(ENVELOPE AUG 1 0 2018 STMARK DATE

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep:	artment of the Tri nal Revenue Sen	easury vice	<ul> <li>Do not enter social security numbers on this form as it may be m</li> <li>Go to www.irs.gov/Form990 for instructions and the latest info</li> </ul>	1 X \ /~	Open to Public Inspection
A	For the 2017	calend	ar year, or tax year beginning April 1, 2017, and ending	March 31	, <b>20</b> 18
		C Name	of organization	D Employer identific	ation number
В	Check if applicable	<u>P.</u> E.	O. Sisterhood MT State Chapter		
	Address change	Doing	business as	81-601	1849
	Name change	Numb	er and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	<u> </u>
<u> </u>	Initial return	3700	Grand Ave	515 25	5 3153
	Final return/ terminated	City c	r town, state or province, country, and ZIP or foreign postal code		
	Amended	Des	Moines, IA 50312-2899	G Gross receipts \$	414,601
	Application	F Name	and address of principal officer	H(a) is this a group ret	um for Yes X No
		Shai	on Tandberg - same as C above	H(b) Are all subordinates	included? Yes No
1	Tax-exempt st	atus	501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
J	Website:	www.	peointernational.org /	H(c) Group exemption	number ▶ 1072
K	Form of organ	nization	Corporation Trust X Association Other ▶ L Year of form	mation 1921 <b>M</b> State	of legal domicile IA
Р	art I Sı	ımmary			
	1 Briefl	y descril	be the organization's mission or most significant activities Women's members	hip organizat	ion
9	sup	porti	ng six philanthropic projects for women. These	are scholarsh	nip, grant,
Governance	<u>loa</u>	n and	award programs and a women's college owned by t	he organizat:	lon.
Ver	2 Chec	k this bo	★ If the organization discontinued its operations or disposed of more than 2    Compare the compared in t	5% of its net assets	
		er of vo	ting members of the governing body (Part VI, line 1a)	3	5
ජ ගු	4 Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)		5
Activities &	5 Total	number	of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
ξį	6 Total	number	of volunteers (estimate if necessary)	6	50
4	/ a I Olai		d business revenue from Part VIII, column (C), line 12		
	b Net u	nrelated	business taxable income from Form 990-T, line 34	Prior Year	
	Current Year				
த	8 Contr	ibutions	and grants (Part VIII, line 1h)	388,007	411,555
Revenue	9 Progr		ce revenue (Part VIII, line 2g)		
؋ٙ	10 Inves	tment ın	come (Part VIII, column (A), lines 3, 4, and 7d), ,	1,148	1,750
	144 Othor	rovonu	(Part VIII, column (A), lines 5, 6d, 9c, 9c, 10c, and 11c)	1 430	1 206

Pa	irt II	Signature Block		
휥	22	Net assets or fund balances Subtract line 21 from line 20.	244,787	252,294
t As	21	Total habilities (Part X, line 26)		
t Assets d Baland	20	Total assets (Part X, line 16)	244,787	252,294
or	ļ	110:	Beginning of Current Year	End of Year
	19	Revenue less expenses Subtract line 18 from line 12		7,507
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	381,420	407,094
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	122,607	150,337
dx	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 380		
nse	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		
Sa	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,813	256,757
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	390,585	414,601
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,430	1,296
Revi	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,148	1,750
eun	9	Program service revenue (Part VIII, line 2g)		
ne	8	Contributions and grants (Part VIII, line 1h)	388,007	411,555

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is

	Yarry a. Soppe		8/9/	18				
Sign Here	Signature of officer  Kathy A. Soppe, Din Type or print name and title	ector of Finance			Date			
Paid	Print/Type preparer's name	Preparer's signature	Date		Checkself-employe	ıf PTI	N	
Preparer Use Only	Firm's name	Firm's EIN ▶						
May the I	Firm's address ► RS discuss this return with the pre	parer shown above? (see instruc	ctions)		one no		Yes	TNO

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)



