

## 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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Th

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

Inspection

Ā	For th	ne 201	1 calendar year, or tax year begi	nning Aprıl 1	, 2011	, and e	nding 1	March 31	, 2012				
В			C Name of organization					D Employer identi	fication number				
-	Check if a	pplicable	P.E.O. Sisterhood IN S	tate Chapter									
Address change Doing Business As								35-607	4424				
	_	e change	Number and street (or P O box if mail is	not delivered to street address)		Room/su	nte		E Telephone number				
3 [	Initia	ıl return	3700 Grand Ave					515 25	5 3153				
•••	Term	mnated	City or town, state or country, and ZIP +	4		<u> </u>		315 25	<u> </u>				
	Ame	nded	Des Moines, IA 50312-					G Gross receipts \$	\$ 43	29,677			
		ication	F Name and address of principal officer	2099			<del></del>	H(a) Is this a group re					
_	] pend	ding	· ·	- 0 -b				affiliates?	₩				
-	Tovos		Susan Wauteletsame a				T	H(b) Are all affiliates i	Included? Yes				
<u> </u>		xempt st			4947(a)(1)	or	527	4	•	•			
<u> </u>			www.peointernational.o			1.		H(c) Group exemption					
_	_	of organ		Association Other		LY	ear of forma	tion 1963 M Sta	te of legal domicil	e IA			
	art I		mmary					<del>.</del>	<del></del>				
	1		y describe the organization's mission o										
ą		supp	orting six philanthrop	c projects for	women.	<u>The</u>	se are	scholarshi	p, grant,	loan			
anc		and_	award programs and a we	omen's college o	wned b	y the	organ	ızatıon.					
ern						<b></b> .							
ò	2	Check	c this box 🕨 🔙 if the organization d	liscontinued its operations	or dispose	ed of mor	e than 25%	6 of its net assets					
~	3	Numb	er of voting members of the governing	body (Part VI, line 1a)						5			
es	4		er of independent voting members of							5			
<u></u>	5		number of individuals employed in cale										
Activities & Governance	6		number of volunteers (estimate if neces							100			
	L	Total	unrelated business revenue from Part V	/III. column (C), line 12				78	a				
			nrelated business taxable income from						<del></del>				
	<del>  -</del>		Notice Section (and to wroth the	, , , , , , , , , , , , , , , , , , ,		••••	<del></del>	Prior Year	Current	Year			
ÚŽ.	8	Contri	butions and grants (Part VIII, line 1h)					410,819	<del></del>				
مراج الم	9							410,013	42	8,172			
	10	Invent	am service revenue (Part VIII, line 2g)	on 2.4 and 7d)	• • • • •		• •	1 007	,	1 505			
	10		ment income (Part VIII, column (A), line					1,087	<u>'                                     </u>	1,505			
自要が例で Revenue	11		revenue (Part VIII, column (A), lines 5,										
	+		revenue - add lines 8 through 11 (mus		, line 12) .		• •	411,906		9,677			
S-:P	13		s and similar amounts paid (Part IX, col				••	207,572	21	1,614			
	14	Benef	its paid to or for members (Part IX, colu	ımn (A), line 4) . RECE	FIAFD			<del> </del>	<del></del>				
C s			es, other compensation, employee ben		nes-5-10)-								
€ 2 S	16a	Profes	ssional fundraising fees (Part IX, columr	n (A), line 15te)	v . 5.075.	.   8							
Exper	þ	Total t	fundraising expenses (Part IX, column (	D), line 25 32800 2	<b>U</b> 2012	. S							
<b>7</b>	17	Other	expenses (Part IX, column (A), lines 11	la-11d, 11f-24e)	<del> </del>	— i κ i		168,447	/ 27	2,083			
	18	Total	expenses Add lines 13-17 (must equal	l Part IX, column (A) (1) 10 25	N. U.	T !	L	376,019	48	3,697			
	19		nue less expenses. Subtract line 18 from					35,887	/ -5	4,020			
Net Assets or	3						Begir	nning of Current Year	r End of Y	ear			
Sett	20	Total	assets (Part X, line 16)				🗀	344,008	28	9,988			
A S	21	Total I	liabilities (Part X, line 26)										
S E	22		ssets or fund balances Subtract line 21					344,008	28	9,988			
	art II		gnature Block		<del> </del>				<u> </u>	-,			
Ur	der pe	nalties o	f perjury, I declare that I have examined this	retum, including accompanying	schedules	and state	ments, and t	o the best of my know	vledge and belief,	it is true.			
co	rrect, a	nd comp	plete Declaration of preparer (other than office	cer) is based on all information	of which pi	reparer ha	s any knowl	edge					
		<u> </u>	Pathy A. Some					8/13	112				
Sig	gn		Signature of officer					Date	<del> </del>				
He	re		Kathy A. Soppe, Directo	or of Financo/Tr	0261120								
			Type or print name and title	or or rinance/ir	easure			- · · · -					
		Print/	Type preparer's name	Preparer's signature		Date		Check If	PTIN				
Pai	d							Check if self-employed					
Pre	parer							1	L				
Us	9 Only		s name	<del>-</del>				Firm's EIN					
N4~	u tha !		address cuss this return with the preparer show	m ahove? (see instructions)				Phone no	<del></del>	<b>1</b>			
				<del> </del>	· · · · · ·	<del></del>	<u></u>	<u> </u>	. Yes	No No			
FOI	rape	rwork	Reduction Act Notice, see the separate	w mstructions.					Form <b>9</b> 5	<b>90</b> (2011)			

