

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)													502							
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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions). 2	Part	Checklist of Required Schedules			
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer of 1"/ess" complete Schedule of Part 1. 3 Section 801(s(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year / il "Ves." complete Schedule C, Part 1. 4 Section 801(s(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year / il "Ves." complete Schedule C, Part 1. 5 Is the organization a section 501(c(14), 501(s)), 501(s(16)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19" il "Yes," complete Schedule C, Part 1. 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 1. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the enwironment, instonci and areas, or histonic structures? If "Yes," complete Schedule D, Part 1". 8 Did the organization and 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 dobt negotiation services? If "Yes," complete Schedule D, Part VII. 10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 If the organization and amount in revestments—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 VIII. 12 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 VIII. 13 Did the organization report				Yes	No
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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. 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. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 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 VIII. 14 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 15 Did the organization in eport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization in eport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization in eport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization in eport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization in eport an emount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization in eport an emount for emplete schedule D, Part X in the organization in eport and emount for emplete Schedule D, Part X in the organization in eport an emount for emplete Schedule D, Part X in the organization in eport more	8		_		
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on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	''		17		
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		''		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			12		
If "Yes," complete Schedule G, Part III	19		10	-	^
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19	ĺ	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	20 a			<u> </u>	
			<u> </u>		-^ -
990 filers that operate one of more hospitals must attach audited financial statements (see instructions) 12061			20b		

Part	Checklist of Required Schedules (continued)			-0
			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	х	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	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		х
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		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L			_ x
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
		200		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		v
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	x	
	The state of the s			(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check is deficulte of contains a response to any question in this rait v	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		:	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	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?	5 b		х
C C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
оа	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?	6.		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	х	
•	gifts were not tax deductible?	6 b	x	
7	Organizations that may receive deductible contributions under section 170(c).	- 0.5	^	
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.			
	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
D_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or			
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			x
Sect	ion A. Governing Body and Management		•	1 * 1
Ject	ion A. Governing Body and Management		Yes	No.
4	Enter the number of voting members of the governing body at the end of the tax year			
1a	Enter the number of voting members of the governing body at the end of the tax year	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	×	
6 70	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7 a	x	
_	of the governing body?	7 b	х	
b		7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	8a	x	
a	The governing body?	8b	×	
ь 9		80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	х	
11a				
	form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	x	
b				
	rise to conflicts?	12b	х	
С	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		x
14	Does the organization have a written document retention and destruction policy?	14	ж	
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	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	s only))	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website x Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	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	e		
	organization ► Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312			

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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)				C)	<u> </u>		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	nstitutional trustee	chec Officer		Highest compensated at employee	S 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
(1) Diane K. Bond										
President	20	х		x	ļ			0	0	0
(2) Carolyn Dunkin	<u> </u>									
First Vice President	20	×	L	x				0	0	0
(3) Mary Soirefman	_							_		
Second Vice President	20	x	<u> </u>	x	 	ļ		0	0	0
(4) Jean_Evans								_		
Organizer	20	х		х				0	0	0
(5) Linda Conley									_	_
Treasurer	20	x		x	<u> </u>	ļ		0	0	0
(6) Linda C. Hall										_
Secretary	20	X		x	_			0	0	0
(7)										
(8)										
(9)										
(11)										-
(13)										
					 					
