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Short Form  
Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning April 1, 2010, and ending March 31, 2011

|                       |  |  |  |                                  |  |
|-----------------------|--|--|--|----------------------------------|--|
| B Check if applicable |  | C Name of organization   |  | D Employer identification number |  |
| Address change        |  | P.E.O. Sisterhood Al State Chapter   |  | 63-6048476                       |  |
| Name change           |  | Number and street (or P O box, if mail is not delivered to street address) |  | E Telephone number               |  |
| Initial return        |  | 3700 Grand Avenue  |  | 515-255-3153                     |  |
| Termination           |  | City or town, state or country, and ZIP + 4                                |  | F Group Exemption Number ► 1072  |  |
| Amended return        |  | Des Moines, IA 50312-2899  |  |                                  |  |
| Application pending   |  |  |  |                                  |  |

G Accounting Method  Cash  Accrual  Other (specify) ►I Website: ► [www.peointernational.org](http://www.peointernational.org)  
J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 114,764

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. ► 

| Revenue   | 1 Contributions, gifts, grants, and similar amounts received . . . . . | 1 71,769   |
|---|--|------------|
| 2 Program service revenue including government fees and contracts . . . . .   | 2  | 3 42,746   |
| 3 Membership dues and assessments . . . . .   | 3  | 4 249      |
| 4 Investment income . . . . .   | 4  | 5c         |
| 5 a Gross amount from sale of assets other than inventory . . . . .   | 5a   |            |
| b Less cost or other basis and sales expenses . . . . .   | 5b   |            |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   |  |            |
| 6 Gaming and fundraising events   |  |            |
| a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   | 6a   |            |
| b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . . | 6b   |            |
| c Less direct expenses gaming and fundraising events . . . . .  | 6c   |            |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  |  | 6d         |
| 7 a Gross sales of inventory, less returns and allowances . . . . .   | 7a   |            |
| b Less cost of goods sold . . . . .   | 7b   |            |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  |  | 7c         |
| 8 Other revenue (describe in Schedule O) . . . . .  |  | 8          |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .  |  | 9 114,764  |
| 10 Grants and similar amounts paid (list in Schedule O) . . . . .   | 10   | 10 69,350  |
| 11 Benefits paid to or for members . . . . .  | 11   | 11         |
| 12 Salaries, other compensation, and employee benefits . . . . .  | 12   | 12         |
| 13 Professional fees and other payments to independent contractors . . . . .  | 13   | 13         |
| 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14   | 14         |
| 15 Printing, publications, postage, and shipping . . . . .  | 15   | 15 948     |
| 16 Other expenses (describe in Schedule O) . . . . .  | 16   | 16 52,910  |
| 17 Total expenses. Add lines 10 through 16 . . . . .  | 17   | 17 123,208 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18   | 18 -8,444  |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   | 19   | 19 100,022 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20   | 20         |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .  | 21   | 21 91,578  |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

|   | (A) Beginning of year | (B) End of year |               |
|---|-----------------------|-----------------|---------------|
| <b>22 Cash, savings, and investments . . . . .</b>  | <b>100,022</b>        | <b>22</b>       | <b>91,578</b> |
| <b>23 Land and buildings . . . . .</b>  |                       | <b>23</b>       |               |
| <b>24 Other assets (describe in Schedule O) . . . . .</b>                                       |                       | <b>24</b>       |               |
| <b>25 Total assets . . . . .</b>  | <b>100,022</b>        | <b>25</b>       | <b>91,578</b> |
| <b>26 Total liabilities (describe in Schedule O) . . . . .</b>                                  |                       | <b>26</b>       |               |
| <b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b> | <b>100,022</b>        | <b>27</b>       | <b>91,578</b> |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? **Educational & Charitable**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Program services accomplished by contributions to various P.E.O. educational projects, scholarship and local charities

(Grants \$ 69,350 ) If this amount includes foreign grants, check here . . . . . ►

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others )