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 (see instructions)?	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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5_	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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,"	9		<b>.</b>
40	complete Schedule D, Part IV	-		х ·
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<del></del> -		<del>  ^</del>
' '	VII, VIII, IX, or X as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			_
a	Schedule D, Part VI	11a		x
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 VII	11b		x
С	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	11c		x
d	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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		ж
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		X
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<del></del>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 9	90 (2011)			Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			<u> </u>
~~	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			<b>-</b>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23		x
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		
	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		ж
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,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l		
	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		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
0.4	conservation contributions? If "Yes," complete Schedule M	30	ļ	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		
32	Part I	-		×
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
33	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,		<b></b>	<del></del> -
•	IV, and V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		<u>L</u>
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		1	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		
	19? Note. All Form 990 filers are required to complete Schedule O		ж	
		Form	990	(2011)

Par	Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V		_	<u>.                                    </u>
4.5	Enter the number reported in Box 2 of Form 1006. Enter 0 of not analyzable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			~
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>	_x	
Za	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			
D	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4 a	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
D	If "Yes," enter the name of the foreign country ▶			
<b>.</b> .	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?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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?			
<b>h</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	х	
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-00	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
h	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?	7c		
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		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	1		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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	ŀ		
11	Section 501(c)(12) organizations. Enter	į		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1		
D	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 14-	Enter the amount of reserves on hand	44-		
	1606 H. 161-1-57001 M. 1646 M. H. 1646 M. 1646 M. H.	14a		_х_
<u> </u>	11 100, 1100 it filed a form 120 to report these payments. If Two, provide all explanation in Schedule U	14b	1	

Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O See instructions.			
		Check if Schedule O contains a response to any question in this Part VI			ж
Sect	ion	A. Governing Body and Management			11
				Yes	No
12	Ente	er the number of voting members of the governing body at the end of the tax year. If there are			
ıu		erial differences in voting rights among members of the governing body, or if the governing body			
		gated broad authority to an executive committee or similar committee, explain in Schedule O		- 1	
h		er the number of voting members included in line 1a, above, who are independent			
р 2		any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
		other officer, director, trustee, or key employee?	2		x
2		the organization delegate control over management duties customarily performed by or under the direct	_		
3			3		x
		ervision of officers, directors, or trustees, or key employees to a management company or other person?	4		×
4		the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		×
5		the organization become aware during the year of a significant diversion of the organization's assets?	6	×	
6		the organization have members or stockholders?		<u>^</u>	
7a		the organization have members, stockholders, or other persons who had the power to elect or appoint	7 a	_	
		or more members of the governing body?	1 a	х	
b		any governance decisions of the organization reserved to (or subject to approval by) members,	76		
_		ckholders, or persons other than the governing body?	7b	×	
8		the organization contemporaneously document the meetings held or written actions undertaken during			
		year by the following	0-		
<b>a</b>		governing body?	8a	х	
		ch committee with authority to act on behalf of the governing body?	8 b	_х	
9		nere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti		3. Policies (This Section B requests information about policies not required by the Internal Revenue (		<u> </u>	
0000	•	The desired frame desired and the second and the se		Yes	No
10a	Did	the organization have local chapters, branches, or affiliates?	10a	х	
		Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b		· · · · · · · · · · · · · · · · · · ·	10b	x	
110		the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
11a		scribe in Schedule O the process, if any, used by the organization to review this Form 990			_
b 120			12a		
		re officers, directors, or trustees, and key employees required to disclose annually interests that could give	,		
U			12b	x	
_			120		
С		the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   cribe in Schedule O how this was done	12c	x	
12		the organization have a written whistleblower policy?			x
13 14		the organization have a written document retention and destruction policy?	14	x	
		the process for determining compensation of the following persons include a review and approval by	17		
15		ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_			15a		x
a b		· -	15b		x
D		Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)	135		
16a		the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IOd			16a		x
_		Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	_10a		
D		ticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	ora	anization's exempt status with respect to such arrangements?	16h		
Sect		C. Disclosure	105		
17		the states with which a copy of this Form 990 is required to be filed None	_		<del></del>
		ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			
18		ulable for public ins <u>pec</u> tion. Indicate how you <u>mad</u> e these available. Check all that apply	J 1(U)	UJS U	· •y /
	٦٧٥	Own website Another's website Don request			
10	<u> </u>	scribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	Finte	reet =	oliov
19		scribe in Scriedule O whether (and it so, now), the organization made its governing documents, conflict of I financial statements available to the public during the tax year	i iiile	σοι β	olicy,
20		te the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20		anization ► Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-		3	
JSA					(2011)

	-
Dana	-
гачс	

orm 990 (20	11)	_ P
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	ıd
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

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

🗴 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (D) (A) (F) (B) Reportable Estimated Name and Title Average Position Reportable compensation compensation from amount of hours per (do not check more than one from related other week box, unless person is both an the organizations compensation (describe officer and a director/trustee) hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization Individual trustee employee Highest compensated nstitutional trustee organizations and related director in Schedule employee organizations 0) (1) Susan Wautelet 40 0 0 President x x (2) Joyce E. Mallette 20 0 0 Vice President x x (3) Marguerite Mech 20 0 0 Organizer x x (4) Bonnie Ziegler Treasurer 40 0 0 x x (5) Marılyn Cınkoske 0 10 Secretary x x (8) \_(9) \_\_\_\_\_ (10) <u>(11)</u> (12) \_ (13)\_\_\_\_\_\_ (14)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Emplo	yees (	ontinue		age O
(A) Name and title	week   box, unless person is both an   compensation   compensation		on from	am	(F) timated tount of								
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	tions -MISC)	com fro orga and	pensation the anization related	n d	
(15)													
(16)													_
(17)													
(18)													<u>-</u> -
(19)													
(20)											-		
(21)													
(22)			·	<u> </u>									
(23)											-		
(24)													
(25)													
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt; &gt;</b>						
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of			
2. Did the organization list any former office	or directo	\r 0.				kou e		alayaa ar bigbaa	t	note of	[ "	Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for su	ch ınd	ivid	ual			• •				3		х
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	007	i If	"Yes					4		
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on	fron	n any					5		×
Section B. Independent Contractors												,	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year													
(A) (B) (C) Name and business address Description of services Compensation													
							T			_			
	-						+					••	
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	se i		received				