Forr	n 990 (201	7)	Page 2
Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	. 🗀
1	•	escribe the organization's mission	
		is a philanthropic organization where women celebrate the advancement of	
		educate women through scholarships, grants, awards, loans and stewardship	of
	Cotte	College; and motivate each other to achieve their highest aspirations.	
2		organization undertake any significant program services during the year which were not listed on the	
	prior For	m 990 or 990-EZ?	× No
	If "Yes," (	describe these new services on Schedule O	
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program	
			x No
		describe these changes on Schedule O	
	expenses	the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported	
	(Code	) (Expenses \$ 358,656 including grants of \$ 256,757 ) (Revenue \$ )	
		am services are accomplished by collecting and forwarding contributions to	
		is P.E.O. projects and scholarships on both the state and national levels; r	20
		fic statistics are available.	
	<u> </u>		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	·		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue \$ )	
			<del></del>
			<del></del> _
4d	Other pro	ogram services (Describe in Schedule O )	
	(Expense		
4e		gram service expenses ▶ 358,656	
JSA	20 1 000	Form <b>99</b> (	(2017)



Part IV Checklist of Required Schedul	es
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			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			X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		X
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> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	5	Х	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	- 3	<u> </u>	
0	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,	<u> </u>		<del></del> -
•	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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	٠,٠,٠	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Fare 1	F. A. S.
	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,"			,
L	complete Schedule D, Part VI	11a		X
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
·	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	1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		]	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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	<del> </del>	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, Ports I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 c. aggregate grants or other	- <del></del>		<del></del>
- •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and 1 /	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for profess anal fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	<u> x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III		لـــا	_X_
		F	aan	(004=

## Part IV (2017) Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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 25a	24a		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Χ_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
1	disqualified persons? 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 me.nber, 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ĺ		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,"			
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	ĺ	-	
	or IV, and Part V, line 1	34		<u>_x</u> _
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engige in any transaction with a	1	1	
		355		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," com_lete Schedule R,	]	Ì	
	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	X	
		Earm	uun /	20171

Par				$\Gamma$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1 a	Enter the number reported in Bcx 3 of Form 1096 Enter -0- if not applicable			<del>  ""</del>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 '	ĺ	ļ
	Did the organization comply with backup withholding rules for reportable payments tr, vendors and	1		
•	reportable gampling) winnings to prize winners?	1c	х	Ì
2.a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with cr within the year covered by this return 21 0	]		]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fize (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schec'ule O	3b		
	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 ▶	7		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ļ
	(FBAR)			ĺ
5a	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 sheller transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L	
Ģā`	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?	Ба	X	ļ
j b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
i	gifts were not tax deductible?	6b	X	<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
୬ ∙a	Did the organization receive a payment in excess of \$75 made partly as a con ribution 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 plovided?	7b		
.:: C	Did the organization seil, exchange, or otherwise dispose of tangible person! property for which it was	_		
14 1	required to file Form 8282?	7c		<del> </del>
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay preiniums or a personal bunefit contract?	7e		<del> </del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del> </del>
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8599 as required?	7g		<del> </del>
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the trganization file it. Form 1098-C2.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund irraintained by the	8		ł
	sports of ting organization have excess business holdings at any time during the year?			<del></del>
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the spensoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Acad Salaman Anna Market Anna Market Anna Market Anna Anna Anna Anna Anna Anna Anna Ann			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 17b	i		l
11	Section 301(c)(12) organizations. Enter	. 1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to othe, sources	į		
	against amounts due or received from them )	: Ì		į
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liquid Form 10412	12a	ļ	
	If "Yes," enter the amount of tex-exempt interest received or accrued during the ye:			
13	Section 501(c)(29) qualified conprofit health insurance issuers.	, }		
	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 c. Schedule 3			
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	ļ	
	the organization is licensed to issue qualified health plans	,		
c	Enter the amount of reserves on hand			
14 <i>a</i>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has r. filed a Form 720 to report these payments? If "No," provide an explanation in School le O	14b		
JSA 7E104	0 1 0CO	Form	990	(2017)

Form 990 (2017)

