
Form 990, F	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	to Governme	nts and Organ	nizations in the Ur more than \$5,000	nited States. Com	and Organizations in the United States. Complete if the organization answered "Yes" to at received more than \$5,000. Check this box if no one recipient received more than \$5,00.	ation answered "Y	es" to \$5,000 Use
1 (a) Name and address of organization or government	Scriedule I-1 (FOIII) ess of organization mment	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cottey_College, 1000 W Austin Nevada, MO 64772	_1000_W_Austin.	440545271	501 (c) (3)	170,021 N/A	N/A	N/A	N/A	Bldg. Maint.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Enter total number	Enter total number of section 501(c)(3) and government or	ind governmen	t organizations				A	
3 Enter total number of other organizations	of other organizations						•	1
For Privacy Act and Pa	aperwork Reduction	Act Notice, see	the Instruction	s for Form 990.			Sche	Schedule I (Form 990) 2009

JSA 9E1288 2 000

Page		
	d "Yes" on Form 990, Part IV, line 22.	(f) Description of non-cash assistance
	e organization answered	(e) Method of valuation (book, FMV, appraisal, other)
	s. Complete if the	(d) Amount of non-cash assistance
	Is in the United States. Coladditional space is needed	(c) Amount of cash grant
	i dividuals in t i 990) if additio	(b) Number of recipients
Schedule I (Form 990) 2009	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Type of grant or assistance
Schedule 1 (Part III	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-4- 4b 4 t-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information
art I. Line 2: The organization's bylaws dictate that all income is to be used for Cottey College for repairs
nd maintenance of buidings. The board of trustees of Cottey College make requests for funds as needed for campus
epairs and maintenance. Such requests must be approved by the board of trustees of the reporting organization.
eimbursements are only made after receiving documentation that all approved expenditures have been completed.
he board of trustees of the reporting organization also serve as governing members of Cottey College and
aceive financial reports from the college regarding use of college funds

SCHEDULE O (Form 990)

Supplemental Information to Form 990

on OMB No 1545-0047

2009
Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Building Fund Cottey College	42-6078016
Part VI, Line 11: Copies of the Form 990 were provided	to each member of the board of
trustees and to the audit committee of parent organizati	on prior to filing. A formal
review process was conducted with the audit committee, w	or the opportunities for questions
from that committee and the board of trustees to be addr	essed before the return was filed.
=======================================	
Part_VI, Line 12c: Conflicts of Interest policies and s	ignature pages are distributed
yearly to each member of the board of trustees. Signatu	re pages are collected at the
office in Des Moines, IA and monitored for completion.	Any conflicts of interest that
arise pursuant to this process or otherwise throughout t	the year are to be reported
immediately, and the remaining members take the appropri	ate action.
Part VI, Lines 15a-15b: The organization's CEO is emplo	yed by the related "parent"
organization, International Chapter P.E.O. Sisterhood, a	and the organization shares her
service with International Chapter. The International C	
Form 990 the process in determining the CEO's compensati	on. A similar arrangement exists
for the Director of Finance/Treasurer.	
•	

Name of the organization	Employer Identification number
Building Fund Cottey College	42-6078016
Part VI, Line 19: Governing documents, conflicts of interest police	cies and financial
statements are available to members of the parent corporation only	. These items are not
available to the general public.	
Part VII, Line 1a: The CEO and Director of Finance/Treasurer of th	he parent organization,
International Chapter of the P.E.O. Sisterhood, also serve in the	same capacity for the
reporting organization. An estimate of average hours worked each	week for reporting
organization has been included in column (B). No wages are paid or	r reimbursed for either
officer from the reporting organization. All wages and related be	nefits for these
individuals are paid by the parent organization.	
Part IV, Line 12A and Part XI, Line 2b: The organization's modific	ed cash basis financial
statements were audited by an independent auditing firm on a conso	lidated basis with the
other philanthropic funds of the P.E.O.Sisterhood. (Listed on School)	edule R, Part II)

SCHEDULE R (Form 990)

Internal Revenue Service
Name of the organization Department of the Treasury

Part I

Related Organizations and Unrelated Partnerships

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

2009	Open to Public	
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OMB No 1545-0047

Employer identification number

Building Fund Cottey College

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

42-6078016

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year	ns (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it during the tax year)	swered "Yes" on F	orm 990, Part l	V, line 34 becaus	e rt
	(e)	3	3	€	(9)	€

	(f) (e) (h) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	
ır)	(b) Primary activit	
raid III had one or more related tax-exempt organizations during the tax year	(a) Name, address, and EIN of related organization	

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
International Chapter P.E.O. Sisterhood 42-0453829					
	membership org lowa	Iowa	501 (c) (4)	N/A	N/A
P.E.O. Educational Loan Fund 42-6078059					
s, IA 50312	loan fund	Іома	501 (c) (3)	7	N/A
P.E.O. Int'l Peace Scholarship Fund 42-6078058					
	schol. fund	Iowa	501 (c) (3)	7	N/A
P.E.O. Program for Continuing Education 23-7405311					
	grant fund	Іома	501 (c) (3)	7	N/A
Cottey College					
	college	Missouri	501 (c) (3)	2	N/A
P.E.O. Foundation					
0312	educ scholshp	Іома	501 (c) (3)	7	N/A
Cottey College Endowment Fund 42-6078017					
3700 Grand Avenue, Des Moines, IA 50312	supp college	Iowa	501 (c) (3)	11-Type II N/A	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership 3 amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of (h) Disproporterate °N Yes (f) Share of total income (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Part III Part IV

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

Schedule R (Form 990) 2009

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

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

of gross reverue) that was not a related of garilization, see instructions regarding exclusion for certain investment partnerships	Sussion for certain i	nvestment part	lersriips	į		1	į
(a) Name address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(n) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes
		-					

Schedule R (Form 990) 2009

SCHEDULE R-1 (Form 990)

Department of the Treasury

Name of filing organization Internal Revenue Service

Building Fund Cottey College

Part !

Continuation of Identification of Disregarded Entities

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part IV; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990).

Continuation Sheet for Schedule R (Form 990)

Employer identification number Inspection

42-6078016

Schedule R-1 (Form 990) 2009 (f) Direct controlling (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN of disregarded entity

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(f)	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
P.E.O. Scholar Award 42-1379026 3700 Grand Avenue, Des Moines, IA 50312	schol. fund	Iowa		7	N/A
IA 50312	1	Iowa	501 (c) (3)	7	N/A
	l				
					:
				Schedule R-1	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009

Part III Continuation of Identification of Related Organizations Taxable as a Partnership	entification of Re	elated Or	ganizations Tax	cable as a Partners	hip				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropriments allocations? Yes No	Code V-UBI amount on box 20 of K-1	General or managing partner?
							-		
									-
				:					
								Schedule R-1 (Form 990) 2009	990) 2009

Schedule R-1 (Form 990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

	•	•					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
							;
							•
						Schedule R-1 (Form 990) 2009	990) 2009

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(2)		
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		•
(20)		•
(21)		
(22)		
(23)		•
(24)		
	Sch	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocators?	(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?
			Yes No		Yes No		Yes No
						:	!
							_
	•						
						Schedule R-1 (Form 990) 2009	orm 990) 2009