(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. <

► Go to www.irs.gov/Form990 for instructions and the latest information. 2019, and ending March 31 OMB No 1545-0047

Open to Public Inspection

	A	or th	e 2019 calendar year, or tax year beginning April 1 , 2019, and	dending Ma	arch 31	, 20 20
	_		C Name of organization		D Employer identific	ation number
	В	heck if a	P.E.O.—Sisterhood OH State Chapter			
		Addr chan	Poing husiness as		31-618153	39
0		1		om/suite	E Telephone number	
2020		7	1 return 3700 Grand Ave		515 255 3	3153
		Final	return/ City or town, state or province, country, and ZIP or foreign postal code		313 233	
4		Ame	nated Des Moines IA 50312-2899		G Gross receipts \$	551,821
-			F Name and address of proceed officer		H(a) is this a group retu	
AUG	_	pend	Martha Billing - same as C above	~ 1	subordinates? H(b) Are all subordinates i	F-1 ** 1.
A	$\overline{}$	Tax-ex	rempt status 501(c)(3) X 501(c) (4) ◆ (Insert no.) 4947(a)(1) or	537	⊣ ''	list (see instructions)
1	<u>, </u>		tte: www.peointernational.org	1 132,	H(c) Group exemption r	,
ENVELOPE POSTMARK DATE	<u>-</u>		of organization Corporation Trust X Association Other	I Year of form	ation 1927 M State	
딩홋	Ď	art l	Summary	L real of form	ation 192/[IN State	or regar dornicite IA
Ş≷		1	Briefly describe the organization's mission or most significant activities Women's		in organisat	
ᇳద	a	'	 			
2	au C		supporting six philanthropic projects for women.	_		
	Ĕ	,	loan and award programs and a women's college own			011
	Governance	I	Check this box If the organization discontinued its operations or disposed of		1 1	c
	ფ	3	Number of voting members of the governing body (Part VI, line 1a)			
	ctivities &	4	Number of independent voting members of the governing body (Part VI, line 1b)		· · · · · · · · · 	
	ž		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		· · · · · · · · 	100
	Act	l .	Total number of volunteers (estimate if necessary)		· · · · · · · 	100
	•	l .	Total unrelated business revenue from Part VIII, column (C), line 12			
		<u>D</u>	Net unrelated business taxable income from Form 990-T, line 39	· · · · · · ·	1	Current Vans
		_	0		Prior Year	Current Year
	Ë		Contributions and grants (Part VIII, line 1h)		593,717	549,520
	Revenue		Program service revenue (Part VIII, line 2g)			
	æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60	54
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,666	-2,720
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		599,443	546,854
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		393, 983	373,456
			Benefits paid to or for members (Part IX, column (A), line 4)			
	ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,105	7,612
	Expens		Professional fundraising fees (Part IX, column (A), line 11e)	• • • • • • • • • • • • • • • • • • • •		
	Exp		Total fundraising expenses (Part IX, column (D), line 25) ▶ 854	 -1		
21		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED	'····	185,730	195,651
202		18	Total expenses Add lines 13-17 (must equal Part IX, column (A)_line-25)	~7 <i>8</i> —	586,818	576,719
0	F 0	19	Revenue less expenses Subtract line 18 from line 12		12,625	-29,865
က	ets or lances			Begi	inning of Current Year	End of Year
>	\sse Bala	20	Total assets (Part X, line 16)		205,227	175,362
NOV	Z E	21	Total liabilities (Part X, line 26)	<u> </u>		
	χį		Net assets or fund balances Subtract line 21 from line 20.	<u></u>	205,227	175,362
SCANNED		rt II	Signature Block			
<u> </u>			nalties of perjury, I declare that I have examined this retum, including accompanying schedules a ict, and complete. Declaration of preparer (other than officer) is based on all information of which pr			nowledge and belief, it is
8			N. J. R.J.		0.45.4000	
ပ္လ	Sig	n Ì	Signature of officer		8/5/202 Date	<u>J</u>
U)	Her					a
			Dana Van Roekel Type or print name and title		Directo	r of Finance
		1		Date	1	PTIN
	Paid		Treparer 5 signature		Check if f self-employed	••••
	Prep	arer				
	Use	Only	Firm's name		Firm's EIN	
	N/a:	, the	Firm's address IDS discuss this return with the property above 2 (see instructions)		Phone no	
			IRS discuss this return with the preparer shown above? (see instructions)	<u></u>		. Yes No
	ror	rapei	work Reduction Act Notice, see the separate instructions.		_	Form 990 (2019)