Part		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI			
		···	· · ·	X
Sect	ion A. Governing Body and Management			<del></del>
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
14	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	1		}
2	Did any officer, director, trustee, or key employee have a family relationship or, a business relationship with			<u>'</u>
	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	{		{
	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_		X
6	Did the organization have members or stockholders?	6	X	<del> </del>
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	<del> </del>
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	8a	Х	}
a	The governing body?	8b	X	<del> </del>
р		05		<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Ì		}
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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_	
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	{ {		
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this was done	12c	_ <u>x</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>X</u>	
15	Did the process for determining compensation of the following persons include a review and approval by	]	Ì	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	}	х
a b	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		{	
,,,,	with a taxable entity during the year?	16a	}	Х
b	If "Yes," 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		
Secti	on 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 available for public inspection. Indicate how you made these available. Check all that apply  Own website	501(c	:)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest ¡	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and record	s <b>&gt;</b>		
	Kathy A. Soppe, 3700 Grand Ave. Des Moines, IA 50312 (515)255-3153			

	(2017)	

age 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII	
Check it achequie O contains a response of note to any line in this Part VII.	1
Order in device de destante d'acoportice de l'été te diff inte l'att vin l'illimit att vin l'illimit a	

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

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

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

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

Check this box in Heither the Organization not	T Total Co	loiga	11120		C)	- PCII		l any current onle	ler, director, or trus	
(A) Na.ne and Title	(B) Average	(do i	not c	Pos	sition	e than o	one	(D) Reportable	(E) Reportable	(F) Estimated
•	hours per week (list any	office	er an	•		is both or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	1 W =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W <sub>F</sub> 2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sharon Tandberg	30									_
Presidenc		Х	L.	Х				0	0	0
(2) Karen Leftwich	30		}	1						
Vice President		X		Х			<u> </u>	U	0	0
(3) Beverly Wornom	28						ļ	1		
Organizer		Х	<u> </u>	Х	<u> </u>		ļ	0	0	0
(4) Pauline A Nygaard	25		İ							
Treasurer	105	X	<u> </u>	Х				0	0	0
(5) Kathy Brown	25			,,						
Secretary	<del>                                     </del>	X	-	Х				0	0	0
<u>(6)</u>	<u> </u>	1				į				
(7)										
(8)					_					
(9)			-							<del></del>
(10)				<u> </u>		_				
(41)	<u> </u>									
(12)										
(13)	<del>                                     </del>									
(:4)										

Part VII Section A. Officers, Directors, Tru	Stees, Ne	y <u>= m</u>	pio		C)	ша п	ign	lest Compensate	Employe	es (cor	ıtınue	<u>a)</u>	
(A)	(B)	Ì		•	sition			(D)	(E)	}		(F)	
Name and title	Average					than c		Reportable	Reportabl	e	E:	stimate	ď
	hours per					is both or/trust		compensation	compensation	n from		nount	of
	week (list any hours for	익호	Į,	♀	6	g ≟	5	from the	related organizatio	ns		other pensa	tion
	related	d ivid	Ē	Officer	y eg	phes	圓	organization	(W-2/1099-N		fr	om the	•
	organizations below dotted	Individual trustee or director	nstitutional	١,	employee	8 8		(W-2/1099-MISC)				anızatı d relate	
	lina)	true	\$		yee	ğ	ł		,			anızatıc	
		ee	trustee			Highest compensatemployee							
(15)			 		-	ted	_						
16)	-	_			-		_	-					
17)		<u> </u>			_						<del></del>		
		ļ			_								
18)	<del> </del>												
19)					-								
20)					$\vdash$				<u>.</u>				-
21)				<u> </u>			_		- <del>.</del>				
22)	-		-										
				-								_	
23)			j							[			
24)													
25)		ļ			-								
1b Sub-total		l			}!		•		·				
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A					· · ·	<b>A A</b>						
Total number of individuals (including but neeportable compensation from the organization)	ot limited to	o tho	se li	stec	d ab		who	o received more th	nan \$100,00	0 of			
												Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen	icer, direct dule J for su	or, o <i>ich in</i>	r tr divid	uste <i>lual</i>	ee,	key	emı	ployee, or highes	t compensa	ated	3		X
4 For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	and other compen	sation from	the			
organization and related organizations g													
ındıvıdual											4		X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co Yes," comple	mper ete So	nsat ched	ion lule	fror J fo	n any r such	ur pe	nrelated organizati erson	on or individ	dual 	5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest cor compensation from the organization Report year</li> </ol>													
(A) Name and business add	drace						Τ	(B) Coscription of sei	7,000		(C)		
None							_	D South Front Or Sel					
-			_				-						
2 Total number of independent contractors	s (including	g bu	t n	ot	lımı	ted t	0 1	thos - listed abov	e) who	<del></del>			
received more than \$100,000 of compensations								<u> </u>				000	<u> </u>
E1050 1 000											Form	コゴリ	(201

