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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For t	he 201	2 calendar year, or tax year beginning April 1, , 2012,	and ending	March 31	, 20	013			
ь.			C Name of organization	<u> </u>	D Employer ide	ntification num	nber			
D (Check if	applicable	P.E.O. Sisterhood MT State Chapter							
		iress nge	Doing Business As	_	81-60	11849				
		ne change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number					
	\dashv	al return	3700 Grand Ave		515 3	55-3153				
31-	⊣		City, town or post office, state, and ZIP code		313-2	33-3133	-			
3		minated ended			G Cross research	. •				
3 2	retu		Des Moines, IA 50312-2899 F Name and address of principal officer		G Gross receipts H(a) Is this a group		351,687			
36		iding			affiliates?		Yes x No			
<u>⊋&</u> ?			Linda Reynolds - same as C above		H(b) Are all affiliate		Yes No			
<u>ష్</u>	Tax-e	exempt st	atus 501(c)(3) x 501(c) (4) (insert no) 4947(a)(1) o	r 527	If "No," attach	a list (see instru	ctions)			
لح	Web	site: 🕨	www.peointernational.org		H(c) Group exemp	tion number	1072			
<u>_</u> k_	Form	of organ	ization Corporation Trust X Association Other	L Year of fo	ormation 1921 M S	State of legal do	omicile IA			
P	art I	Su	mmary							
===== ••••	1	Briefly	describe the organization's mission or most significant activities. Women 's	members	ship organiza	ation				
N			orting six philanthropic projects for women.				t. loan			
Cande nance			award programs and a women's college owned by			-61-3				
<u>ම</u> දී		<u>aa</u> -	and a program and a nomen b correge owned by	(_ <u></u>	Jami Lacion.					
රිපුල් Activities & Governance	2	Charl	this box If the organization discontinued its operations or disposed		250/ of its not consts					
Ğ	2				i i		-			
95	3		er of voting members of the governing body (Part VI, line 1a)			3				
<u>:</u>	4		er of independent voting members of the governing body (Part VI, line 1b)			4	5			
.≥	5		number of individuals employed in calendar year 2012 (Part V, line 2a)			5				
٩	•		number of volunteers (estimate if necessary)			6	50			
			unrelated business revenue from Part VIII, column (C), line 12			7a				
		b Net u	nrelated business taxable income from Form 990-T, line 34	<u> </u>		7b				
					Prior Year	Cur	rent Year			
a	, 8	Contr	ibutions and grants (Part VIII, line 1h)		311,6	39	347,918			
ž	9		am service revenue (Part VIII, line 2g)							
Rovenije	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,3	48	1,067			
2	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2	<u> </u>	2,702			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		312,7		351,687			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)							
	1.				188,0	31	214,149			
~	14		fits paid to or for members (Part IX, column (A), line 4)							
4. Build	3 15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).							
3	<u> </u>		ssional fundraising fees (Part IX, column (A), line 11e)							
ુ≎ .	<u>}</u>	b Total	fundraising expenses (Part IX, column (D), line 25) ▶ 741	===-						
∌	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ـا ۱۰۰ اليا	126,8	29	123,043			
<u></u>	118	Total	expenses Add lines 13-17 (must equal Part IX, column (A). line 25)	101.	314,8	60	337,192			
ANNIED SEF	19	Reve	nue less expenses Subtract line 18 from line 12	\S\.	-2,1	23	14,495			
~ `	Ses		AUG 3 6 ZUI	¹³ \છું □	Beginning of Current Y	ear En	d of Year			
m.	[20	Total	assets (Part X, line 16)	121	202,1	26	216,621			
梦:	21	Total	liabilities (Part X, line 26)							
爱	۶ 22		ssets or fund balances Subtract line 21 from line 20		202,1	26	216,621			
(1)	art I		gnature Block	<u> </u>		=31				
			of perjury, I declare that I have examined this return, including accompanying schedu	les and stateme	ents, and to the best of	mv knowledge	e and belief, it is			
tr	ue, co	rrect, and	complete Declaration of preparer (other than officer) is based on all information of which	h preparer has	any knowledge					
			OKATTALA MARA		211	2/2013				
Si	gn		Signature of officer		Date	77-10				
	ere				Date					
• • •			Kathy A. Soppe, Director of Finance/Treasure	r						
_			Type or print name and title	T-5 :						
Pa	ud	Print	/Type preparer's name Preparer's signature	Date	Check	If PTIN				
		. L			self-employe	ed				
	epare se On	Firm'	s name		Firm's EIN					
US	e on		s address >		Phone no					
M	ay the		scuss this return with the preparer shown above? (see instructions)				res No			
_										

For Paperwork Reduction Act Notice, see the separate instructions.

