# SCANNED NOV 3 0 2021

(Rev January 2020)

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

## Return of Organization Exempt From Income Tax 7 0 5 1 0 1 545-0047

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.

Aprıl

2019, and ending March 31

Open to Public Inspection

**, 20** 20

	<b>.</b>			C Name of organiza	ation					D Employer iden	tification nu	umber	
l	R c	heck if a	oplicable	P.E.O. Sis	sterhood MI	State Cha	pter						
20		Addre		Doing business as			_			38-614	7687		
2020		7 7	change	Number and stree	et (or P O box if mail is	not delivered to s	treet address)	Room/su	te	E Telephone nun			
<b>-</b> ₹	$\vdash$	1	return	3700 Grand	۵۳۸					515 255	5 3153		
	$\vdash$	-1	return/		e or province, country, a	and ZIP or foreign	postal code			313 23.	<u>, , , , , , , , , , , , , , , , , , , </u>		
C75	-	termir Amen	nated	•	•	_	postal occo			G Gross receipts	¢	F 2 0	
AUG	<u> </u>	return			s, IA 50312	-2899							045
⋖		Applie pendi		F Name and addres	ss of principal officer				_	H(a) Is this a group subordinates?		Yes	X No
胃.				Karen F. K	<u> Kline – same</u>	as C abo	ve		$\Delta$	H(b) Are all subordir	nates included?	Yes	U No
문	1	Tax-ex	empt sta	atus 501(c)	(3) X 501(c) (	4 ) <b>◀</b> (insert	t no ) 4947(a	a)(1) or	527	If "No," atta	ach a list (see	instructions)	)
김준.	J	Websi	te. 🕨	www.peoint	ternational.	ora		1		H(c) Group exemp	tion number	<b>▶</b> 1072	2
POSTMARK DATE	K	Form (	of organ			Association	Other ►	L Ye	ar of	formation 1919 M S	tate of lega	l domicile	IA
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C-E-		1	-	_						rship organiz			
	ည									e are scholar		grant	-1
	na.						_			the organiza			
	ķ	2	Check	this box	if the organization d	iscontinued its	operations or dis	sposed of more	e thai	n 25% of its net assets			
	Activities & Governance	3	Numb	er of voting memb	ers of the governing	body (Part VI, I	ine 1a)				3		5
	8	4	Numb	er of independent	voting members of t	the governing b	ody (Part VI, line 1	1b)			4		5
	ties	5	Total	number of individu	uals employed in cale	endar vear 2019	(Part V. line 2a)				5		0
	ivi				ers (estimate if neces	-					6		100
	Act				s revenue from Part V						7a		
	•									ľ	7b		
		b	Net ur	nrelated business	taxable income from	Form 990-1, lin	ie 39 <u></u>	· · <u>·</u> · · ·	• • •		_		
										Prior Year		Current Y	
	<u> </u>	8	Contri	ibutions and grants	s (Part VIII, line 1h)				٠ ٠	448,3	64	530	,329
	Jue Duc	9	Progra	am service revenue	e (Part VIII, line 2g) .								
	Revenue	10	Invest	ment income (Par	rt VIII, column (A), line	es 3, 4, and 7d)			[		7		48
	œ	11	Other	revenue (Part VIII	I, column (A), lines 5,	6d, 8c, 9c, 10d	and 11e)		[	78,4	20	7	,558
				•	s 8 through 11 (must				Г	526,7	91	537	,935
		13			unts paid (Part IX, col					228,5			798
		14			nembers (Part IX, colu				- 1				7.50
				•					Г				
	es	15		-	sation, employee bene				г		-		
	Expenses	16 a			fees (Part IX, column				<u></u>				
	×	b	Total	fundraising expens	ses (Part IX, column (	D), line 25) ► _	3332 <b>RECE</b>	EIVED-	_				
	ш	17	Other	expenses (Part IX	(, column (A), lines 11	a-11d, 11f-24e	) . <del></del>			275,1	00	287	613
		18	Total	expenses Add line	es 13-17 (must equal	Part IX, colum	(A), line 25)		080	503 <b>,</b> 6	90	576	5,411
		19	Rever	nue less expenses	Subtract line 18 from	n line 12	S AUG 1	<b>8</b> . 2020 I	Q.	23,10	01	-38	3,476
	es o								8	Beginning of Current Y		End of Yea	
	sets a	20	Total	assats (Part V. line	16)		OODE	***	뜨	265,7	3 3	227	,257
	Sala				16)		···GGDE	:N, U	∦	203,71	<del>)                                    </del>	221	1231
_	ad A	21		liabilities (Part X, lii	,		<del></del>		·	0.65 3	<del></del>	002	
70	24	22			nces Subtract line 21	from line 20.	<del></del>	• • • • • •	• • •	265,7	33]	221	257
7	_	rt II		gnature Block									
>	Und	der pe	nalties o	of perjury, I declare to	that I have examined th in of preparer (other thai	is retum, includi	ng accompanying so	chedules and s	tatem	ents, and to the best of	my knowled	dge and b	elief, it is
3	true	e, corre	ci, and	complete Declaration	On preparer (other than	i onicer) is based	TON AN INTOMINATION O	winer prepare	) Hus	any knowledge			
>			•	Danalo	an Koch!					8/5/2	2020		
⊋	Sig	n	7 3	Signature of officer						Date			
~	He	re		Dana Van Ro	nakal					Direc	tor of	f Fina	ance
긞			<b>1</b>	Type or print name an			<del>.</del>				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Ħ			<u>.                                      </u>	Type preparer's name		Preparer's sign	ature	Date		Ob and	, PTIN		-
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Ķ		parer	ļ	<del></del>		1				self-employe	<u></u>		
_		Only	Firm's	s name						Firm's EIN			
				s address 🕨						Phone no	<del></del>	η .	
	May	y the	IRS d	iscuss this return	n with the prepare	r shown abov	e? (see instruction	ons)				Yes	No
	For	Pape	rwork	Reduction Act No	otice, see the separa	te instructions.						Form 99(	0 (2019)