(15)										
(16)										-
	1					Ц	Щ.	1		<u> </u>

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (descnbe		Institutional trustee	Officer	k Key employee	at Highest	Ply) Former	Reportable compensation from the	Reportable compensation from related organizations	am	timated nount of other pensatio	on.
	hours for related organizations in Schedule O)	Individual trustee or director	onal		oloyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC	org:	om the anization d related inization	
(17)											•	
(18)												
(19)												
(20)												
(21)												
(22)		ļ <u></u>										
(23)					 -					<u> </u>		
(24)							-					
(25)												
(26)										-		
(27)												
(28)					 					 		
1b Sub-total			• •		• •		>					
d Total (add lines 1b and 1c)							>					
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 in			
									 		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or or chind	tru Iividi	ıste ual	e, I	кеу <i>е</i>	emp	oloyee, or highes	t compensated	3		x
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of	repor	tabl	e c	om	pensa	atio	n and other com	pensation from			
 individual										4		x
for services rendered to the organization? If "Y	es," comple	te Sc	hedi	ule .	J for	such	pe	rson		5		х
Section B. Independent Contractors 1 Complete this table for your five highest	compane	tod in	dor	000	dont	000	trac	store that recover	d more than \$1	00.000		
compensation from the organization	Compensar	ieu ii	idep		Jeni	COII	ıı ac		ı more than \$	_		
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compens		
							_			-		<u> </u>
2 Total number of independent contractors (in	ncluding bi	ut no	t lin	nite	d to	thos	e I	listed above) who	received	· · · · · · · · · · · · · · · · · · ·		
more than \$100,000 in compensation from th	e organizat	tion	<u> </u>				0)			990	

Pa	rt VII	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	Federated campaigns 1a Membership dues 1b 16 Fundraising events	0,882				
ions, gıf similar	d e	Related organizations			: :		
ontribut od other	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 23 Noncash contributions included in lines 1a-1f \$	6,007		:		
ة ن	h	Total. Add lines 1a-1f		396,889			
ne ne			ss Code				
Program Service Revenue	2a b						
Š	c				_		
am Ser	d						
Progra	f g	All other program service revenue					
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶	502	502		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties · · · · · · · · · · · · · · · · · · ·			-		
	3		ersonal				
				•			
	6a	Gross Rents		İ			
	b	Less rental expenses					
	C	Rental income or (loss)]			1
	d	Net rental income or (loss).					
	7a	Gross amount from sales of assets other than inventory	Other				
	Ь	Less cost or other basis and sales expenses					
	С	Gain or (loss)					
a	d 8a	Net gain or (loss)	▶	-			
2	""	events (not including \$					
Other Revenu		of contributions reported on line 1c)					
<u>.</u>		See Part IV, line 18		1			
ŧ	b	Less direct expenses b					
0	9a	Net income or (loss) from fundraising events	>				
	b	See Part IV, line 19					
	C	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less	2,375				
	b		1,415				
	_ <u> </u>	Net income or (loss) from sales of inventory	ss Code	960	960		
	\vdash		,55 COUR				
	11a				·		
	b						
	С						
	d	All other revenue					<u> </u>
	е	Total Add lines 11a-11d	Г				
	12	Total revenue. See instructions	▶	398,351	1,462		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete 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	228,607	228,607		
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 U.S. 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)		İ	ľ	
а	Management				
	Legal				
	Accounting	3,400		3,400	
	Lobbying				
0	Professional fundraising services See Part IV, line 17	 			
f	Investment management fees				
_	Other	<u> </u>	 		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	500			500
15	Royalties				
16 17	Occupancy				
18	Travel				
10	for any federal, state, or local public officials	}	Ì		
19	Conferences, conventions, and meetings	26,770	8,923	17,847	
20	Interest	20,,,0	0,523	27,047	
21	Payments to affiliates	97,972	97,972		
22	Depreciation, depletion, and amortization			· · · · · · · · · · · · · · · · · · ·	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
	Operating Expense	2,421	352	704	1,365
b	Board/Committee Expense	17,022	5,674	11,348	
c					
d					
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	376,692	341,528	33,299	1,865
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,226	1	12,607
	2	Savings and temporary cash investments	189,001	2	209,279
	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)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
S		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	1	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	١.	other basis Complete Part VI of Schedule D 10a			
	1	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part V, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14 15	Intangible assets		14	
	16	Other assets See Part V, line 11	200,227	16	221 006
	17	Accounts payable and accrued expenses	200,221	17	221,886
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, directors, trustees, key			-
abil		employees, highest compensated employees, and disqualified persons			
Ë]	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		26	
Fund Balances		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets.	<u></u>	29	
or FL		Organizations that do not follow SFAS 117, check here ▶ x and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds	200,227	32	221,886
ž		Total net assets or fund balances	200,227		221,886
	34	Total liabilities and net assets/fund balances	200,227	34	221,886