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

28a 78,904

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

29a

3

**Total program service expenses** (add lines 28a through 31a) . . . . . ►

30a

6

**Total program service expenses** (add lines 28a through 31a) . . . . . ►

32 78,904

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

| (a) Name and address                    | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| Holly J. Fondots                        | President  |  |   |  |
| 2018 Baneberry Dr, Birmingham, AL 35244 | 10 hrs/week  | 0  | 0   | 0  |
| Patricia N. Piro                        | Vice President   |  |   |  |
| 162 Inwood Trl, Madison, AL 35758       | 7 hrs/week   | 0  | 0   | 0  |
| Carol Westbrook                         | Organizer  |  |   |  |
| 2237 Savoy St, Birmingham, AL 35758     | 8 hrs/week   | 0  | 0   | 0  |
| Grace Anderson                          | Treasurer  |  |   |  |
| 1800 Rosedale, Muscle Shoals, AL 35661  | 8 hrs/week   | 0  | 0   | 0  |
| Betty Smith                             | Secretary  |  |   |  |
| 156 Wood Place Ct, Ozark, AL 36360      | 9 hrs/week   | 0  | 0   | 0  |
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**Part V Other Information (Note the statement requirements in the instructions for Part V)**Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

|    | Yes | No |
|----|-----|----|
| 33 |     | x  |
| 34 |     | x  |

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .

|     |   |
|-----|---|
| 35a | x |
| 35b |   |

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

|     |   |
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| 36  | x |
| 37b | x |

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions) . . . . .

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

|     |   |
|-----|---|
| 37b | x |
| 38a | x |

b Did the organization file Form 1120-POL for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

|     |  |
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| 38b |  |
| 39a |  |

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations Enter

|     |  |
|-----|--|
| 39b |  |
| 40b |  |

a Initiation fees and capital contributions included on line 9 . . . . .

|     |  |
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| 40c |  |
| 40e |  |

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

|     |  |
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| 40f |  |
| 40g |  |

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

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| 40h |  |
| 40i |  |

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► \_\_\_\_\_

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| 40j |  |
| 40k |  |

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .

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| 40l |  |
| 40m |  |

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► Kathy A. Soppe Telephone no ► 515-255-3153

Located at ► 700 Grand Avenue, Des Moines, IA ZIP + 4 ► 50312-2899

|     |   |
|-----|---|
| 42b | x |
| 42c | x |

b 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)? . . . . .

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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| 42d |  |
| 42e |  |

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ►

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

|     |   |
|-----|---|
| 44a | x |
| 44b | x |

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| 44c | x |
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|     | Yes | No |
|-----|-----|----|
| 45  |     | x  |
| 45a |     | x  |
| 46  |     | x  |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI

|     |  |     |  |
|-----|--|-----|--|
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  |  |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  |  |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | 49a |  |
| b   | If "Yes," was the related organization a section 527 organization? . . . . .   | 49b |  |
| 50  | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" |     |  |

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
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**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Tathey a. Brase  
Signature of officer

1 8/8/11

► Kathy A. Soppe, Director of Finance  
Type or print name and title

|                                       |                                |                      |      |   |      |
|---------------------------------------|--------------------------------|----------------------|------|---|------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | ✓ Type or print name and title |                      |      |   |      |
|                                       | Print/Type preparer's name     | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                                       | Firm's name ►                  | Firm's EIN ►         |      | Phone no  |      |
| Firm's address ►                      |                                |                      |      |   |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

P.E.O. Sisterhood AL State Chapter

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

63-6048476

Part I, Line 10: Includes cash contributions sent to the following educational and charitable funds of the P.E.O. Sisterhood to be used for various scholarship, grant and loan programs to educate women. With the exception of Cottey College, all share an address of 3700 Grand Avenue, Des Moines, IA 50312.

P.E.O. Educational Loan Fund \$7,007 to be used for educational student loans  
Cottey College, 1000 W. Austin, Nevada, MO 64772, \$21,378 for support of the college  
P.E.O. International Peace Scholarship \$6,370 for scholarships  
P.E.O. Program for Continuing Education \$12,154 for educational grants  
P.E.O. Scholar Awards \$6,560 for scholarships  
P.E.O. STAR Scholarship \$8,131 for scholarships  
P.E.O. Foundation \$4,750 for scholarships and grants

In addition, a cash scholarship was awarded to 1 individual in the amount of \$3,000

Part I, Line 16: Other expenses include costs associated with state convention, operating expenses for the chapter, and dues to the International chapter for the year.