	n 990 (2019) Irt III Statement of Program Service		Page 2
		response or note to any line in this Part III	
	Briefly describe the organization's mission	n	
	P.E.O. is a philanthropic	organization where women celebrate the advancement of	
	women; educate women throu	gh scholarhsips, grants, awards, loans and stewardship	of
	Cottey College; and motiva	te each other to achieve their highest aspirations.	
		ificant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on		
		g, or make significant changes in how it conducts, any program	<del></del>
			X No
	If "Yes," describe these changes on Sche	dule O ervice accomplishments for each of its three largest program services, as measu	rod b
		(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for		Others
	(Code ) (Expenses \$ 4	18, 676 including grants of \$	
		plished by collecting and forwarding contributions to	
		d scholarships on both the state and national levels; n	10
	specific statistics are av		
	9,500		
lb	(Code ) (Expenses \$	including grants of \$ ) (Revenue \$ )	
C	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
		<del></del>	
	· · · · · · · · · · · · · · · · · · ·		
	Other program services (Describe on Sch	andulo (1)	

448,676

DOCIR

Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ì	
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
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			
á	a 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
- 1	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
•	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		_^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	,
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If	150		
	"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		X
	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		Х
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		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
١	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 12 If "Yes," complete Schedule I, Parts I and II	21	l x l	1

Par	t 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_	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		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			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ļ
	to defease any tax-exempt bonds?	24c		
	I 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	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			}
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			i
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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			l
	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)	2 '		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		,,
L	"Yes," complete Schedule L, Part IV	28a		X
		28b		X
C	: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u></u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	ļ .		<u> </u>
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	olf "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		
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," complete Schedule R, Part VI	37		Χ_
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	Χ	
Par	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		للن
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C 4	reportable gaming (gambling) winnings to prize winners?	1c	X	
SA F 1030	0.2.000	Form	990	(2019)

Par	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	:		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		<del></del>
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	·	7g		
h	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	8		
	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	9a	•	
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	Thindadon 1000 and outside to the action of			
	Orosa receipts, included of the first coop, that this, into the passes are also at the same of the sam			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or shareholders			
Ŋ	against amounts due or received from them )			
12 =	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			
13	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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			
16	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			L

Form 9	99 (2019)			F	ege 6
Pari					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			X_
Sect	ion A. Governing Body and Management		_	Yes	No
		<b>1a</b>   5		100	- 110
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	14 5	-		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O	<b>1b</b> 5			
D	Enter the number of voting members included on line 1a, above, who are independent	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relative any other officer, director, trustee, or key employee?		2		x
,	Did the organization delegate control over management duties customarily performed by or ur				
3	supervision of officers, directors, trustees, or key employees to a management company or other p		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at	9		x
Sect	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	rnal Revenue		.)	
OCCL	ON B. 1 Oncies (11113 Occident & requeste unormation about policios het required by the line			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pi		10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	9			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests				İ
_	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	X	ļ
15	Did the process for determining compensation of the following persons include a review ar	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1,_		
а	The organization's CEO, Executive Director, or top management official None		15a		X
b	Other officers or key employees of the organization	<b>.</b>	15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a			16a		v
	with a taxable entity during the year?		10a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b	•	
Sect	ion C. Disclosure		1.50		
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 (1024 or 1024-A, if applicable),	990, and 990-	T (Sec	tion 5	01(c
- •	(3)s only) available for public inspection Indicate how you made these available Check all that ap	ply	,		, -,
	Own website Another's website X Upon request Other (explain on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents, conflict o	of inte	rest p	olicy
	and 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 records ► Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153

Form 990 (2019)