Pal	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
23 23	4-	Federated campaigns 1a					
in a	1a		215 672				
တ် ဋိ	b	Membership dues 1b	215,673				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					1
ວ ≅	d	Related organizations 1d					
Sir.	е	Government grants (contributions) 1e					į
er.	f	All other contributions, gifts, grants,					
ēξ		and similar amounts not included above . 11	212,499				
d d	١ ۾	Noncash contributions included in lines 1a-1f \$			!		
ಕ್ಷ ಬ	g	Total. Add lines 1a-1f		428,172			
<u>•</u>	<del>  "</del>	Total. Add illes 1a-11	Business Code	420,112			
- Fu			Business Code				
Š	2 a						
9	b						
ž	С						
Se	d						
Ē	e						
Ď	•	All other program service revenue				,	
Program Service Revenue	g	Total. Add lines 2a-2f			<del></del>		-
					-		
	3	Investment income (including dividends, inte		1,505	1 505		
		other similar amounts)		1,303	1,505		
	4	Income from investment of tax-exempt bond	·				
	5	Royalties					ļ
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	<b></b>				
	"	(i) Secunties	(II) Other				<del> </del>
	7 a	Gross amount from sales of	(,,, 0				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses	<u> </u>				
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>				
<u>o</u>	8a	Gross income from fundraising					
2		events (not including \$					
Š		of contributions reported on line 1c)					
æ			_				
Other Revenu		See Part IV, line 18					
Ě	b	Less direct expenses					
0	C	Net income or (loss) from fundraising events	· · · · · · · •				<u> </u>
	9 a	Gross income from gaming activities					
		See Part IV, line 19					
	b	Less direct expenses	b				
	C	Net income or (loss) from gaming activities.	. <u></u>				
	10a	Gross sales of inventory, less					
	'	returns and allowances	_				
	١,	Less cost of goods sold	1				
		Net income or (loss) from sales of inventory.					
	_ <u> </u>	Miscellaneous Revenue	Business Code				<del>                                     </del>
	<u> </u>			-			
	11a						<u> </u>
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions		429,677	1.505		

## 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)

	Check if Schedule O contains a respo	nse to any question in	this Part IX		· · · · · ·
	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 United States See Part IV, line 21 .	211,614	211,614		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States 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 accruals and contributions (include section			· · · · · · · · · · · · · · · · · · ·	<del></del> _
-	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	3,600		3,600	
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				P4-8
12	Advertising and promotion				
13	Office expenses				
14	Information technology	50			50
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	101 004	48.045	27. 222	
	Conferences, conventions, and meetings	131,834	43,945	87,889	
	Interest	120,018	120,018		
21	Payments to affiliates	120,018	120,016		
22 23	Insurance				
24	Other expenses Itemize expenses not covered				
- •	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O)				
а	Operating Expense	3,390	1,037	2,075	278
b	Board/Committee Expense	13,191	4,397	8,794	
С					
d					
	All other expenses				-17
	Total functional expenses. Add lines 1 through 24e	483,697	381,011	102,358	328
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part	X Balance Sheet			Page 11
		(A) Beginning of year		(B) End of year
Ì	1 Cash - non-interest-bearing	112,270	1	169,156
	2 Savings and temporary cash investments	231,738	2	32,535
	3 Pledges and grants receivable not		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  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
ig	7 Notes and loans receivable, net		7	
Assets	B Inventories for sale or use		8	
<b>-</b>	9 Prepaid expenses and deferred charges		9	
1	Da Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a	Ì	Ì	
	b Less accumulated depreciation		10c	
1	1 Investments - publicly traded eccurities		11	88,297
1			12	
1			13	
1.			14	
1			15	
_ 1		344,008	16	289,988
1	7 Accounts payable and accrued expenses		17	
1			18	
1			19	
2			20	
န္တ 2			21	
<u>∄</u>   2	2 Payables to current and former officers, directors, trustees, key			
Liabilities 8 8	employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L		22	
2			23	
2	titi tili till till till till till till		24	<del>-</del>
2				<del></del>
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
2			26	
es	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
E 2	7 Unrestricted net assets	l	27	
麗 2	8 Temporarily restricted net assets		28	
필 2	9 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ▶ x and complete lines 30 through 34.			
ध ३			30	
sed 3			31	· · · · · · · · · · · · · · · · · · ·
Y 3	· /-	344,008		289,988
و <del>إ</del>	titi i programma di salam di s	344,008		289,988
		J==,000	1	