JSA 2E1010 1 000

) (Revenue \$

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

303,362

Part	V 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		<u>x</u>
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		<u> </u>
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	×	
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	6		
-	"Yes," complete Schedule D, Part I	-		<u> </u>
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
0	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	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,	: 4,-	·,	,
	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 Schedule D, Part VI	11a		×
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	11d		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.16		_
T	the organization's separate or consolidated financial statements for the tax year include a foundle that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			1
. <u>.</u> a	complete Schedule D, Parts XI and XII	12a	L	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 and XII is optional	12b	<u> </u>	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	x
b	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	15		
40	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 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		<u> </u>	 ^
17	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	<u> </u>	1	†
. 0	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?		<u> </u>	1
. •	If "Yes," complete Schedule G, Part III	19	<u> </u>	x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Part	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			
	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		×
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	ļ	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
d	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			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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			ĺ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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)		1	
а	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	ļ		
	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	1	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	ж
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	İ		
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		
	or IV, and Part V, line 1	34	1	×
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	x
b	If "Yes" to line 35a, 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	<u> </u>	<u> </u>
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	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		
		_	~~~	/2012

	990 (2012)		F	Page
Par				
	Check if Schedule O contains a response to any question in this Part V	• • •	$\overline{}$	·L
			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	4.		
	reportable gaming (gambling) winnings to prize winners?	1c	ж	
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	١.		
	account)?	4a	-	×
þ	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	l _		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
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 as charitable contributions?	6a	x	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
	gifts were not tax deductible?	6b	×	ļ
7	Organizations that may receive deductible contributions under section 170(c).	ļ		
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		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	-	┼
	I 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	-	\vdash
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	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			1
	organization, have excess business holdings at any time during the year?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?			╁
	Did the organization make a distribution to a donor, donor advisor, or related person?	1 30	·	1
10	Section 501(c)(7) organizations. Enter			
a	I middlott tood and depical determined and an interest thing with the	1	}	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Closs modifie with members of shareholders	┨		
t	Gross income from other sources (Do not net amounts due or paid to other sources			
4.5	against amount due of recented mem mem /	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	 	+
		1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 -	+-
ž	a Is the organization licensed to issue qualified health plans in more than one state?	154	+	+-
	NOTE: SEE THE HISTOCHOUS OF AUGMONAL INFORMATION THE ORGANIZATION HOST TEPORT OF SCHEDULE O	1	1	í

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			x
Secti	on 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	İ		
	Enter the number of voting members included in line 1a, above, who are independent 1b 5	1		
	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
	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	x	
	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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406		
	rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	۱	
	describe in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	×	<u> </u>
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?	15a		×
a	The organization's CEO, Executive Director, or top management official	15b		×
b	Other officers or key employees of the organization	1.50		 ^ -
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	İ	x
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.50		† <u></u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	İ		
	organization's exempt status with respect to such arrangements?	16b	1	
Sect	ion C. Disclosure		٠	
17	List the states with which a copy of this Form 990 is required to be filed ▶None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6	501(c)	(3)s c	nlv)
10	available for public inspection. Indicate how you made these available. Check all that apply	(0)	,_,5 €	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest	policy
13	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 t	he		
	organization ► Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-315			

orm	990	(2012)
OHILL	330	(2012)

Form 990 (201	2)									F
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractors			-				•	

•		
Check if Schedule O contains a response to any question in this Part VII	$\overline{}$	
Check it Schedule () contains a response to any question in this Part VII	1 1	
one of it concedes to contains a response to any question in this rait virt	1 1	