20

## 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	

## 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	orga	nıza	tion	CO	npen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individual	unle: er and	Pos heck ss pe	rson	than or/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Karen Kline	15									
President		Х	<u> </u>	Х			_	0	0	0
(2) Lisa Cooley	15			l						
Vice President	15	Х	-	Х				0	0	0
(3) Susan Sundheimer	15	х		l,				0	0	0
Organizer	15	Α.		X				<u> </u>		0_
(4) Barbara Grace Timm Treasurer	15	Х		X			İ	0	0	0
(5) Pam Daugherty	15		┢┈	<u> </u>			$\vdash$			
Secretary	15	Х		Х				0	0	0
(6)		- 21							¥.	
(7)										
(8)					-					
(9)										
(10)							ļ			
(11)										
(12)										
(13)				-	-					
(14)										

Part VII	Section A. Officers, Directors, Tru	ustees, Key	/ Em	ploy	yee	s, a	ind H	ligh	nest Compensate	d Employ	ees (co	ontinuea	)	
	(A) Name and title	(B) Average hours	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation	(E) Reports compens	sation	of	(F) ted amor	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rel organiza (W-2/1099	itions	fro	pensation om the zation ai organizat	nd
(15)							ă.						<del></del>	
(16)														
(17)									<del>                                     </del>					
(18)		<del>                                      </del>	<u> </u>											
(19)													-	
(20)														
(21)														
(22)														
(23)				-										
(24)		-												
(25)										_				
1b Sub	total		L			<u> </u>				<u>-</u>		_		
c Tota	al from continuation sheets to Part VII,	Section A.						<b>&gt;</b>						
2 Tota	Il number of individuals (including but rortable compensation from the organizati	ot limited to							o received more th	nan \$100,	000 of			
					<u> </u>						-		Yes	No
	the organization list any <b>former</b> of sloyee on line 1a? If "Yes," complete Sche											3		х
4 For	any individual listed on line 1a, is the inization and related organizations of	sum of re	porta	ble	con	npe	nsatio	n a	and other compen	sation fror	m the			
ındı	ridual											4	-+	Х
	ervices rendered to the organization? If '	'Yes," comple	ete Sc	chea	lule	J fo	r sucl	h pe	erson	<u></u>	· · · <u> </u>	5		Χ
	J. Independent Contractors								<del> </del>	<del></del>				
	pelete this table for your five high pensation from the organization Report													
	(A) Name and business add	ress	_						(B) Description of sen	vices		(C) Compensa	ition	
None			_					-		<del></del>				
	<del>-</del>							+						
								1						
	I number of independent contractor ived more than \$100,000 of compensat						ted 1	to	those listed above 0	ve) who				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to ar	ny line in this Part \	<u> </u>		<u> </u>
	_		· (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns 1a		The first of the second of the		the second second
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues				
يَ ق	С	Fundraising events 1c			از از از از از از از از از از از از از ا	
ifts Ir A	d	Related organizations 1d				
يَ نَوْ	е	Government grants (contributions) 1e		The hardward of the state of the state of the		
Sin	f	All other contributions, gifts, grants,				
atic er:		and similar amounts not included above . 1f 305,752				ا الله الله الله الله الله الله الله ال
ig #	g	Noncash contributions included in				
dit		lines 1a-1f 1g \$				
a C	h	Total. Add lines 1a-1f	530,329			
		Business Code		The state of the state of	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ė	2a		377.15	4 77 1 100 0		
ه ≧َ:	2 a					
Se						
Program Service Revenue	، ت بہا	,				
Region	a					
Pro	e	All other program service revenue				
_	g	Total. Add lines 2a-2f		in the second se	death the	* (** * * * * * * * * * * * * * * * * *
,	3	Investment income (including dividends, interest, and		1 11 1 10 1 1 1	, , , , , , , , , , , , , , , , , , ,	
		other similar amounts)	48	,		: 48
	4 `	Income from investment of tax-exempt bond proceeds				
	5	Royalties				-
		(i) Real (ii) Personal	Color of Col	1. C. M. J. J. M. J. M. M. J. M. M. J. M.	Train a garage and bear	w <sup>2</sup> , 21 <sup>4</sup> , 2
	6a	Gross rents 6a				
-	b	Less rental expenses 6b				
		Rental income or (loss) 6c				
	ď	Net rental income or (loss)	1 1 1 1 1 1 1 1 1 1		(10.7.4.11	7. 4, 1
	7a	Gross amount from (i) Secunties (ii) Other	the factor of the contract of a	Action of	a highly again ghighlich a li	1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to
		sales of assets				
	•	other than inventory 7a				
a)	h	Less cost or other basis				
Revenue		and sales expenses 7b			Thirty of the control of the	
. e		Gain or (loss) 7c		The state of the s		
یقر	d	Net gain or (loss)		1 11 11 11 11 11 11 11 11 11 11 11 11 1	" 1"	
Other			11,100	ming to the first time of the first	*	
Ö	8a	Gross income from fundraising				
		events (not including \$ of contributions reported on line				
		1c) See Part IV, line 18 8a				
		Less direct expenses 8b				
	C	Net income or (loss) from fundraising events				, , , , , , , , , , , , , , , , , , , ,
	9a	Gross income from gaming	The state of the s		ا د المحدد ا	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ja	activities See Part IV, line 19 9a				
	h	Less direct expenses 9b				
	C	Net income or (loss) from gaming activities.	7			
٠ '	10a	Gross sales of inventory, less	gradely's a self-grade and Self-frage of the Self-round		المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالي المالية المالية  رهُ اللَّهُ وَالْمِرْارِ اللَّهِ اللَّ	
		returns and allowances				The second of th
	b	Less cost of goods sold 10b 1,110				
	_ c	Net income or (loss) from sales of inventory	7,558	7,558		
s		Business Code				The street of th
e gon	11a					
ane	b		-			
eve	c	, .		-	,	
Miscellaneous Revenue	d	All other revenue				
Σ	e	Total. Add lines 11a-11d			a gli yakari ili yakiri ili ili ili ili ili ili ili ili ili	April 1
	12	Total revenue. See instructions	537,935	7,558	··	48