	T. Control of the con	
Foi	rm 990 (2019)	Page
Р	Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
•	P.E.O. is a philanthropic organization where women celebrate the advancement of	
	women; educate women through scholarhsips, grants, awards, loans and stewardship	o f
	Cottey College; and motivate each other to achieve their highest aspirations.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X 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	
	services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments.	sured b
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$512,354 including grants of \$373,456) (Revenue \$))
	Program services are accomplished by collecting and forwarding contributions to	
	various P.E.O. projects and scholarships on both the state and national levels;	no
	specific statistics are available.	
		
	<u> </u>	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$))
		 -
		
		-
4 c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		_
	_	
4d	Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e JSA	Total program service expenses ► 512,354 Form 99	



rar	Checklist of Required Schedules			
	TOTAL VIOLENTIAL TOTAL VIOLENTIAL TOTAL PROPERTY OF THE PROPER		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	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 donor-restricted endowments			
	or in 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,			
	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		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	l		
	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			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other habilities in Part X, line 25° in Pes, complete schedule B, Part X	116		
ı	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		_^
120	Schedule D, Parts XI and XII	12a	х	
h	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	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 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		-	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		.,
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_ X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 -	If "Yes," complete Schedule G, Part III	19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Composition of the first opening to the first opening of the first opening of the first opening the first opening of the first opening opening of the first opening opening opening opening opening of the first opening open		4.5	

Par	IV Checklist of Required Schedules (continued)	_		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		ł
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			ļ
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
h	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?			l
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
-0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		<u> </u>
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
				,,
20	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)			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		١
	. ,			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		X
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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	J		
	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," 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	Х	
<u>Part</u>				
	Check if Schedule O contains a response or note to any line in this Part V	;		لل
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
JSA 9E 1030	2,000	Form	990	(2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			11
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	ľ	l
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	}	ł	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit 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 on Schedule O			
	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			
	Enter the amount of reserves on hand			
		14a		<u>X</u>
	The state of the s	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		_X
	If "Yes," see instructions and file Form 4720, Schedule N	4.		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O			

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 three	•			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of				
		Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• • •		<u> </u>
Sect	ion A	Governing Body and Management	-			
		ı	a. l =		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 5	-		
	if the	re are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar				
	comn	nittee, explain on Schedule O	46 -			
_		the number of voting members included on line 1a, above, who are independent	_ 1b 5	1		
2		ny officer, director, trustee, or key employee have a family relationship or a business rela	ationship with	2	'	Į,
_		ther officer, director, trustee, or key employee?		-		<u> </u>
3		ne organization delegate control over management duties customarily performed by or un		3		_v
		vision of officers, directors, trustees, or key employees to a management company or other p		4		X
4		e organization make any significant changes to its governing documents since the prior Form 990 was file		5		X
5		te organization become aware during the year of a significant diversion of the organization's a	ssets /	6	Х	^
6		le organization have members or stockholders?	ot or opposit	┟┷┤	Λ	
7a				7a	х	
h		r more members of the governing body?				
D		holders, or persons other than the governing body?	* -	7b	х	
8		ne organization contemporaneously document the meetings held or written actions unde				
Ü		ear by the following	rtaken during			
а	•	overning body?		8a	Х	
b	•	committee with authority to act on behalf of the governing body?		8b	X	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the or	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	on B.	Policies (This Section B requests information about policies not required by the Inter-	rnal Revenue	Code)	
					Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?		10a	Х	
b	If "Ye	s," did the organization have written policies and procedures governing the activities of s	uch chapters,			
		es, and branches to ensure their operations are consistent with the organization's exempt pu		10b	Χ	
11a	Has th	e organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the form?.	11a	X	
b	Desci	ribe in Schedule O the process, if any, used by the organization to review this Form 990		-		
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests the	nat could give			
		conflicts?		12b	Х	
C	Did ti	ne organization regularly and consistently monitor and enforce compliance with the po	licy? If "Yes,"			
		be in Schedule O how this was done		12c	Х	
13		e organization have a written whistleblower policy?		13		_X
14		e organization have a written document retention and destruction policy?		14	Χ	
15		ne process for determining compensation of the following persons include a review and				
	•	endent persons, comparability data, and contemporaneous substantiation of the deliberation		15a		v
a		rganization's CEO, Executive Director, or top management official None		15b		_ <u>X</u>
b		officers or key employees of the organization		.05		
16-			arrangam ant		ĺ	
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar I taxable entity during the year?	_	16a		х
h		s," did the organization follow a written policy or procedure requiring the organization to				
D		pation in joint venture arrangements under applicable federal tax law, and take steps to			ľ	
		ization's exempt status with respect to such arrangements?		16b		
Secti		Disclosure			1	
17		e states with which a copy of this Form 990 is required to be filed ▶ None				
18		on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990. and 990-T	(Sect	ion 5	01(c)
-		nly) available for public inspection. Indicate how you made these available. Check all that app		,		(0)
		Own website Another's website X Upon request Other <i>(explain on Sch</i>	edule O)			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict o	finter	est p	olicy.
		nancial 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 records ▶

Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312

(515) 255-3153

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	···,										3
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntr	actors								

· ·	
Check if Schedule O contains a response or note to any line in this Part VII	
Check is scriedule of contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of note to any line in this rait virtue of the contains a response of the con	

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. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor	any related	i orga	nıza	itior	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Martha Billing	40									
President		х		х	١.				o	0
(2) Nancy Shelton	40									
Vice President		Х		x				0	0	0
(3) Janice Hornack	35									
Organizer		X		Х				00	0	0
(4) Jane Koch	35			İ						
Treasurer		Х		Х				0	0	0
(5) Julie Brooks	30	ļ								
Secretary		Х		X				0	0	0
_(6)	 									
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)					_					
(14)										<u> </u>

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	ploy	yee	s, a	nd Hi	igh	est Compensate	d Employe	es (co	ntınuea)	
					C)								
(A)	(B)	(do i	not c		sition mon	e than o	ne	(D)	(E)	.		(F)	
Name and title	Average			heck more than o ss person is both				i Renorranie	Reportable compensation			ted amou other	ınt
	hours per week					or/truste		from the	from relat	ed	comp	ensation	1
	(list any		nst	Officer	ey	emp High	Former	organization	organizatio			m the zation ar	nd
	hours for related	Individual trustee	Institutional	g	Key employee	iest	ner	(W-2/1099-MISC)	(W-2/1099-N		-	organizat	
	organizations	호 함) nal	ŀ	oboy	ëg							
	below dotted line)	uste	trustee		96	pen							
			fee			Highest compensated employee				1			
(4.5)		-	_		-	ä				-			—
(15)		1											
(16)				_							-		
(10)		1											
(17)		<u> </u>											
									•				
(18)		-											
(19)													
(20)													
					<u> </u>								
(21)								1					
										_			
(22)													
					<u> </u>								
(23)													
				_	├	ļ							
(24)		-											
(05)					├								—
(25)		$\{$											
4h Outstand	<u> </u>	l		L	<u> </u>	Ll	_						—
to Total from continuation sheets to Part VII,			• •	• •	• •	• • •							
								·					
d Total (add lines 1b and 1c)							who	o received more ti	nan \$100 0	00 of			
reportable compensation from the organization		0 1110	JC 11	n	u u	5040,	***	5 10001100 more ti	•				
	-						-			-		Yes	No
3 Did the organization list any former o	fficer dire	ector	tru	ster	ρ	kev e	mn	alovee or highes	t compens	ated			
employee on line 1a? If "Yes," complete Sche											3		Х
4 For any individual listed on line 1a, is the													
organization and related organizations g	reater that	n \$1	50 (ากก	7 1	f "Ye.	s "	complete Schedi	ule J for	such			
individual											4		Χ
5 Did any person listed on line 1a receive o									ion or indivi	dual			
for services rendered to the organization? If "											5		Х
Section B. Independent Contractors													
1 Complete this table for your five higher	est compe	ensate	d i	inde	eper	ndent	co	intractors that re	eceived mo	re tha	n \$10	00,000	of
compensation from the organization Repor	t compens	ation	for	the	cal	endar	ye	ar ending with or	within the	organiz	ation's	tax ye	ear_
(A)								(B)		_	(C)		
Name and business addi	ess						╀	Description of ser	vices		ompens	ation	
None							+					.	—
							+	****					
							+						
	· · · · · · · · · · · · · · · · · · ·						╁						
2 Total number of independent contractor	e (includes	o bi	+ ^	not.	lım	ıtad t		those listed abo	ve) who				_
received more than \$100,000 of compensat							J	0	**************************************				
TO STATE OF THE ST								<u> </u>	<u> </u>		Form	990 (2	019)