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

Ex Check this box if neither the organization nor	any related	orga	nıza	tion	cor	npen	sate	ed any current office	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	rson	that Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Linda Reynolds President	25	x		×				0	0	0
(2) Catherine Manhart Vice President	25	x		x				0	0	o
(3) Ann Bullis	+] "								[<u>_</u>
Organizer	25	x	<u> </u>	×	ļ			0	0	0
(4) Sarah Green		1								
Treasurer	25	x	<u> </u>	×				0	0	0
(5) Anne Marie Kloppel	1	-						_		_
Secretary (6)	20	ж		x				0	0	0
_(7)										
_(8)										
_(9)										
(10)										
(11)										
(12)	ļ									
(13)										
(14)	 	-								

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees	s (continue	⊋d)	
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	ot ch unles r and	s pei la d	ition more rson irect	than our trust	an	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	om ar	(F) stimated nount of other ipensation	f
	organizations below dotted line)	dividual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) front	om the anizatio d related anization	t
(15)												
16)	_											
17)												
18)												
19)												
20)	<u> </u>											
21)							<u> </u>					
22)												
23)												
24)												
25)								-				
1b Sub-total	ection A .						> > >					
Total number of individuals (including but not reportable compensation from the organization)	limited to		liste				o re	eceived more than	\$100,000 of	1		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched			tru	uste							Yes '-	No x
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of re eater thar	portat	ole o 50,0	com	per	nsatio f <i>"Ye</i> s	n a s,"	and other compen	sation from the	e h	_	×
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	satı	on	fror	n any	ur ur	related organizat	on or individua	al		×
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year											(
(A) Name and business ad	dress							(B) Description of s	ervices	(C Compe		
None							+					
						-	+				_	
2 Total number of independent contractors	s (ıncludın	g bu	t n	ot	lım	ıted	to	those listed ab	ove) who		_	
received more than \$100,000 of compensation JSA 2E 1050 1 000								0		Fon	n 990	(201

Par	t VIII	Statement of Revenue Check if Schedule O contains a response to any question	on in this Part VIII			
		Check ii Concount C Contains a 135panes to any queen	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
रु रु	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G		Fundraising events 1c				1
뺼	d	Related organizations 1d				
ñ.E	e	Government grants (contributions) 1e				
를 등 	f	All other contributions, gifts, grants,				
들위		and similar amounts not included above . 1f 213,198				
달	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	347,918			
Program Service Revenue		Business Code				
eve	2a					
a a	b					
ള	С					_
တိ	d					
ram	е					
og	f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f				_
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,067	1,067		
	4	Income from investment of tax-exempt bond proceeds				- -
	5	Royalties · · · · · · · · · · · · · · · · · · ·				
		(i) Near (ii) I craoriai				
	6a	Gross rents				
	b	Less rental expenses				
	C	Rental income or (loss)	-			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses	i			
	d	Sain or (loss)	•			
ø)	1	Gross income from fundraising				
ž	oa	events (not including \$				
ě		of contributions reported on line 1c)				
ಹಿ		See Part IV, line 18 a				
Other Revenue	ь	Less direct expenses b				
돌	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	40-	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold b0				
		Net income or (loss) from sales of inventory	2,702			
	<u> </u>	iviscendieous revenue Business Code				ŀ
	11a					
	b					
	C					
	d	All other revenue				+
	e	Total. Add lines 11a-11d ▶				_

1,067

351,687

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)

	Check if Schedule O contains a respo	nse to any question in	this Part IX	 <u> </u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(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 .	192,130	192,130		
2	Grants and other assistance to individuals in				
-	the United States See Part IV, line 22,	22,019	22,019		
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				
0	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
_	Management				
b		2,400		2,400	
	Accounting	2/100			- · <u>··-</u>
d	,5	- "			
e	Professional fundraising services See Part IV, line 17		-		
T -	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25, column	ļ			
40	(A) amount, first line 11g expenses on Schedule O),	-			
12	Advertising and promotion				
13	Office expenses	. 55			55
14	Information technology	33			
15	Royalties				
16	Occupancy	24,888	8,296	16,592	
17	Travel	24,000	0,230	10,332	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	15,358	. 5,066	10,131	161
19	Conferences, conventions, and meetings	_15,556	3,000	10,131	
20	Interest	74,505	. 74,505		
21	Payments to affiliates	14,505	. 14,305		
22 23	Depreciation, depletion, and amortization	464		464	· · · · · · · · · · · · · · · · · · ·
	Insurance	101			
24	Other expenses Itemize expenses not covered				
	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	E 272	1,616	3,232	525
-		5,373		3,232	
t					
•	:				
C					
	All other expenses	337 100	202 620	33 010	741
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	337,192	303,632	32,819	/41
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here If				
ICA	following SOP 98-2 (ASC 958-720)				5 000 (0040)