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

360	Check if Schodule O contains a room				
	Check if Schedule O contains a resp			(C)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	- 274;562	274,562	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22	14,236	14,236		
3	Grants and other assistance to foreign				
ŭ	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		<del></del>		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
	Management				
	Legal				
С	Accounting	7,500		7,500	
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
f	Investment 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				
	Office expenses				
14	Information technology	3,332			3,332
15	Royalties				
16	Occupancy				
	Travel	133,266	44,422	88,844	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		ľ		
19	Conferences, conventions, and meetings	33,250	11,083	22,167	
20	Interest				
21		101,652	101,652		
22	Depreciation, depletion, and amortization				
23	Insurance	450		450	
24					
	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	8,163	2,721	5,442	
b					···
c					
d					
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	576,411	448,676	124,403	3,332
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				2,332
	fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments	7,523
2 Savings and temporary cash investments	7,523 9,734
3 Pledges and grants receivable, net	9 <u>,</u> 734
4 Accounts receivable, net. 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 Less accumulated depreciation. 10 b Less accumulated depreciation. 11 Investments - publicly traded securites. 12 Investments - other securities See Part IV, line 11. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Deferred revenue. 19 Deferred revenue.	
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.  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).  7 Notes and loans receivable, net.  7 Inventories for sale or use.  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D.  10b Less accumulated depreciation.  11 Investments - publicity traded securities.  12 Investments - other securities See Part IV, line 11.  13 Intangible assets.  14 Intangible assets.  15 Other assets See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  265, 733 16 22  17 Accounts payable and accrued expenses.  18 Deferred revenue.	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
controlled entity or family member of any of these persons	
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).  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D.  10 Less accumulated depreciation.  11 Investments - publicly traded securities.  12 Investments - other securities See Part IV, line 11.  13 Investments - program-related See Part IV, line 11.  14 Intangible assets.  15 Other assets See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
7 Notes and loans receivable, net	
8 Inventories for sale or use	
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	
basis Complete Part VI of Schedule D       10a         b Less accumulated depreciation       10b         11 Investments - publicly traded securities       11         12 Investments - other securities See Part IV, line 11       12         13 Investments - program-related See Part IV, line 11       13         14 Intangible assets       14         15 Other assets See Part IV, line 11       15         16 Total assets. Add lines 1 through 15 (must equal line 33)       265,733       16       22         17 Accounts payable and accrued expenses       17         18 Grants payable       18         19 Deferred revenue       19	
b Less accumulated depreciation       10b       10c         11 Investments - publicly traded securities       11         12 Investments - other securities See Part IV, line 11       12         13 Investments - program-related See Part IV, line 11       13         14 Intangible assets       14         15 Other assets See Part IV, line 11       15         16 Total assets. Add lines 1 through 15 (must equal line 33)       265,733       16       22         17 Accounts payable and accrued expenses       17         18 Grants payable       18         19 Deferred revenue       19	
11       Investments - publicly traded securities       11         12       Investments - other securities See Part IV, line 11       12         13       Investments - program-related See Part IV, line 11       13         14       Intangible assets       14         15       Other assets See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       265,733 16       22         17       Accounts payable and accrued expenses       17         18       Grants payable       18         19       Deferred revenue       19	
12       Investments - other securities See Part IV, line 11.       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)       265,733 16       22         17       Accounts payable and accrued expenses.       17         18       Grants payable.       18         19       Deferred revenue.       19	
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).       265,733 16       22         17       Accounts payable and accrued expenses.       17         18       Grants payable.       18         19       19	
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)       265,733       16       22         17       Accounts payable and accrued expenses       17         18       Grants payable       18         19       Deferred revenue       19	
15       Other assets See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       265,733       16       22         17       Accounts payable and accrued expenses       17         18       Grants payable       18         19       Deferred revenue       19	
16       Total assets. Add lines 1 through 15 (must equal line 33)       265,733       16       22         17       Accounts payable and accrued expenses       17         18       Grants payable       18         19       Deferred revenue       19	
17       Accounts payable and accrued expenses.       17         18       Grants payable.       18         19       Deferred revenue.       19	
17       Accounts payable and accrued expenses.       17         18       Grants payable.       18         19       Deferred revenue.       19	7,257
18 Grants payable       18         19 Deferred revenue       19	
35.00.00 10.00.00	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability Complete Part IV of Schedule D 21	
trustee, key employee, creator or founder, substantial contributor, or 35%	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
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	
26 Total liabilities. Add lines 17 through 25	
Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions	
28 Net assets with donor restrictions	
Organizations that do not follow FASB ASC 958, check here ► X	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds	7,257
32 Total net assets or fund balances	7,257
Total liabilities and net assets/fund balances	