Part VIII Statement of Rever	iue
------------------------------	-----

		Check if Schedule	Осо	ntains a i	espoi	nse or note to ar	y line in this Part \	/III	(C)	· · · · ·
			•	,			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
တ္ တ	1a	Federated campaigns .			1a			and the second s	AT THE THE MENT OF THE PARTY OF	
Girts, Grants ilar Amounts	b	Membership dues			-	182,860				
5 E	, c	Fundraising events			1c					
2 <u>1</u>	d	Related organizations .			1d					
Contributions, Gif and Other Similar	е	Government grants (co			1e					
Sig	· f	All other contributions,	gıfts,	grants,			Color Total Total Total State of the			विवृश्चिम है। सूहिक्
藚히		and similar amounts not in	ncluded	above .	1f	366,660	The second of th			
들듯	g	-				- 1				
	-	lines 1a-1f		<i>.</i>	1g	\$				
ું કે ડ્	h	Total. Add lines 1a-1f .					549,520			
						Business Code		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	at the application of the same	All and the second
စ္ပ	2a			i						
ان جَ	b									
בַּ מ	c			-			•			
Program Service Revenue	4			•			١			
<u>\$</u> ∞	٥									•
۲ ۲	f	All other program service	ce rev	enue						
,	g	Total. Add lines 2a-2f.						the state of the s	·····································	Part of the street of the stre
	3	Investment income (,			
	-	other similar amounts).		-			54			54
,	4	Income from investmen								
	5	Royalties								
		,		(ı) Re	al	(ii) Personal		The state of the s		
	6a	Gross rents	6a	-					The same of the sa	
	b	Less rental expenses	$\neg \neg$	•					The first of the second	
	c	Rental income or (loss)					有情况的第三次。 第二次			hat Galasin.
-	d	Net rental income or (lo								
	7 a	Gross amount from		(ı) Secu		(ii) Other		The state of the s		
		sales of assets	ſ					The state of the s	the first section of the section of	- Far - 1 - 11 - 1 - 1
		other than inventory	7a		•					
⊕	ь	Less cost or other basis			,				The state of the s	
Ĭ.		and sales expenses	7b_					in the crossing of the second		
Revenue	С	Gain or (loss)	7 c					The state of the s	Control of the second	The factor of the factor
	d	Net gain or (loss)			. <u></u>	<u>.</u> . .		1		
Other	8a	Gross income from	n fu	undraising					Mary Transfer of the second	Particle Community
Ö		events (not including \$								
•		of contributions rep		on line						
		1c) See Part IV, line 18			1 .					
	b	Less direct expenses .			1			1 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4	in falligher	1,2
	C	Net income or (loss) fro				<u> ▶</u>		La Company of the State of the		
-	9a	Gross income fi	rom	gaming				g g a ga a a a a a a a a a a a a a a a	a later a factor and	
		activities See Part IV, III	ne 19		1					Kalle Age Splitt
	b	Less direct expenses .			. 9b	<u></u>		الم منظرة المجهد التاكات المساورة المراث المهاد الماكات المنطقة	Control of State in	7. 300
	C	Net income or (loss) fr				<u> ▶</u>			7 1122 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, ter , i.i.
	10a	Gross sales of ir	•		1					
		returns and allowances		•	. <u>10a</u>	2,247			The said of the sa	
	b	Less cost of goods sold	d		. 10b	4,967	The state of the s	Hilliam to find the first facility the		Red to the terms of
	c	Net income or (loss) fro				<u> </u>	-2,720	-2,720		
S		-				Business Code	The state of the	and the first of the second of		(Parting Marine 1997)
ا <u>ہ</u> و	11a									L
scellaneo Revenue	b									
e e	C									
Miscellaneous Revenue	d	All other revenue						, ,		
2	е	Total. Add lines 11a-11	1d	<u> :</u>		<u></u> ▶		- "	Company of the Compan	1-4 1 5 5 5 6 5 5
	12	Total revenue. See inst					546,854	-2,720		54
ISA								,		Form 990 (2019