Par	t.VII		v line in this Part VI	<del></del>		rage
		Official in Contracts of Contracts of Those to un	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
ম ম	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
Am (	С	Fundraising events 1c				1
Gif	d	Related organizations 1d		ĺ		,
Sim	е	Government grants (contributions) 1e		į		
e tri	f	All other contributions, gifts, grants,		Ì		
SE		and similar amounts not included above . 1f 274,343	!	Ì		)
Con	9	Noncash contributions included in lines 1a-1f \$	411 555			
	<u>h</u>	Total. Add lines 1a-1f	411,555			
Program Service Revenue				ł		
Rev	2a				<del> </del>	+
<u>ic</u>	Ь		<del></del>			<del>-  </del>
e.	4					~
E	u				· <del></del>	
gra	f	All other program service revenue				7
P	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,				
	1	and other similar amounts) ▶	1,750			1,75
	4	Income from investment of tax-exempt bond proceeds .				
ı	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
i	Ç.	Rental income or (loss)				
ļ	d	Net rental income or (loss)			<del></del>	<del></del>
	7a	Gross amount nom sales of				
		assets other than inventory				
	b	Less cost or other basis		,		
l	С	and sales expenses Gain or (loss)	·			}
l	d	Net gain or (loss)	Į.			
	8a	Gross income from fundraising				
Other Revenue		events (not including \$				
Seve		of contributions reported on line 1c)				Ì
er		See Part IV, line 18 a				
ę l		Less direct expenses b				
l	С	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		Less direct expenses b	ì			Ì
		Net income or (loss) from gaming activities		<del></del>		<del> </del>
	10a	Gross sales of inventory, less returns and allowances	ļ			
l	h	Less cost of goods sold b	[	Ì		1
		Net income or (loss) from sales of inventory	1,296	1,296		
		Miscellaneous Revenue Business Code				
	11a					
	b			T		
	Ç					
	d	All other revenue				<b>_</b>
	е	Total. Add lines 11a-11d				<del> </del>
	12	Tota! revenue. See instructions ▶	414,601	1,296		1,750

# Part IX Statement of Functional Expenses

Section 501 <u>(c)(3) and 501(c)(4</u>	) organizations must complete all columns	All other organizations must complete column (A)
····		

	Check if Schedule O contains a rest	onse of note to any in	e in this Part IX		<u>· · · · · · · </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250,767	250,767		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	5,990	5,990		
3	Grants and other assistance to foreign				<del></del>
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	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		ł	ĺ	
	persons described in section 4958(c)(3)(B)			,	
7	Other salaries and wages				<del></del>
	Pension plan accruals and contributions (include				V
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)		·		
	Management				
	Legal			***	
	Accounting	2,700		2,700	
	Lobbying				<del></del>
	Professional fundraising services See Part IV, line 17.				
1	Investm ent management fees				•
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	51,609	17,203	34,406	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.510			
	Conferences, conventions, and meetings	12,648	4,089	8,179	380
	Interest				
	Payments to affiliates	79,384	79,384		
	Depreciation, depletion, and amortization	220		220	
	Insurance	328		328	
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	2 660	1 222	2 445	
		3,668	1,223	2,445	<del></del>
b				<del></del>	
9		<del></del>		<del>-</del> +	
0	All other expenses			<del></del>	·
	All other expenses  Total functional expenses. Add lines 1 through 24e	407,094	358,656	48,058	380
	Joint costs. Complete this line only if the organization reported in column (B) joint costs	107,034	330,030	40,000	200
	from a combined educational campaign and fundraising solicitation Check here  from if following SOP 98-2 (ASC 958-720)				
	13				