Form **990** (2010)

Both consolidated and separate bass

Consolidated basis

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

x | Separate bass

Form **990** (2010)

х

3a

3 b

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Inspection

Schedule C (Form 990 or 990-EZ) 2010

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) org	ganizations Complete Part III			
Nam	e of organization			Employer identif	fication number
Р.	E.O. Sisterhood OH	State Chapter		31-61815	39
Pa	rt I-A Complete if the c	organization is exempt under s	section 501(c) or i	s a section 527 organ	ization.
1	Provide a description of the	e organization's direct and indirect p	olitical campaign ac	ctivities in Part IV	
2	-				
3	Volunteer hours				·
Pa		rganization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form	4720 for this year?		Yes No
4aV	•				Yes No
b					
		organization is exempt under)
1	•	xpended by the filing organization		•	
_					
2					
3	Total exempt function expe	ies			
3	·				
4	Did the filing organization fil	le Form 1120-POL for this year?		· · · · · · · · · · · · · · · · · · ·	Yes No
5		and employer identification number			
•		ts For each organization listed, ent			
		tributions received that were promp			
		nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4)	(2) / 102. 220	(0) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
		1			political organization If
					none, enter -0-
(1)					
(2)		 			
(3)		 			
(4)					
(4)					
(5)					
(6)					
				1	

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

Schedule C (Form 990 or 990-EZ) 2010						Page
Part II-A Complete if the of section 501(h)).	organizati	on is exe	mpt under section	501(c)(3) and	filed Form 5768 (elec	ction under
			o an affiliated grou box A and "limited		ons apply	
	its on Lobi				(a) Filing	(b) Affiliated
			unts paid or incurred	.)	organization's totals	group totals
1 a Total lobbying expenditures t	to influence	public opii	nion (grass roots lob	oying)		
b Total lobbying expenditures t						
c Total lobbying expenditures						
d Other exempt purpose exper						
e Total exempt purpose expen	ditures (ad	d lines 1c a	and 1d)			
f Lobbying nontaxable amount	t Enter the	amount fro	om the following table	e in both		
columns						
If the amount on line 1e, columi	n (a) or (b) is:	The lobby	ing nontaxable amount	is:		
Not over \$500,000		20% of the	amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000	plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000	plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000	plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,00				
g Grassroots nontaxable amou						
h Subtract line 1g from line 1a	If zero or l	ess, enter -	0			
i Subtract line 1f from line 1c						
j If there is an amount other th	nan zero on	either line	1h or line 1i, did the	organization file	Form 4720	
reporting section 4911 tax fo	r this year?	·		<u> </u>	<u> </u>	Yes N
	zations tha	t made a s	eraging Period Unde ection 501(h) election e instructions for lir	on do not have t	o complete all of the fiv	re
			enditures During 4-Y			
Calendar year (or fiscal year beginning in)	(a) :	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
					Schedule C (F	orm 990 or 990-EZ) 20

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).						
		(a)		(b)		
	Y	es No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local		_			
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
e	Grants to other organizations for lobbying purposes?		i			
f	Grants to other organizations for lobbying purposes?	_				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i :	Other activities? If "Yes," describe in Part IV	-				
j 2 a	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
∠a b	If "Yes," enter the amount of any tax incurred under section 4912	_				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\(F) 07.5	L			
ια	501(c)(6).)(5), OF 8	ecuo	11)		
	V-X-NVP				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	None		2	х	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		 	3		x
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."	ne 3 is a	answe			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	liticai				
	expenses for which the section 527(f) tax was paid).					
a	Current year					
b	Carryover from last year		2b			
С 3	Total		2c			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob					
	and political expenditure next year?	bying	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
Con	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line, complete this part for any additional information	ne 5, an	d Part	II-B, II	ne 1ı	
Also	, complete this part for any additional information					
		-				