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations mus	t complete all columns			
	Check if Schedule O contains a response		n 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 domestic organizations				
	and domestic governments. See Part IV, line 21	373,153	373,153		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	303	303		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				- <u>-</u>
5	Compensation of current officers, directors,				
	trustees, and key employees				<u> </u>
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	6,620	2,207	4,413	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
-	Payroli taxes	992	331	661	
	Fees for services (nonemployees)				
	Management	_			
	Legal			4.500	·
	Accounting	4,500		4,500	
	Lobbying			···········	
	Professional fundraising services See Part IV, line 17.				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
4.0	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses	558			558
	Information technology				330
	Occupancy	60,872	20,291	40,581	· · · · · · · · · · · · · · · · · · ·
	Payments of travel or entertainment expenses	00/072	20,231	10,001	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,273	2,992	5,985	296
	Interest		-/	3,233	
	Payments to affiliates	109,780	109,780		
	Depreciation, depletion, and amortization				-
	Insurance	777		777	
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Operating Expense	9,891	3,297	6,594	
b					
C					
đ					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	576,719	512,354	63,511	854
	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				
				1	

Form 990 (2019)

Part X Balance Sheet

کید	art X	Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	129,986	1	100,062
	2	Savings and temporary cash investments	75,241	2	75,300
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	to control of the constitute Con Dort IV line 44		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	205,227	16	175,362
	17	Accounts payable and accrued expenses	<u> </u>	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities,		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iā		controlled entity or family member of any of these persons	_	22	
Ë	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			
		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	
ces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
<u>la</u> n	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds	205,227	31	175,362
يد ک	32	Total net assets or fund balances	205,227	-	175,362
ž	33	Total liabilities and net assets/fund balances	205,227		175,362
	LUU	Total indefinition and flot according equalices, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			Form 990 (2019)

Form 990 (2019) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 546,854 1 2 576,719 2 3 -29,865 3 4 205,227 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 5 6 6 7 7 8 R 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 175,362 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Х Yes No 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," explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?...... Х If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b Х If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c Х the audit, review, or compilation of its financial statements and selection of an independent accountant?.... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За Х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form **990** (2019)

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ 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

•	Section 501(c)(4), (5), or (6) org	ganizations Complete Part III					
Nam	e of organization			Employer ide	ntification number		
Р.	E.O. Sisterhood OH	State Chapter		31- <u>6181</u>			
	rt I-A Complete if the	organization is exempt unde	r section 501(c) or	is a section 527 orga	nization.		
1	definition of "political campa						
2	Political campaign activity e	expenditures (see instructions)		▶ \$			
3		campaign activities (see instruction					
Par		organization is exempt under					
1		cise tax incurred by the organizati					
2		cise tax incurred by organization r					
	Was a correction made? If "Yes." describe in Part IV	a section 4955 tax, did it file Forn			Yes No		
Pai	t I-C Complete if the	organization is exempt unde	r section 501(c), ex	xcept section 501(c)(3	3).		
1	activities	expended by the filing organization		▶\$			
2	527 exempt function activit	ng organization's funds contribute ies		▶\$			
3	line 17b	enditures Add lines 1 and 2 Er		▶\$			
5	The second secon						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

Schedule C (Form 990 or 990-EZ) 2019

3011	edule C (Fulli 990 di 990-62) 2019					raye 🛋
Pa	art II-A Complete if the organiz section 501(h)).	ation is exe	mpt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organization address, EIN, expense				ach affiliated group mem	ber's name,
В	Check ▶ if the filing organization	checked box	A and "limited contro	ol" provisions app	ly	
	Limits on Lo	bbying Exper	nditures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amou	nts paid or incurred	.)	organization's totals	group totals
1 a	Total lobbying expenditures to influer	ice public opir	nion (grassroots lobb	yıng)		
b	 Total lobbying expenditures to influer 	ice a legislativ	e body (direct lobby	ing)		
C	: Total lobbying expenditures (add line	s 1a and 1b) .				
	Other exempt purpose expenditures					
	Total exempt purpose expenditures (•	<u></u>		
f	Lobbying nontaxable amount Enter	the amount	from the following	table in both		
	columns	- - 	· · · · · · · · · · · · · · · · · · ·			
	If the amount on line 1e, column (a) or (b			is:		
	Not over \$500,000		amount on line 1e			
	Over \$500,000 but not over \$1,000,000		olus 15% of the excess			
	Over \$1,000,000 but not over \$1,500,00		olus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,0		lus 5% of the excess of	over \$1,500,000		
_	Over \$17,000,000	\$1,000,000				
_	Grassroots nontaxable amount (ente		•	—		
	Subtract line 1f from line 1c If zero of					
	If there is an amount other than zero				on file Form 4720	
J	reporting section 4911 tax for this ye					Yes No
	reporting section 4311 tax for this ye	4-Year Ave	raging Period Unde	r Section 501(h)	· · · · · · <u>· · · · · · · · · · · · · </u>	1 163 100
	(Some organizations that mad				ete all of the five colum	ns below.
			te instructions for l			
	L	bbying Expe	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount	·—-				
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