Form 990 (20	012)		
Part X	Balance Sheet		
	Check if Schedule O contains a response to any question in this Part X .	 	

		Check if Schedule O contains a response to any question in this Part	<u>X</u> ,	<u></u>	<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,488	1	64,127
	2	Savings and temporary cash investments.	135,638	2	152,494
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	-		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6	Loans and other 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			
S		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges		9	<u> </u>
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	<u></u>
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	<u> </u>
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	_202,126	16	216,621
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ap		trustees, key employees, highest compensated employees, and			
_		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	· -	24	
	25	Other liabilities (including federal income tax, payables to related third			
	ŀ	parties, and other liabilities not included on lines 17-24) Complete Part X		} }	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		ָ 	
au	27	Unrestricted net assets	<u> </u>	27	
Ва	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
or Fund Balances]	Organizations that do not follow SFAS 117 (ASC 958), check here x and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds [202,126	32	216,621
Net	33	Total net assets or fund balances	202,126	33	216,621
	34	Total liabilities and net assets/fund balances	202,126	34	216,621
	_	· ————————————————————————————————————			

Part 2	Reconciliation of Net Assets					
art.	Check if Schedule O contains a response to any question in this Part XI			. [\neg	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>		51	687
2	Total expenses (must equal Part IX, column (A), line 25)	2				192
	Revenue less expenses Subtract line 2 from line 1	3				495
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				126
-	Net unrealized gains (losses) on investments	5				
5 6	Donated services and use of facilities	6				
-	Investment expenses	7				
7	Prior period adjustments	8				
8	Other changes in net assets or fund balances (explain in Schedule O)	9				
9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	16.	621
Part		1.0				
	Check if Schedule O contains a response to any question in this Part XII			. [:	x	
					es	No
1	Accounting method used to prepare the Form 990 x Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	n			
	Schedule O	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	ļ	x
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both	-				
	Separate basis Consolidated basis Both consolidated and separate basis		l			
h	Were the organization's financial statements audited by an independent accountant?		. 2	ь	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi		I			
	separate basis, consolidated basis, or both		_			
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ	ľ	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight				
•	of the audit, review, or compilation of its financial statements and selection of an independent accou		2	c		x
	If the organization changed either its oversight process or selection process during the tax year, e		ın		İ	
	Schedule O	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
	the Single Audit Act and OMB Circular A-133?		3	a		ж
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3	b		
			г.	0	۵n	(2012)

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

Schedule C (Form 990 or 990-EZ) 2012

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

► 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) org.	anizations Complete Part III					
Name	e of organization			Employer identif	ication number		
	E.O. Sisterhood MT S			81-60118			
Pai	rt I-A Complete if the o	rganization is exempt under <mark>s</mark>	ection 501(c) or i	s a section 527 organ	ization.		
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV			
2	Political expenditures			▶ \$			
3	Volunteer hours						
_							
		rganization is exempt under se					
1		cise tax incurred by the organization					
2	•	cise tax incurred by organization ma	•				
3	-	a section 4955 tax, did it file Form 4			• •		
	If "Yes." describe in Part IV				Yes No		
		rganization is exempt under s	section 501(c), ex	cept section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·		
1		xpended by the filing organization					
•	· · · · · · · · · · · · · · · · · · ·			•			
2	Enter the amount of the filir	ng organization's funds contributed	to other organizati	ons for section			
		es					
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,						
	line 17b			▶ \$			
4		e Form 1120-POL for this year?					
5		and employer identification number					
		s For each organization listed, en					
		tributions received that were prom nd or a political action committee (
		1					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds If none, enter -0-	promptly and directly		
					delivered to a separate political organization If		
					none, enter -0-		
(1)							
('')							
(2)							
(3)							
(4)							
				 			