orm 99	0 (2019)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			537,	935
2	Total expenses (must equal Part IX, column (A), line 25)	2			576,	411
3	Revenue less expenses Subtract line 2 from line 1	3			-38,	476
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			265,	733
5	Net unrealized gains (losses) on investments	5				4. Y
6	Donated services and use of facilities	6				30.00
7	Investment expenses	7				· · ·
8	Prior period adjustments	8				, v.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			227 <b>,</b>	257
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u>  x  </u>
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n 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 over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	on			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-		۵.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	• • •	3b	000	

## 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.

➤ 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

	(see separate instructions), ther		, , , , , , , , , , , , , , , , , , , ,	,	, ,
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III		TE	- A15: - A1
	e of organization			,,	ntification number
Ρ.	E.O. Sisterhood MI	State Chapter		38-6147	
		organization is exempt und			
1	·	organization's direct and indirect	et political campaign a	ctivities in Part IV (see if	istructions for
_	definition of "political campa	•		<b>.</b> .	
2		xpenditures (see instructions) .			
3		campaign activities (see instructorganization is exempt unde		· · · · <u>· · · · · · · · · · · · · · · </u>	
		cise tax incurred by the organiza			
1		cise tax incurred by the organization			<del></del>
2		a section 4955 tax, did it file For			
3	•	•	•		
	If "Yes," describe in Part IV				res NO
	t I-C Complete if the c	organization is exempt unde	er section 501(c), ex	cept section 501(c)(3	)).
1	• • • • • • • • • • • • • • • • • • • •	xpended by the filing organizati			<i>7</i> :
1					
2		g organization's funds contribut			
-		es			
3		enditures Add lines 1 and 2 E			
Ŭ					
4		e Form 1120-POL for this year?			. Yes No
5	Enter the names, addresses	and employer identification nui	mber (EIN) of all section	on 527 political organiz	ations to which the filing
		s For each organization listed,			
		tributions received that were produced or a political action committee			
		· · · · · · · · · · · · · · · · · · ·	<del>- 1</del>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
	<del></del>			<u> </u>	<u> </u>
(3)					
					-
(4)		-	<del>-  </del>		
/5\	<del></del> -		<del></del>		
(5)					
(6)			<del>-  </del>		
·~/			_		

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

Schedule C (Form 990 or 990-EZ) 2019

Scn	edule C (Form 990 of 990-EZ) 2019						Page Z
Pa	complete if the organ section 501(h)).	nizatio	on is exer	npt under sectio	on 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ► if the filing organizati address, EIN, expen					ach affiliated group mem	ber's name,
В	Check ▶ if the filing organization	on che	ecked box /	A and "limited conti	rol" provisions app	oly	
			ying Expen			(a) Filing	(b) Affiliated
	(The term "expenditure	es" me	ans amoui	nts paid or incurred	i.)	organization's totals	group totals
	Total lobbying expenditures to influ						<u></u>
b	Total lobbying expenditures to influ	Jence	a legislative	e body (direct lobby	yıng)		
C	Total lobbying expenditures (add l	ines 1	a and 1b) .		[		
	Other exempt purpose expenditure						
	Total exempt purpose expenditure						
f	Lobbying nontaxable amount En	iter the	e amount	from the following	table in both		
	columns						
	If the amount on line 1e, column (a) or	r (b) is:			t is:		
	Not over \$500,000			amount on line 1e			
	Over \$500,000 but not over \$1,000,00			lus 15% of the exces			
	Over \$1,000,000 but not over \$1,500,			lus 10% of the exces			•
	Over \$1,500,000 but not over \$17,000			lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000		\$1,000,000		<u></u>		
_	Grassroots nontaxable amount (er						
	Subtract line 1g from line 1a If zer				_		
	Subtract line 1f from line 1c If zer If there is an amount other than					han fin Farm 4700	<del> </del>
J				·	•		
	reporting section 4911 tax for this			raging Period Unde			Yes No
	(Some organizations that m				• •	ata all of the five colum	ne holow
	(Some organizations that if			te instructions for	•		ilis below.
		Lobb	ying Exper	nditures During 4-1	ear Averaging Pe	riod	
_	Calandar year (or fined year	(0)	2016	(b) 2017	(a) 2019	(4) 2010	(a) Total
	Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))		- <u></u>				
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