Rart X. Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ort X	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	72,876	1	65,807
	2	Savings and temporary cash investments	171,911	2	186,487
	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 Leans and other receivables from other disqualified persons (as defined under section		5	
10	6	Lc ans 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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	3	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D		1	
	b	Less accumulated depreciation		10c	
	11	in vestments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
,	13			13	<del></del>
	14	In tangible assets		14	
	15	Other assets See Part IV, line 11		15	
`	16	Total assats. Add lines 1 through 15 (must equal line 34)	244,787		252,294
	17	Accounts payable and accrued expenses		17	
	18	G rants payable		18	
	19	Deferred revenue		19	
.,	3:0	Tex-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, 8	22	Loans and other payables to current and tormer officers, directors,			
· #	22	trustees, key employees, highest compensated employees, and			
iat		d:soualified persons Complete Part II of Schedule L		22	
-1	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		İ	
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25_	
_	26	Fotal liabilities. Add lines 17 through 25		26	
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
25	29	Permanently restricted net assets		29	<u></u>
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			•
(9	33	Capital stock or trust principal, or current funds		30	<del></del>
Not Assats	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
×	32	Retained earnings, endowment, accumulated income, or other funds	244,787	32	252,294
44	33	Total new assets or fund balances	244,787		252,294
	34	Total liabilities and net assets/fund balances	244,787	34	252,294
				_	Form 990 (2017)

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

Х

3a

3ь

Form 990 (2017)

#### 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), ther Section 501(c)(4), (5), or (6) organized				
	e of organization	diffications Complete Fait III		Employer ide	entification number
	E.O. Sisterhood MT	State Chapter		81-6011	
	t I-A Complete if the c	rganization is exempt under	section 501(c) or		
1		organization's direct and indirect			
•	definition of "political campa	<u> </u>	political campaign a		
2		xpenditures (see instructions)		▶ \$	
		campaign activities (see instruction			
		rganization is exempt under		<del></del>	
1	Enter the amount of any exc	ise tax incurred by the organization	on under section 495	55 ▶ \$	
2		ise tax incurred by organization r			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under	section 501(c), ex	ccept section 501(c)(3	3).
1	Enter the amount directly e	xpended by the filing organization	on for section 527 e		
2		ig organization's funds contribute	•		
		es			<del></del>
3	· ·	enditures Add lines 1 and 2 E		•	
					<del></del>
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5		and employer identification numbers. For each organization listed, e			
		ributions received that were pror			
		d 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-
(1)			<del> </del>		
``'			1		
(2)			<del>-</del>	<del> </del>	
<b>\</b> -,			1		
(3)					
• •			1		
(4)					
(5)					
(6)					
			1	į.	l