(5)							
(6)		<u> </u>					

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

	t II-A Complete if the org	anization is ever	nt under section	501(c)(3) and	filed Form 5769 /olo	Page 2
التحار	section 501(h)).	amzation is exem	ipi under section	ou i (c)(o) and	meu romi 3/00 (ele	cuon unaer
A (nization belongs to	an affiliated group	and list in Pa	rt IV each affiliated g	roup member's
			share of excess lo			,
B	Check ▶ if the filing organ	nization checked b	oox A and "limited o	control" provision	ons apply	
		on Lobbying Expend			(a) Filing	(b) Affiliated
	(The term "expendit				organization's totals	group totals
1 a	Total lobbying expenditures to	· · · · · · · · · · · · · · · · · · ·		· -		
b	Total lobbying expenditures to	-	• •			
С	Total lobbying expenditures (a					
d	Other exempt purpose expend					
е	Total exempt purpose expend					
f	Lobbying nontaxable amount	Enter the amount	from the following	table in both		
Г	columns					
	If the amount on line 1e, column (a)			s:		
h	Not over \$500,000		amount on line 1e	6500 000		
- 1	Over \$500,000 but not over \$1,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,50		us 10% of the excess			
_ h	Over \$1,500,000 but not over \$17,0 Over \$17,000,000	\$1.000.000 \$225,000 pil	us 5% of the excess o	ver \$1,500,000		
	Grassroots nontaxable amour					
g h	Subtract line 1g from line 1a	-	-			
i	Subtract line 1f from line 1c If					
i	If there is an amount other	•			ration file Form 4720	<u> </u>
•	reporting section 4911 tax for		•	_		Yes No
	(0		aging Period Under		lot!! -f.tho fi	
			instructions for lin		o complete all of the fi	ve
				-		
		Lobbying Exper	nditures During 4-Ye	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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

	dule C (Form 990 or 990-EZ) 2012 t II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T filed	d For	m 576	3	F	Page 3
	(election under section 501(h)).				(b)		
	each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		(b) Amou		
a b c d e f g h i j 2 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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912				_		
c d	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?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).		, or s	ection			
1 2 a b c 3 4	Did the organization agree to carry over lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 507 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 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 and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	OR (b) Pa	2a 2b 2c 3	, line		x
Cor	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line, Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information						
							

Schedule C (Form 990 or 990-EZ) 2012	Page 4
Part IV Supplemental Information (continued)	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
The state of the s	
	

SCHEDULE I (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,

OMB No 1545-0047 2012

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

Open to Public

Inspection

Employer identification number

81-6011849

Sisterhood MT State Chapter

General Information on Grants and Assistance Part P.E.O.

å x Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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?

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 Part II can be duplicated if additional space is needed 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)	63,486	0			GenSupp/Schol
Educational Loan Fund	426078059	501(c) (3)	20,722	0			Educ. Loans
ce Scholarshp	426078058	501(c) (3)	18,270	0		9 87 .	Scholarships
or Contin Ed	237405311	501(c)(3)	27,161	0			Educ. Grants
wards	421379026	501(c)(3)	20,297	0			Educ. Awards
larship	300583651	501(c)(3)	18,162	0	-		Scholarships
n 2	426094564	501(c)(3)	24,032	0			Schol/Grants
[8]							
(6)							
(1 <u>0</u>)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government org	overnment c	rganizations list	janizations 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) (2012)

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 Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 P		V	20.060	C	4/2	N/A
- Fauc	- Educational Scholaiships	r				
2 Cott	2 Cottey College Recruitment	4	1,959	0	0 N/A	N/A
67						
4						
ĸ						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ete this part to	provide the info	ormation required	I in Part I, line 2, Part III,	column (b), and any other additional

Sisterhood and to P.E.O. Foundation in Des Moines, IA to be used to further the educational mission of the P.E.O. Part_I, Line_2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

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

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

3700_Grand_Ave, Des Moines, IA 50312.

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number

81-6011849 P.E.O. Sisterhood MT State Chapter 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 Montana 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.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer Identification number
P.E.O. Sisterhood MT State Chapter	81-6011849