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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

Department of the Treasury

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

Open to Public Inspection

A Fo	or the 201	1 calendar year, or tax year begir	ning April 1 , 2011	, and ending	March			, 2012	
		C Name of organization			D Em	ployer iden	tification	number	
CD Che	ck if applicable	P.E.O. Sisterhood MT S	tate Chapter						
	Address change	Doing Business As				81-60	11849		
3	Name change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite	E Tel	ephone nur			
	Initial return	3700 Grand Ave			515 255 3153				
	Terminated	City or town, state or country, and ZIP + 4	<u> </u>			<u> </u>	<u> </u>		
⋽⊢	Amended	Des Moines, IA 50312-	2800		G Gro	ss receipts	s	21	4,387
	return Application	F Name and address of principal officer	2099	· ,		this a group		Yes	
للإرد	pending				``af	filiates?		\vdash	
2		Anne Stapletonsame a			` '	re all affiliate			∐_ No
= <u>;</u>	ax-exempt st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) 	or 527	_	"No," attach			_
	Vebsite.	www.peointernational.o		ı		oup exempti			
	orm of organ		Association Other	L Year of for	rmation 19	21 M S	tate of leg	al domicile	IA
Par		mmary							
	1 Briefly	y describe the organization's mission o	r most significant activities Women!	s_members	hip or	ganiza	tion		_
	supp	orting six philanthrop	c projects for women.	These a	re sch	olarsh	12, 9	rant,	loan
<u>۾</u>	and	award programs and a wo	omen's college owned b	y the org	anizat	lon.			
Ĕ									
Governance	2 Check	this box let if the organization d	iscontinued its operations or dispose	ed of more than 2	25% of its n	et assets			
	3 Numb	er of voting members of the governing	body (Part VI, line 1a)				з		5
Activities &		er of independent voting members of t					4		5
₹		number of individuals employed in cale					5		
ij							6		50
•	7a Total	number of volunteers (estimate if neces unrelated business revenue from Part V	Till column (C) line 12						
l							7a		
-+	b Net u	nrelated business taxable income from	Form 990-1, line 34	 			7 b	C	
	.			ļ		Year	_	Current \	
9		ibutions and grants (Part VIII, line 1h)				309,76	53	311	1 <u>,639</u>
% 5	9 Progr	am service revenue (Part VIII, line 2g)							
Revenue		iment income (Part VIII, column (A), line				2,20)4	1	1,348
<u> </u>	11 Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)						-250
	12 Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12).			311,96	57	312	2,737
	13 Grant	s and similar amounts paid (Part IX, coli	umn (A), lines 1-3)			189,45	9	188	3,031
		its paid to or for members (Part IX, colu							
은 이 시기 (es, other compensation, employee bene							
~c <u>°</u> 8 .		ssional fundraising fees (Part IX, column						-	
Ċ ğ │		fundraising expenses (Part IX, column (D) I 05) > 0.00						
∈ະຫັ∣ຸ						104 21		104	
		expenses (Part IX, column (A), lines 11		<u></u> -,∵ · · · · ├─		104,21			5,829
		expenses Add lines 13-17 (must equal		· · · · · · -		293,67	_		1,860
- 6	19 Rever	nue less expenses Subtract line 18 from	n line 112	70 · · · -		18,29			2,123
8 5			ω ο ο ο ο ο ο		eginning of			End of Ye	ar
Sala	20 Total	assets (Part X, line 16)	8 . AUG .2.0 2012			204,24	19	202	2,126
Net Assets or Fund Balances	21 Total	liabilities (Part X, line 26)	. <u></u>	}ጅ · · · ⊏	··- ·· · · · ·				
		ssets or fund balances Subtract line 21		<u> </u>		204,24	9	202	2,126
Par		gnature Block	UGDLIV, U.						
Unde	er penalties o	f perjury, I declare that I have examined this i plete Declaration of preparer (other than offic	return including accompanying schedules	and statements, a	nd to the bes	at of my kn	owledge a	ind belief, it	is true,
	ct, and com	A A	er) is based on an information of which pr	reparer has any kn	Owledge	01 -1			
		Tathy a. / soppe				8/13/	12		
Sign		Signature of officer				Date			
Here	9 🕟	Kathy A. Soppe, Directo	or of Finance/Treasure	er					
		Type or print name and title							
	Print	Type preparer's name	Preparer's signature	Date	Ch	ieck i	PTIN		
Paid					I	If-employed	'		
Ргера			1		- 1 - -	<u>-</u>			
Use (Jniy	s name			Firm's I				
May		address	n ahove? (see instructions)		Phone	no	- 1	1	
		cuss this return with the preparer show			• • • • • •			Yes	No
For P	aperwork	Reduction Act Notice, see the separat	B instructions.					Form 99	0 (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		x
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	x	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
•	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	—	-	^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	·	-	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
_	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			İ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	١.,		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		İ	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ļ	
	Schedule D, Part VI	11a		х
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		х
C	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		х
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	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
12a	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		<u> </u>	<u> </u>
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.40		<u> </u>
-	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	175	-	X
1.5		15		l
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	}	
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	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	,_	İ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	х
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		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	х
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	1	I