Form **990** (2011)

Both consolidated and separate bass

Form **990** (2011)

x

3a

3 b

x | 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

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

#### 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.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III

Nam	e of organization				Employer identi	fication number
	E.O. Sisterhood IN				35-60744	
Pa	rt I-A Complete if the o	rganization is exempt under	section 501(c) or i	s a sectio	n 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Pa	art IV	
2					<b>▶</b> \$	
3	Volunteer hours				•• —	
Par	t I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).	<u>.</u>		
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5	▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 。.	▶ \$	
3		a section 4955 tax, did it file Form				
4a b	If "Yes," describe in Part IV					
Pai	t I-C Complete if the o	rganization is exempt under	section 501(c), ex	cept secti	on 501(c)(3	).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	xempt fund	tion	
	activities			. <b></b> .	<b>▶</b> \$	
2		ng organization's funds contributed	•			
	527 exempt function activiti	es	<u>.</u> .		► \$	
3	•				•	
4	Did the filing organization file	e Form 1120-POL for this year?	• • • • • • • • • • • • • • • • • • • •		Ψ	
5		and employer identification numb				
•		s For each organization listed, en				
	the amount of political conf	tributions received that were prom	ptly and directly de	elivered to	a separate po	olitical organization, such
	as a separate segregated fu	nd or a political action committee	(PAC) If additional s	space is ne	eded, provide	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amou	nt paid from	(e) Amount of political
				filing or	ganization's	contributions received and
				funds if no	one, enter -0-	promptly and directly delivered to a separate
						political organization If
						none, enter -0-
(1)						
(2)						
	<del> </del>					
(3)						
			_			· · · · · · · · · · · · · · · · · · ·
(4)						
(5)	· · · · · · · · · · · · · · · · · · ·				<del></del> -	
	<del> </del>					·
(6)						