(election under section 501(h)).	filed	l Forr	m 576	8	
or each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(a	)		(b)	
escription of the lobbying activity	Yes	No		Amou	nt
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of		-			
a Volunteers?		=			
c Media advertisements?			•		
d Mailings to members, legislators, or the public?		$\neg \uparrow$			
f Grants to other organizations for lobbying purposes?				***	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		$\neg$		-	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912		L			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	C)(5),	or se	ection		
					Yes N
Were substantially all (90% or more) dues received nondeductible by members?				1	х
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		None	e'''	2	х
Did the organization agree to carry over lobbying and political campaign activity expenditures from			year?	3	· >
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	or so	ection		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (	OR (b	) Pari	t III-A,	line 3	, is
answered "Yes."			ا م		
· · · · · · · · · · · · · · · · · · ·			1		
answered "Yes."  Dues, assessments and similar amounts from members		1			
answered "Yes."  Dues, assessments and similar amounts from members	nts c	of			
answered "Yes."  Dues, assessments and similar amounts from members	nts o	of	2a		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  a Current year	nts o	of	2a 2b		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  a Current year	nts o	of	2a		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  a Current year	nts o	of	2a 2b 2c		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	nts of th	of  e	2a 2b 2c 3		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	nts o	of  e g	2a 2b 2c		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	nts of the	of  e g	2a 2b 2c 3		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	nts of the	of	2a 2b 2c 3		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Carryover from last year.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the final formation in the section formation agree to carryover to the reasonable estimate of nondeductible located and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated)	nts of the	of	2a 2b 2c 3	I-A, lin	es 1 ar
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	nts of the	of	2a 2b 2c 3	I-A, lin	es 1 an
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Carryover from last year.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the first part of the reasonable estimate of nondeductible located political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Tovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated)	nts of the	of	2a 2b 2c 3	I-A, lin	es 1 ar

Schedule C (Fe	orm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
<del></del>		

## **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 Name of the organization

Employer identification number

P.E	.O. Sisterhood MI State Chapter		38-6147687
Par		dvised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year	<u>,</u>	
3	Aggregate value of grants from (during year)	1	
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor		ın donor advised
	funds are the organization's property, subject to	the organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors	s, and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pai	rt II Conservation Easements.		
	Complete if the organization answer		
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (for exam		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	nheld a qualified conservation contribution in	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme		2b
С	Number of conservation easements on a certific		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register.		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or term	ninated by the organization during the
	tax year >	A	
4	Number of states where property subject to cor		tion bondling of
5	Does the organization have a written policy violations, and enforcement of the conservation		
e	Staff and volunteer hours devoted to monitoring, in		
6	Stan and volunteer nous devoted to monitoring, in	ispecting, nanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting handling of violations, and enforcing o	conservation easements during the year
•	S	ecting, framding of violations, and emorcing c	conservation easements during the year
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of sect	ion 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization repor	ts conservation easements in its revenue an	d expense statement and
	balance sheet, and include, if applicable, the tex		
	organization's accounting for conservation ease	ments	
Pai		ns of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar as service, provide in Part XIII the text of the footnot	sets held for public exhibition, education, to its financial statements that describes t	or research in furtherance of public
b	If the organization elected, as permitted under		
D	art, historical treasures, or other similar assets provide the following amounts relating to these	held for public exhibition, education, or resitems	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, lin	e 1	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	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 unde		
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X	<u>, , , , , , , , , , , , , , , , , , , </u>	<b>▶</b> \$

Pa	rt III Organizations Maintain	ing Colle	ctions of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (d	continue	d)	
3	Using the organization's acquisition	on, access	sion, and	other recor	ds, check	k any c	of the	follow	ing that n	nake sigi	nificant u	se of	fits
	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		- L								•	
4	Provide a description of the orga		collections	and expla	ain how f	thev fu	rther	the or	ganization'	s exemp	t purpose	e in l	Part
•	XIII		00.1001.011	o and oxpi					94.1124.1011	о оло <b>р</b>	, pu.puu.		٠
5	During the year, did the organization	an ealicit a	or receive (	donations o	fart hiet	orical tr	.03611	ree or	other simil	ar			
3	assets to be sold to raise funds rati									_	Yes		No
D <sub>2</sub>	rt IV Escrow and Custodial A			anica as pe	ii t Oi tii C t	organiz	ation	3 00110	30011	• • • • 1	1.03		
Га	Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoui	nt on Fo	rm	
1a	Is the organization an agent, truste	e, custod	lian or othe	er intermed	liary for c	ontribu	tions	or othe	r assets no	t			
	included on Form 990, Part X?									[	Yes		No
b	If "Yes," explain the arrangement i									_	<del></del>		
					_					Amount			
С	Beginning balance						1c						
d	Additions during the year										-		
e	Distributions during the year							-					
f	Ending balance						$\overline{}$						
2a	Did the organization include an am							stodial	account lia	bility?	Yes		No
	If "Yes," explain the arrangement												
	rt V Endowment Funds.						- · · ·   F ·					-1	
	Complete if the organization	ation ansi	wered "Ye	es" on For	m 990, F	Part IV.	line	10.					
	<u>_</u>		rent year	(b) Prio		(c) Tw			(d) Three y	ears back	(e) Four	ears b	ack
4.	Designing of year belones	<del></del>	· · · ·	, , , , , , , , , , , , , , , , , , ,	•								
1a	Beginning of year balance			<u> </u>									
b	Contributions												
С	Net investment earnings, gains,												
_	and losses												
	Grants or scholarships					-							
е	Other expenditures for facilities												
	and programs	ĺ				<del></del>							—
f	Administrative expenses				<del> </del>								
g	End of year balance					<u> </u>							
2	Provide the estimated percentage				e (line 1g,	column	ı (a))	heid as					
a	Board designated or quasi-endown			_%									
þ	Permanent endowment >												
С	Term endowment ▶	_%											
_	The percentages on lines 2a, 2b, a		•							41			
3 a	Are there endowment funds not in	tne posse	ession of th	ne organiza	ition that	are nel	d and	admir	iistered for	tne	[v	es	No
	organization by											es	NO
	(i) Unrelated organizations										3a(i)	-	
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relat	_		•			?				3b		
4	Describe in Part XIII the intended		e organiza	tion's endo	wment fur	nds							
Pa	rt VI Land, Buildings, and Equation Complete if the organization	uipment. ation ans	wered "Y	es" on For	m 990 I	Part IV	line	11a S	See Form	990 Pa	rt X line	10	
	Description of property	1		other basis	(b) Cost				cumulated		l) Book valu		
	<del></del>		(inves	tment)	(0	ther)		depr	eciation				
1a	Land	-	<u> </u>										
b	Buildings	r											
С	Leasehold improvements									,			
d	Equipment	[											
	Other												
Tota	I. Add lines 1a through 1e (Columr	ı (d) must	equal Forr	n 990, Part	X, columi	n (B), lir	ie 10	c)	<b>. &gt;</b>				