For	(election under section 501(h)).	(á	a)		(b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed intropietion of the lobbying activity	Yes	No		Amo	unt	
	During the year, did the filing organization attempt to influence foreign, national, state, or local egislation, 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?						
	Other activities?	1 1	_				
	Total Add lines 1c through 1i	1 1					
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		•				
	f "Yes," enter the amount of any tax incurred under section 4912				-		
С	f "Yes," enter the amount of any tax incurred by organization managers under section 4912 f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1		
	001(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • • •	Non	 e	2	X	\vdash
	Did the organization make only in house lobbying experiolitical campaign activity expenditures fro			year?	3	<u> </u>	X
	III-B Complete if the organization is exempt under section 501(c)(4), section 501				1		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					3, is	
	answered "Yes."						
1 [Dues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amount include	ınts d	of				
	Current year			2a			
	Carryover from last year,			2b			
	otal			2c			
3 /	aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4 1	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	e				
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	bbyin	g				
_	nd political expenditure next year?			4			
	axable amount of lobbying and political expenditures (see instructions)	• • • •	•••	5			
	Supplemental Information e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1. Also, complete this part for any additional information	d grou	ıp lıst), Part	II-A, Iı	nes 1	and
						_	

Schedule C (F	orm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
		
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

31-6181539 Sisterhood OH State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, 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 Number 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 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 FASB 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 FASB 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 FASB ASC 958 relating to these items

Pa	rt III Organizations Maintain											
3												
	collection items (check all that app	ıly)			_							
а	Public exhibition			d	Loan	or exch	ange	progra	m			
b	Scholarly research			e	Other							
C	Preservation for future gene	rations			_							
4	Provide a description of the orga	nization's (collections	s and expla	ain how t	they fui	rther	the or	ganızatıor	n's exemp	t purpose	ın Part
	XIII											
5	During the year, did the organization											
	assets to be sold to raise funds rati			ained as pa	rt of the	organiz	ation	's colle	ction?	<u> </u>	Yes	No
	Part-IV- Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21											
1a	Is the organization an agent, truste	e, custod	an or oth	er intermed	liary for c	ontribu	tions	or othe	r assets n	ot		
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII	and com	plete the fo	llowing tal	ole						
										Amount		
С	Beginning balance											
d	Additions during the year						-			•		
е	Distributions during the year						-					
f	Ending balance							-441				1.0
	Did the organization include an am If "Yes," explain the arrangement i										Yes	No
		n Part Aiii	Check n	ere ii trie e.	xpianation	nas be	enpi	ovided	UII Fait A		<u></u>	
Fa	rt V Endowment Funds. Complete if the organization	ation ansv	vered "Ye	es" on For	m 990 F	Part IV	line	10				
	Complete if the organiza	(a) Curr		(b) Prio				s back	(d) Three	years back	(e) Four ye	ars back
4	Danimum of waar balance	(2) 02		(=7 :	. ,	,			(-,	,	(+7 7 -	
1a	Beginning of year balance	•				-						
b	Contributions									-		
С	Net investment earnings, gains, and losses								1			
А	Grants or scholarships			ļ								
e	Other expenditures for facilities											
C	and programs											
f	Administrative expenses				_					•		
a q	End of year balance										· · · · · · · · · · · · · · · · · · ·	
2	Provide the estimated percentage		rent vear	end balanc	e (line 1a.	column	ı (a))	held as				
a	Board designated or quasi-endown				- (. (-//					
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a											
3 a	Are there endowment funds not in	the posse	ssion of tl	he organiza	ition that	are hel	d and	d admir	nistered fo	r the	[]	- N-
	organization by										Ye	s No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii) 3b	
	If "Yes" on line 3a(ii), are the related	_					· ·			• • • • •	30	
4	Describe in Part XIII the intended to the Land, Buildings, and Equ										- · · ·	
F a	Complete if the organization	ation ansv	wered "Y	es" on For	m 990, I	Part IV	, lıne	11a S	See Forn	n 990, Pa	rt X, line	10.
	Description of property			r other basis stment)	(b) Cost o	or other ba ther)	asıs		cumulated eciation	(d) Book value	
	Land		(111463		0,	/		Gehi		<u> </u>	-· · · · · · · · · · · · · · · · · · ·	
b	Buildings											
c	Leasehold improvements	_		***								
d	Equipment											
<u>e</u>	Other	🛚										
Tota	I. Add lines 1a through 1e (Column		equal Forr	n 990, Part	X, columi	n (B), lin	ie 10	c)	▶			