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Par	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	04		
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21	x	
22	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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	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		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	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?	256		
26	If "Yes," complete Schedule L, Part I	25b		×
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		-	х
	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
31	conservation contributions? If "Yes," complete Schedule M	30		Х
y i	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		х
-	complete Schedule N, Part II	32		x
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		х
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	_	х_
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			
27	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 "You" complete Schodule R			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			<u>x</u>
	19° Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(0044)

_	990 (2011) t V Statements Regarding Other IRS Filings and Tax Compliance			Page
rai	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	х	
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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
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 ▶			ŀ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		L
	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?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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			ŀ
	organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	1
	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.	42-	 	-
a	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	I	ı	1

b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a

14b

Form 9	90 (2011)		1	Page 6
	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.	elow, es in	and	for a
	Check if Schedule O contains a response to any question in this Part VI			х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> <u>5</u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
100	Did the organization have local chapters, brambes, or affiliator?	10a	x	
	Did the organization have local chapters, branches, or affiliates?	104		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>
b	Other officers or key employees of the organization	15b	_	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		ж
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 5	01(c)	(3)s o	rly)
	available for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finter	est p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Fkathy A. Soppe, 3700 Grand Avenue, Des Monnes, IA 50312 (515) 255-		3	

-orm 990 (201		Pa	ı
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and	
	Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		

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 (A) (B) (C) (D) (F) Name and Title Reportable Average Position Reportable Estimated hours per compensation compensation from amount of (do not check more than one week from related other box, unless person is both an (describe the organizations compensation officer and a director/trustee) hours for (W-2/1099-MISC) organization from the related (W-2/1099-MISC) organization Individual trustee employee Highest compensated Key employee institutional trustee organizations director and related in Schedule organizations (1) Anne Stapleton President 20 0 0 x x (2) Linda Reynolds Vice President 20 0 0 x x (3) Catherine Manhart Organizer 20 x 0 0 x (4) Ann Bullis Treasurer 20 0 x x 0 __(5) Sarah Green 20 Secretary 0 x x 0 (8) (9) _(10)____ _(11)_____ _ <u>(12)</u>_____ _ (14)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and b	lig	hest Compensat	ed Emplo	yees (d	continue		age c
(A) Name and title	(B) Average hours per week (describe	age Position s per (do not check more than one box, unless person is both an officer and a director/trustee)		compensation compensation		on from	on from amount of						
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	com; fro orga and	pensation the inization in related inizations	1
(15)													
(16)										· -			
(17)												•	
(18)													
(19)													
(20)										:			
(21)										:			
(22)													
(23)													
(24)										,		-	
(25)													
1b Sub-total	ection A · · · · · ·		 <u></u>	 	· ·	· · ·	▶						
2 Total number of individuals (including but not reportable compensation from the organization		hose		d al	bov	e) wh	o re	eceived more than	\$100,000	of 			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	trı İvid	uste ual	e, 	key 6	emp	oloyee, or highes	t compens	sated	3	Yes	No x
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	007	i If	"Yes	S, "	complete Schedu	le J for	such	4		ж
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on i	fron	n any	un	related organizati	on or indiv	idual	5		x
Section B. Independent Contractors													
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i ompensati	on for	the	ent e ca	lend	tracto dar ye	ear e	ending with or with	than \$100 nin the orga	o,000 c anizatio	of on's tax		
(A) Name and business add	iress							(B) Description of se	ervices	C	(C) Compens	ation	
							+						
		·											
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	•	received				

Pai	rt VII	Statement of Revenue					
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ants	1a	Federated campaigns 1a					
s, Gra Amou	b	Membership dues					
E A F	C	Fundraising events 1c	1				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations					
	e	Government grants (contributions) 1e	+				
	f		106 200				j
		and similar amounts not included above . 11	186,398				
a Co	9	Noncash contributions included in lines 1a-1f \$ _					
	h	Total. Add lines 1a-1f		311,639			1
Program Service Revenue			Business Code				
Şe Ç	2a		-				
9	b		-				ļ
ž	С		-				
Se	d					 	
Ta Ta	е						
ō	f	All other program service revenue					ļ
<u>-</u>	9	Total. Add lines 2a-2f	<u></u>				
	3	Investment income (including dividends, int					
		other similar amounts)	▶	1,348	1,348		
	4	Income from investment of tax-exempt bond	d proceeds ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<u> </u>				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		·	···		
	7 a	Gross amount from sales of (i) Securities	(II) Other				•
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses		İ			
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>				
ē	8a	Gross income from fundraising	1				
Į.		events (not including \$	1				
Š		of contributions reported on line 1c)					
ĸ		See Part IV, line 18	a			:	
Other Revenue	b	Less direct expenses	b				
ŏ	С	Net income or (loss) from fundraising events	<u> ▶</u>				
	9a	Gross income from gaming activities					
		See Part IV, line 19	a				
	ь	Less direct expenses	b				
	С	Net income or (loss) from gaming activities .	·				
	10a	Gross sales of inventory, less					
		returns and allowances	a 1,400				
	ь	Less cost of goods sold	b 1,650				
	С	Net income or (loss) from sales of inventory.		-250	-250		
		Miscellaneous Revenue	Business Code		-		
	11a			<u></u>			
i	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u> ▶	312,737	1,098		