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

Schedule C (Form 990 or 990-EZ) 2017

Sch	edule C (Form 990 or 990-EZ) 2017						Page	e 2
P	complete if the or section 501(h)).	ganization	ı is exem	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele		_
A	Check ▶ if the filing organi address, EIN, ex	zation beloi penses, and	ngs to an a	affiliated group (an excess lobbying exp	id list in Part IV e penditures)	ach affiliated group mem	ber's name,	_
В	Check ▶ if the filing organi	zation chec	ked box A	and "limited contr	ol" provisions app	oly		
	Limits (The term "expendi	on Lobbyi tures" mea			l.)	(a) Filing organization's totals	(b) Affiliated group totals	
1:	Total lobbying expenditures to	ınfluence pı	ublic opinio	on (grass roots lob	bying)			_
ı	Total lobbying expenditures to	ınfluence a	legislative	body (direct lobby	(ing) [			
•	: Total lobbying expenditures (ad	dd lines 1a	and 1b)	· · · · · · · · · · · ·				
	1 Other exempt purpose expend							
	Total exempt purpose expendit			•		<u></u>		_
1	Lobbying nontaxable amount	Enter the	amount f	rom the following	table in both			
	columns	·					<del></del> -	
	If the amount on line 1e, column (				is:			
	Not over \$500,000		0% of the a	imount on line 1e		-		
	Over \$500,000 but not over \$1,00			us 15% of the excess				
	Over \$1,000,000 but not over \$1,5	500,000 \$	175,000 plu	us 10% of the excess	s over \$1,000,000			
	Over \$1,500,000 but not over \$17			us 5% of the excess	over \$1,500,000			
	Over \$17,000,000		1,000,000					_
	Grassroots nontaxable amount	-			) i			_
	Subtract line 1g from line 1a li							
į	Subtract line 1f from line 1c If						<del></del>	
į	If there is an amount other t				•		<u> </u>	_
	reporting section 4911 tax for					· · · · · · · · · · · · · · · · · · ·	Yes N	10
	/C			aging Period Undo	` '	-As all of the five calum	b-l	
	(Some organizations tha			e instructions for	-		ins below.	
_		Lobby	ing Expen	ditures During 4-Y	ear Averaging Pe	riod		
	Calendar year (or fiscal year beginning in)	(a) 2	014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total	
2	Lobbying nontaxable amount							
	Lobbying ceiling amount (150% of line 2a, column (e))							
	Total lobbying expenditures							
	d Grassroots poptavable amount							

Schedule C (Form 990 or 990-EZ) 2017

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

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

JSA 7E1266 1 000

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NO	T file	d For	m 576	8		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detail	led	(;	1)		(b	)	
	cription of the lobbying activity		Yes	No	•	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or lo	cal						
	legislation, including any attempt to influence public opinion on a legislative matter	or		ļ				
	referendum, through the use of							
a	Volunteers?	1.12						
b c	Media advertisements?	•						
d	Mailings to members, legislators, or the public?	• •						
e	Publications, or published or broadcast statements?							
f	Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?.		ļ					
i	Other activities?							
j	Total Add lines 1c through 1i		l i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1					
b	If "Yes," enter the amount of any tax incurred under section 4912			ł				
c d	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		(c)(5)	or s	ection			
	501(c)(6).							
							Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					1	X	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	·Nc	ne.			2	X	<del> </del>
3	Did the organization agree to carry over lobbying and political campaign activity expenditure rt III-B Complete if the organization is exempt under section 501(c)(4), section					3	L	X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."	No,"	OR (	o) Pa			3, is	<u>-</u>
1	Dues, assessments and similar amounts from members			٠.,	1			
2	'Section 162(e) nondeductible lobbying and political expenditures (do not include a	ımoı	ınts (	of	,			
	political expenses for which the section 527(f) tax was paid).							
<b>a</b>	Current year				2a 2b			
b	Carryover from last year			1	2c	-		
C	Total			- 1	3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what po							_
•	excess does the organization agree to carryover to the reasonable estimate of nondeducti			ı				
	and political expenditure next year?		•	- 1	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	<u></u>		5			
Prov	rt IV Supplemental Information vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (aff ee instructions), and Part II-B, line 1. Also, complete this part for any additional information	ılıate	d grou	ip list)	), Part	II-A, lı	nes 1	and

Schedule C (F	Form 990 or 990-EZ) 2017	Page 4
Part IV	Form 990 or 990-EZ) 2017 Supplemental Information (continued)	
		•
	<del></del>	
	<del></del>	
	<del></del>	
		<del></del>
	•	

JSA 7E1267 1 000 Schedule C (Form 990 or 990-EZ) 2017

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Reversue Service

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Sisterhood MT State Chapter 81-6011849 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. . . . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpo se(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Numb er of states where property subject to conservation easement is located ▶ \_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990, Part X.