Sch	• nedule C (Form 990 or 990-EZ) 2011						Page <b>2</b>
		organizatio	n is exen	npt under section	501(c)(3) and	filed Form 5768 (ele	
A	Check ▶ if the filing or	ganization	belongs to	an affiliated group	o (and list in Pa	art IV each affiliated g	roup member's
	name, address	s, EIN, expe	enses, and	share of excess lo	obbying expend	litures)	
В	Check ▶ If the filing or	ganization	checked b	oox A and "limited	control" provisi	ons apply	
		its on Lobb ditures" me		ditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures t	o influence	public opini	on (grass roots lobb	ying)		
b	Total lobbying expenditures t	o influence	a legislative	e body (direct lobbyii	ng)[		
C	Total lobbying expenditures (	add lines 1a	and 1b).	<i></i> .			
d	Other exempt purpose exper	nditures					
е	Total exempt purpose expen	ditures (add	lines 1c an	d 1d)			
f	Lobbying nontaxable amount	Enter the	amount from	m the following table	ın both		
	columns						
	If the amount on line 1e, column	n (a) or (b) is:	The lobbyin	g nontaxable amount i	s:		
	Not over \$500,000		20% of the a	amount on line 1e			
	Over \$500,000 but not over \$1,0	000,000	\$100,000 pl	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$	1,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$	17,000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	<u>.</u>	\$1,000,000				
g	Grassroots nontaxable amou	int (enter 25	% of line 1f)				
h	Subtract line 1g from line 1a	If zero or le	ss, enter -0				
i	Subtract line 1f from line 1c	If zero or les	ss, enter -0-				
j	If there is an amount other th	nan zero on	either line 1	Ih or line 1i, did the	organization file	Form 4720	
	reporting section 4911 tax fo	r this year?	<u> </u>	<del> </del>	<u>, , , , , , , , , , , , , , , , , , , </u>	<del> </del>	Yes No
		zations that	made a se	aging Period Under ection 501(h) electio instructions for lin	n do not have t	o complete all of the fi	ve
		Lobt	ying Expe	nditures During 4-Y	ear Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2	008	( <b>b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2 a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
c	Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2011					1	Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fo	m 576	88		
 For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(b)		_
	he lobbying activity	Yes	No		Amo	unt	
1 a	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 Volunteers?					_	
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?						
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
f g h i	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?						
j 2a b c	Total Add lines 1c through 1:  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  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?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	sectio	n		
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?	 . No	 ne .	 	2 3	Yes x x	No x
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid).						
a b	Current year			2a 2b			
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .	· · ·	2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I	n of th obbyn	ne ng				
5 Pa	Taxable amount of lobbying and political expenditures (see instructions)  Total V Supplemental Information	· · ·	 	5			
Cor	nplete this part to provide the descriptions required for Part FA, line 1, Part FB, line 4, Part FC, line lso, complete this part for any additional information						
	·						

Schedule C (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
· -		<del></del>

SCHEDULEI (Form 990) Department of the Treasury

Name of the organization Internal Revenue Service

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.

► Attach to Form 990.

OMB No 1545-0047

Employer identification number

35-6074424

1102	Open to Public

Sisterhood IN State Chapter

General Information on Grants and Assistance Part I

°Z Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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. Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin. Nevada, MO 64772	440545271	501 (c) (3)	74,883	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund. Des Moines, IA 50312	426078059	501 (c) (3)	22,594	0		,	Educ. Loans
(3) P.E.O. Int'l Peace Scholarshp Des Moines, IA 50312	426078058	501 (c) (3)	22,507	0			Scholarships
(4) P.E.O. Program for Contin Ed. Des Moines, IA 50312	237405311	501 (c) (3)	31,192	0			Educ. Grants
Scholar Awards IA 50312	421379026	501 (c) (3)	25,127	0			Educ. Awards
(6) P.E.O. STAR Scholarship Des Moines, IA 50312	300583651	501 (c) (3)	27,766	0			Scholarships
(7) <u>P.E.O. Foundation</u> Des Moines, IA 50312	426094564	501 (c) (3)	7,545	0			Schol/Grants
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government org	overnment o	rganizations liste	lanizations listed in the line 1 table			•	7

3 Enter total number of other organizations listed in the line 1 table . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Schedule 1 (	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

	(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						
က				:		
4						
ဟ						
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 any	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.

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

Part II, Line 1(a) --With the exception of Cottey College, all other organizations share a mailing address of

3700\_Grand\_Avenue\_in\_Des\_Moines,\_IA.\_

Schedule I (Form 990) (2011)

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

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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.

2011						
Open to Public						
Employer identif	Employer identification number					

OMB No 1545-0047

P.E.O. Sisterhood IN State Chapter

35-6074424

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 Indiana 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
to the general public.
Part XII, Line 2b: The organization's financial statements were audited by an independent
accountant on a cash basis.

	Employer identification number
P.E.O. Sisterhood IN State Chapter	35-6074424
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Schedule O (Form 990 or 990-EZ) (2011)