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	<u> </u>	
	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 .	166,465	166,465	ļ	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	21,566	21,566		
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 salanes and wages				
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management			ļ	
	Legal				
	Accounting	2,300		2,300	
	Lobbying			, 1	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology	64			64
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,797	10,599	21,198	
20	Interest				
21	Payments to affiliates	76,620	76,620		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered			Ì	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	Operating Expense	6,113	1,772	3,545	796
b	Board/Committee Expense	9,935	3,312	6,623	
С					
d					· · · · · · · · · · · · · · · · · · ·
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	314,860	280,334	33,666	860
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)				

Pa	rt X	Balance Sheet		
			(A) (B) Beginning of year End of ye	ear
	1	Cash - non-interest-bearing	69,261 1 6	6,488
	2	Savings and temporary cash investments	134,988 2 13	5,638
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Receivables from current and former officers, directors, trustee	s, key	
		employees, and highest compensated employees Complete Pa	l II of	
		Schedule L	5	
	6	Receivables from other disqualified persons (as defined under 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ection	
		employers and sponsoring organizations of section 501(c)(9) vo	untary	
8		employees' beneficiary organizations (see instructions)	6	
Assets	7	Notes and loans receivable, net	7	
As	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or		
		other basis Complete Part VI of Schedule D 10a		
	b	Less accumulated depreciation		
	11	Investments - publicly traded securities		
	12	Investments - other securities See Part IV, line 11		
	13	Investments - program-related See Part IV, line 11		
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	204,249 16 20	2,126
	17	Accounts payable and accrued expenses		
	18	Grants payable		
	19	Deferred revenue	19	
	20 21	Tax-exempt bond liabilities	20	
Liabilities	22	Escrow or custodial account liability Complete Part IV of Sche Payables to current and former officers, directors, trustee		
≣	22	employees, highest compensated employees, and disqualified p	· 1	
Ë.		Complete Part II of Schedule L		
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties.		
	25	Other liabilities (including federal income tax, payables to related thir		
		parties, and other liabilities not included on lines 17-24) Complete P		
		of Schedule D		
	26	Total liabilities. Add lines 17 through 25		
		Organizations that follow SFAS 117, check here ▶ and com		
es		lines 27 through 29, and lines 33 and 34.		
and	27	Unrestricted net assets	27	
Bal	28	Temporarily restricted net assets	28	
5	29	Permanently restricted net assets	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ 🕱 complete lines 30 through 34.		
ţ	30	Capital stock or trust principal, or current funds	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds	204,249 32 20	2,126
Š	33	Total net assets or fund balances	204,249 33 20	2,126
	34	Total liabilities and net assets/fund balances		2,126

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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.

Employer identification number

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

► See separate instructions.

If the organization answere	ed "Yes" to Form 99	0, Part IV, line 3, or Fo	orm 990-EZ, Part V, line 4	6 (Political Campaign Activities), then
 Section 501(c)(3) organic 	nizations, Complete F	Parts I-A and R. Do not c	omnlete 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

₽.	E.O. Sisterhood MT	State Chapter		81-60118	149
Pa	rt I-A Complete if the o	organization is exempt under s	ection 501(c) or	is a section 527 orgar	nization.
1	•	e organization's direct and indirect p	•		
2					
3	volunteer nours		• • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
Pa	t I-B Complete if the c	organization is exempt under se	ection 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organization	n under section 495	55 ▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization ma	anagers under sect	ion 4955 ▶ \$	
3		a section 4955 tax, did it file Form 4			
4a	Was a correction made?. If "Yes," describe in Part IV				L Yes L No
$\overline{}$		organization is exempt under s	section 501(c) ex	cept section 501(c)(3	<u> </u>
1		expended by the filing organization			<u> </u>
•	•	• • • • • • • • • • • • • • • • • • • •		•	
2	Enter the amount of the fili	ng organization's funds contributed	to other organizat	ions for section	
	527 exempt function activit	ies		▶ \$	
3	Total exempt function exp	enditures Add lines 1 and 2 Ent	er here and on F	orm 1120-POL,	
4		le Form 1120-POL for this year?			
5		s and employer identification numbers ts For each organization listed, ent			
		stributions received that were prom			
		und or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, ,	,,	\- /	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					Hone, enter -0-
(1)					
(2)					
'- ,					
(3)					
(4)					
(5)				 	
···					
(6)					
		<u> </u>	·		0.45
ror i	aperwork keguction Act Notice, se	ee the Instructions for Form 990 or 990-EZ.		Schedul	e C (Form 990 or 990-EZ) 2011