4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds		
Pai	t VI Land, Buildings, and Equipment. Complete if the organization answ	wered "Yes" on Forr	m 990, Part IV, line	11a. See Form	990, Part X, line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings		-		
С	Leasehold improvements [				
	Equipment				
	Other				
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	0c). <u></u> ▶	

Part VII	Investments - Other Securities.  Complete if the organization answere	d "Yes" on Form 990	Partiv line Tin S	
	(a) Description of security or category (including name of security)	(b) Book value	(c) N	Method of valuation end-of-year market value
4) Emancia	al derivatives	<del>                                     </del>		
	-held equity interests		·-	
	-new equity interests		·	
		<del> </del>		
(A)	<del></del>	<del> </del>		
(B)		<del></del>	<del></del>	
(C)	. <del></del>			
(D)			<del></del>	
(E)		<u> </u>		
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990	Part IV line 11c Se	ee Form 990 Part X line 1
	(a) Description of investment	(b) Book value		Method of valuation
	(a) Description of investment	(b) Book value		end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			•	
				<del></del>
(7)				
(8)	,	<del></del>		
(8)				
(8) (9) Fotal. (Columna	o (b) must equal Form 990, Part X, col (B) line 13) ▶			
(8) (9)	Other Assets. Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11d Se	ee Form 990, Part X, line 1
(8) (9) Total. (Columna Part IX	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX  (1)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Column) Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		, Part IV, line 11d Se	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		, Part IV, line 11d So	<del></del>
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere  (a) D	escription		(b) Book val
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D  wmn (b) must equal Form 990, Part X, col (B)	escription		(b) Book val
(8) (9) Fotal. (Columna Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere  (a) D	line 15)		(b) Book val
(8) (9) Fotal. (Columna (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columna Part X	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Columna (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columna Part X	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Columna (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columna Part X	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  I. (1) Feder (2)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  1. (1) Feder (2) (3)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  I. (1) Feder. (2) (3) (4)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Columns) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columns) Part X  I. (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Columns) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columns) Part X  I. (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  I. (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  I. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere  (a) D  umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability	line 15)d	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X  1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere  (a) D  Imm (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability al income taxes	line 15)d "Yes" on Form 990  (b) Book value	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) (9) Fotal. (Column)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability al income taxes	escription  line 15)	, Part IV, line 11e or	(b) Book val
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) (8) (9) Fotal. (Column) (8) (9) Fotal. (Column) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere  (a) D  Imm (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answere line 25  (a) Description of liability al income taxes	escription  line 15)	, Part IV, line 11e or	(b) Book val

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	414,601
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	414,601
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	414,601
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	407,094
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
đ	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	407,094
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	407,094
2, Pari	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pat XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	nation	
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Schedule D (F	orm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2017

**SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the Unite

Complete if the organization answered "Yes" on Form 990, Part

► Attach to Form 990.

_	7	odO	
ted States	IV line 21 or 22		

Employer identification number

81-6011849

► Go to www.irs.gov/Form990 for the latest information.

P.E.O. Sisterhood MT State Chapter

Part

Department of the Treasury Name of the organization Internal Revenue Service

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

ž

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of grant
or government	(1)	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	50,608	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	29,120	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	27,985	0	•		Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	40,499	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	28,411	0		-	Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	30,866	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	43,278	0			Schol/Grants
(8)							
(6)							
(10)	<del></del>						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	ted in the line 1 tab	ē		•	7

Enter total number of other organizations listed in the line 1 table 3 Enter total number or outer organizations for Form 990.

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

	rait ill call be duplicated il additional space is lieeded	al space is liet	none			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scho	1 Scholarships to Cottey College	1	4,990	0	N/A	N/A
2 Cott	2 Cottey College Recruitment	2	1,000	0	N/A	N/A
ო						
4						
က						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the informati	ion required in P	art I, line 2, Part I	II, column (b), and any o	ther 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

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

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

3700 Grand Ave, Des Moines, IA 50312.

#### SCHEDULE O (Form 99 0 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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer Identification fidinger
P.E.O. Sisterhood MT State Chapter	81-6011849
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, 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 me	embers present. In
addition, certain proposed amendments to the bylaws are presented	d and voted upon.
	<del></del>
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 formation	al review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mem	mbers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise a	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	cy and financial
statements are available to members upon request. These items ar	re not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	audited by an
independent accountant on a cash basis.	

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization	Employer identification number	
P.E.O. Sisterhood MT State Chapter	81-6011849	
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