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 valuat Cost or end-of-year mark	ion
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				<del></del>
<u>(A)</u>				
(B)				
(C)				
(D)				
(E) (F)				
(G)	<del>.</del>			
(H)				<del> </del>
	n (b) must equal Form 990, Part X, col (B) line 12) .			
$\overline{}$	Investments - Program Related.			
	Complete if the organization answered	l "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 valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				·-
(4)				
<u>(5)</u>				
(6)				
(7)				· - · · · ·
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d See Form 990	
	(a) De	escription		(b) Book value
<u>(1)</u>				
(2)		··		· · · ·
(3)				
(4)				
(5)		<del></del> ,		
(6) (7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
	umn (b) must equal Form 990, Part X, col (B)	line 15)		
Part X	Other Liabilities. Complete if the organization answered line 25	<u></u>		m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
	ral income taxes			<del></del> -
(2)				
(3)				
(4)		···-		
(5) (6)				
(7)				
(8)		<del> </del>		
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions. In Part XIII, provide the			nat reports the
	's liability for uncertain tax positions under FASB			
JSA 9E1270 1 000				hedule D (Form 990) 201

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	537,935
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
C	Other (Describe in Part XIII )	1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	537,935
			331,333
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	1	
	Other (Describe III at AIII)	4c	
	Add lines 4a and 4b	5	537,935
Part 2			337,933
- alt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1.	
	Total expenses and losses per audited financial statements	1	576,411
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )	1 1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	576,411
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 )	]	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	576,411
2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	e 4, Fait A, ime
	······································		<u></u>

Schedule D (Fo	orm 990) 2019	Page :
Part XIII	Supplemental Information (continued)	
	· · · · · · · · · · · · · · · · · · ·	
<del></del>		
		<del></del>
	g g	
		<u> </u>
		-

SCHEDULE (Form 990)

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. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

38-6147687

Name of the organization P.E.O.

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance Sisterhood MI State Chapter

	[	<b>2</b>	
Part   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	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

i artiv, ilic 2 i, ioi arij recipiem matroccived iliore main 40,000 r artin can de dupilicated il addinorial space is receded	ומרוכככועכת		מונון כשון ד	מ מחלוות וו מ	dulifoliai space is li	מניתנית	
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, a ppraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	59,857	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c) (3)	32,726	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	37,889	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c) (3)	49,727	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c) (3)	33,878	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	42,075	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	18,410	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 o	organizations list	ted in the line 1 tab	le		<b>A</b> : : : : : : : : : : : : : : : : : : :	7
	,	,				•	

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

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

Schedule I (Form 990) (2019)

JSA 9E1288 1 0Ó0

Schedule	Schedule I (Form 990) (2019)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" or Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

4   Scholarships to Cottey College   19   Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Number of recipients   (e) Night   (e) N			· monocolo consider de la compansione de la constantina della cons	. 5			
1 Scholarships to Cottey College 3 14,236 0 N/A  2 3 4 5 6 7 7 7 Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (column (b), and any column (column	(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	
3 4 5 6 7 7 8 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any colu	1 Scho	olarships to Cottev College	er.	14.236	0	4/N	N/A
3 4 5 6 7 7 8 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any column (c), and any colu				221			***
5 6 7 7 Supplemental Information. Provide the information required in Part I, Inne 2: Part III, column (b), and any company column (b), and any column (c).	2						
5 6 7 7 Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (b), and any column (c).	က						
6 7 7 Supplemental Information. Provide the information required in Part I, Ine 2: Part III, column (b), and any company column (b), and any column (c) a	4						
6 7 7 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any company column (b), and any column (b).	w						
7  Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b), and any column (column (doing to the information).	9						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any c	7						
	Part IV	Supplemental Information. Provide	the information	on required in Pa	art I, line 2; Part I	ll, column (b), and any o	other additional information