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2008	(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						
d Grassroots nontaxable amount			:			
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Sch	edule C (Form 990 or 990-EZ) 2011						Page
Pa	complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	ļ		
For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b)		
	the lobbying activity	Yes	No		Amou	nt	
1 a b	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? Paid staff or management (include compensation in expenses reported on lines 1c through 1)?						
c d e f g h i	Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
j 2 a b c d	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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	ort III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
1 2 3 Pa	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? Int 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."	(c)(5)	, or s	ection	1 2 3	x x , is	X
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	 ints (of	1			
a b c	Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of pandeductible section 163(e) due			2a 2b 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 is	of th	ne	3			
5 Pa	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Int IV Supplemental Information			5			
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Also, complete this part for any additional information		rt II-A	, and Pa	rt II-B	line	•
							
					-		

Schedule C (F	form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	

-		
-		
		

SCHEDULE (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.

OMB No 1545-0047	2011	Open to Public
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Internal Revenue Service Name of the organization

Part I

Department of the Treasury

► Attach to Form 990.

Employer identification number 81-6011849 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance P.E.O. Sisterhood MT State Chapter

ALCO AND THE RESIDENCE OF THE PROPERTY OF THE	ממו ונומור נווור		אימונים כו מסומים	, alc grantees (
the selection of the first a used to award the grants of assistance?	or assistance ires for monit	toring the use of	grant funds in the	United States			Tes No
Sont Crants on Other Accidents	otaomanoxo	ond Organiza	tions in the Unit	Chatee Comp	ezideba if the orders	V" berewage not	-
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 Part II can be duplicated if additional space is needed	y recipient space is ne	that received a	more than \$5,000 Check this b	O Check this box	that received more than \$5,000. Check this box if no one recipient received more than \$5,000 seded	t received more th	han \$5,000
(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	\vdash	1	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin Tevada, MO 64772	440545271	501 (c) (3)	51,706	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund.	426078059	501 (c) (3)	18,720	0			Educ. Loans
(3) P.E.O. Int'l Peace Scholarshp. Des Monnes, IA 50312	426078058	501 (c) (3)	16,565	0			Scholarships
(4) <u>P.E.O. Program for Contin Ed.</u> Jes Moines, IA 50312	237405311	501 (c) (3)	25,182	0			Educ. Grants
.(5) <u>P.E.O. Scholar Awards</u> Jes Monnes, IA 50312	421379026	501 (c) (3)	17,553	0			Educ. Awards
.(6)_P.E.OSTAR_Scholarship bes Moines, IA 50312	300583651	501 (c) (3)	14,650	0			Scholarships
(7) P.E.O. Foundation Des Moines, IA 50312	426094564	501 (c) (3)	22,089	0			Schol/Grants
(8)							
(6)							
10)							
11)							:
12)							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations in the Instructions for Form 990.

Schedule I (Form 990) (2011)

1E1288 1 000

Schedule I (Schedule I (Form 990) (2011)	60
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	

	ו מו ניוו סמון כל מקטווסמנכל וו מכמוונים וו ספרים וו וויים וויים וויים מו	י שטיים יו	2			
,	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educ	1 Educational Scholarships	9	21,566	0	0 N/A	N/A
2						
ო						
4						
ဟ						
ဖ						
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

Part I, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

Sisterhood and to P.E.O. Foundation in Des Moines, IA to be used to further the educational mission 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

OMB No 1545-0047 Open to Public

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.

Inspection

Name of the organization

Employer identification number

P.E.O. Sisterhood MT State Chapter	81-6011849
Part_VI, Lines 6-7b: The organization's members consist of the act	ive, 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 p	resent. 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 e	ach member of the
executive board of Montana State Chapter prior to filing. Board m	embers 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 pag	es are distributed each
year to all executive board members and to any committee members h	aving influence over
financial transactions. Signature pages are collected by the stat	e president and
monitored for completion. Any conflicts of interest that arise ar	e to be reported
immediately to the affected committee/board and the remaining members	ers 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 au	dited by an independent
accountant on a cash basis.	
	·

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
P.E.O. Sisterhood MT State Chapter	81-6011849
e.b.v. old total and total on aproci	101 0011043
**	

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