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b See Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)		-		
(F)				
(G)				
(H)		-		
	n (b) must equal Form 990, Part X, col (B) line 12) .			
Part VIII		"Yes" on Form 990), Part IV, line 11c See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	···	!		
Part IX	·	l "Yes" on Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)		<u> </u>		
(9)				
	umn (b) must equal Form 990, Part X, col (B) li	<u>ıne 15)</u>		
Part X	Other Liabilities. Complete if the organization answered line 25	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Descrip	tion of liability	(b) Book value	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
			the organization's financial statements that reports the	
			the text of the footnote has been provided in Part XIII	\Box
JSA 9E1270 1 000			Schedule D (Form 990) 2	2019

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
4	Total revenue, gains, and other support per audited financial statements	1	546,854
1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unlealized gains (losses) on investments		
b	Donated Services and use of facilities		
C	Recoveries of phot year grants		
d	Other (Describe in Part XIII)	.	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	546,854
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	546,854
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.		
1	Total expenses and losses per audited financial statements	1	<u>576,719</u>
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		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	576,719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b		
a			
b	Other (Describe art art XIII)	4c	
	Add lines 4a and 4b		576,719
5 Port	XIII Supplemental Information.		370,713
2, Pan	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information and the second		
			
			·····
		. <u>.</u>	

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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<u> </u>		
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SCHEDULE

(Form 990)

Department of the Treasury internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2019	Open to Public
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► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Vame of the organization	Employer identification number	
P.E.O. Sisterhood OH State Chapter	31-6181539	
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
the selection criteria used to award the grants or assistance?	X Yes	ջ

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 or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin				1			
Nevada, MO 64772	440545271	501(c)(3)	66,854	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	37,313	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	40,104	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	46,973	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	42,473	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	43,133	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	96,303	0			Schol/Grants
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government c	organizations lis	ted in the line 1 tab	e		A : : : : : : : : : : : : : : : : : : :	7
3 Enter total number of other organizations listed in the line 1 table.	ed in the line	1 table	•	•			

3 Enter total number of otner organizations listed in the line 1 table.

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

Schedule I (Form 990) (2019)

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art III	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	omestic Indivi al space is nee	duais. Complete eded	e if the organizat	ion answered "Yes" on F	orm 990, Pari IV, line 22.
	(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
-						
2						
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4						
ıç.						
9						

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Reports of these organizations are available to all members of P.E.O. P.E.O. Sisterhood. Part II, Line 1(a)--With the exception of Cottey College, all other organizations share a mailing address of

3700 Grand Ave, Des Moines, IA 50312

Schedule I (Form 990) (2019)

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.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood OH State Chapter	31-6181539
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	
annual state conventions where new officers are elected by the vo	
In addition, certain proposed amendments to the bylaws are presen	
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the
executive board of Ohio State Chapter prior to filing. Board mem	bers are asked to
review the return and respond with any questions, though no forma	ıl review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ges are distributed
each year to all executive board members and to any committee mem	bers having influence
over financial transactions. Signature pages are collected by th	e state president and
monitored for completion. Any conflicts of interest that arise a	re 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	e not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	udited by an
independent accountant on a cash basis.	
	

Name of the organization	Employer identification number	Page 2
P.E.O. Sisterhood OH State Chapter	31-6181539	
		-
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