Schedule C (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
r are iv	oupplemental miorimation (committee)	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		- <b>-</b>

SCHEDULEI (Form 990)

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

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

Department of the Treasury COMP	Complete if the or	ganization ans ► Atí	ganization answered "Tes" to Form 990, Part IV, line ∡1 of ∡z.  ▼ Attach to Form 990.	orm 990, Part IV,	IINE 21 OF 22.		Inspection
Name of the organization						Employer identification number	ion number
P.E.O. Sisterhood OH State Chapter	r					31-6181539	:
Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the	bstantiate the		grants or assistant	ce, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	[
the selection criteria used to award the grants or assistance?	or assistance						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rres for moni	toring the use c	of grant funds in the	United States			
Part II 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.	overnments recipient tha	and Organiza	ations in the Unit ore than \$5,000	e <b>d States.</b> Comp Check this box if	and Organizations in the United States. Complete if the organization answered "Yes" to it received more than \$5,000. Check this box if no one recipient received more than \$5,0	ation answered "Y eceived more thar	es" to 1 \$5,000 Part
Il can be duplicated it additional space is needed	se is needed						• • • • • • • • • • • • • • • • • • • •
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)_Cottey_College,1000_W_Austin	44-						
Nevada, MO 64772	0545271	501(c)(3)	57,648	0			GenSupp/Schol
[2] P.E.O. Educational Loan Fund.	42-	501 (2) (3)	23 325	C			Educ. Loans
(3) P.E.O. Int'l Peace Scholarshp	$\overline{}$	(2) (2) = 22					
Des Moines, IA 50312	6078058	501 (c) (3)	20,613	0			Scholarships
(4) F.E.O. Program for Contin Ed.	23-	501 (0) (3)	סצא אב	c			(Action Creates
Des mornes, 1A 30312	TTCC0#/	101 (0)	600,40				
.(5) P.E.O. Scholar Awards Des Monnes, IA 50312	42- 1379026	501 (c) (3)	20,710	0			Educ. Awards
	30-						
Des Moines, IA 50312	0583651	501 (c) (3)	24,912	0			Scholarships
_(7)_P.E.O. Foundation Des Moines, IA 50312	42-6094564	501 (c) (3)	46,740	0			Schol/Grants
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	overnment or	ganizations					7

Schedule I (Form 990) (2010)

Schedule I (	Schedule I (Form 990) (2010)
Part III	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
	Part III can be duplicated if additional space is needed

	י מוניוון כמון סכ מתלווכמוכת זו מתתוונותום שלמכם וא וו	שמת וא ווכם	פבחבח			
	(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
-						
2						
ဗ						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part	te this part to	provide the info	ormation required	In Part I, line 2, and an	to provide the information required in Part I, line 2, and any other additional information

Sisterhood and to P.E.O. Foundation in Des Moines, IA to be used to further the educational mission of the P.E.O. Part I, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

Part_II. Line_1(a) --With the exception of Cottey College, all other organizations share a mailing address of

Sisterhood. Reports of these organizations are available to all members of P.E.O.

3700 Grand Avenue in Des Moines, IA.

Schedule I (Form 990) (2010)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

L	OMB No 1545-0047
l	2010
L	<u> </u>
	Open to Public
	Inspection

Name of the organization Employer identification number P.E.O. Sisterhood OH State Chapter 31-6181539 Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: Copies of the final Form 990 were provided to each member of the executive board of Ohio State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each Year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board and the remaining members vote on the appropriate action. Part VI, Line 19: Governing documents, conflict of interest policy and financial statements are available to members upon request. These items are not made available Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
P.E.O. Sisterhood OH State Chapter	31-6181539

Page 2