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

## 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.

OMB No 1545-0047 2019 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

38-6147687 P.E.O. Sisterhood MI State Chapter Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: copies of the final Form 990 were provided to each member of the executive board of Michigan State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board, and the remaining members vote on the appropriate action. Part VI, Line 19: Governing documents, conflicts of interest policy and financial statements are available to members upon request. These items are not made available to the general public. Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.

Schedule O (Form 990 or 990-EZ) (2019)	Page _a
Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Employer identification number
P.E.O. Sisterhood MI State Chapter	38-6147687
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<u>.</u>	

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

P.E.O.

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No 1545-0047	6107	Onen to Public
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Employer identification number

38-6147687

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Sisterhood MI State Chapter

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (f applicable) of disregarded entity Part II (4) 2 ව (5) **(1**) (9)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
						Yes	N <sub>o</sub>
(1) Michigan P.E.O. Home Fund, Inc. 7515 Thrasher In							
Kalamazoo, MI 49009 EIN 38-6107780	Grants-Elderly	Michigan	501(c)(3)	7	N/A		×
(2)							:
(3)							
	•						
(4)							
(5)							
	·						
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule R (Form 990) 2019	(Form 99	0) 2019

9E1307 1 000

Page 2		(k) Percentage ownership									Section 512(b)(13 controller entity?	Yes No								30) 2018
	4.		2	-				-	-	<u>`</u>	(h) Percentage ownership									Schedule R (Form 990) 2019
	line 3	Gener mana partn								, Part			•							dule R
	990, Part IV,	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)								on Form 990, Part IV,	(g) Share of end-of-year assets									Schee
	ın Form	(h) Dispreportents allocations?									(f) Share of total income									
	answered "Yes" o	(g) Share of end-of- year assets			!					nization answere the tax year	(e) Type of en:ity Sh (C ασρ. S ασρ. or trust)								:	
	ie organization a he tax year.	(f) Share of total income								plete if the orga	(d) Direct controlling entity (Co									
	Complete if the ership during the	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)								or Trust. Comps a corporation	(c) Legal domicile (state or foreign country)									
	a Partnership. ated as a partn	(d) Direct controlling entity s								a Corporation	(b) Primary activity						'			
	axable as zations tre	(c) Legal Dire domicile (state or foreign country)								axable as										
	ed Organizations Tamore related organiz	(b) Primary activity do do (si (si fo fo								ed Organizations Tad one or more relate	of related organization									
Schedule R (Form 990) 2019	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization									
Schedule R (f	Part III	Nan	(1) N/A	(2)	(3)	(4)	(5)	(9)	(7)	Part IV			(1) N/A	(2)	(3)	(4)	(5)	(9)	(7)	

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

2019	990)	Schedule R (Form 990) 2019	Schei		ASC
					(9)
					(5)
					(4)
					(3)
					(2)
					(1) N/A
	g d	amount involved		type (a-s)	
9		(d) Method of deta	panjondi juliom y	doipesdes_ ( <b>q</b> )	(a) Name of related onanization
	<u>s</u>	tion threshold	red relationships and transact	his line, including cove	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
××		- + +			<ul> <li>r Other transfer of cash or property to related organization(s)</li></ul>
	4	<u>-</u>			4 Neimbulsement paid by lenated by gamzanbils) for expenses
×	.	1 <sub>p</sub>			
×		<u>-1</u>			o Sharing of paid employees with related organization(s)
×		<b>=</b>			
×					m Performance of services or membership or fundraising scilicitations by related organization(s)
×		=			
×		, <del>,</del> <del>,</del>			k Lease of facilities, equipment, or other assets from related organization(s)
×		=			j Lease of facilities, equipment, or other assets to related organization(s)
×		<b>=</b>			i Exchange of assets with related organization(s)
×		<del>ا</del>			
×		19			g Sale of assets to related organization(s)
×		1			f Dividends from related organization(s)
×		1e			e Loans or loan guarantees by related organization(s)
×		1q			
×		10			c Gift, grant, or capital contribution from related organization(s).
×	L.	9			
×		<u>_</u>	ונפס ווו רמונא וו-וע א	פופופת סופשווגמוסווא ווא	a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity
	2		10 Dotte   17/2	al adoltorio potolo	Note: Complete line 1 if any entity is listed in Parts II, III, Of IV or this schedule
Yes No	Yes				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

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# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	domicile Predominant A riceign income (related, included intry) income actualed from tax included	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year asse:s	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) r Percentage ) ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1) N/A										
(2)			•							
(3)										
(4)										
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Schedule R (F	orm 990) 2019	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	-
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