(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.

Open to Public Inspection

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning April 1	, 2019, and endin	ng Ma	rch 31		, 20 20	
В.		C Name of organization			D Employer ide	ntification	number	
В с	heck (fa)	P.E.O. Sisterhood MN State Chapter						
	Addre	ge Doing business as			41-603			
	7	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	E Telephone nu	mber		
	Initial	oretwo 3700 Grand Ave			515 25	5 3153	3	
	Final termi	City or town, state or province, country, and ZIP or foreign postal code						
	Amen	Des Moines IA 50312-2899			G Gross receipts	\$	69	0,728
		F Name and address of principal officer	A		H(a) Is this a grou		Yes	
Ь	_ pendi	Nikkı Hess - same as C above	~		subordinates H(b) Are all subord		? Yes	No.
-	Tax-ex		7(a)(1) or 5	27-	If "No," at	ach a list (si	ee instruction:	
		tte. ▶ www.peointernational.org		"]	H(c) Group exem	otion number	r ▶ 107	12
-		of organization X Corporation Trust Association Other	L Year	r of format	ion 1956 M			
	art I		1		2300		,	
		Briefly describe the organization's mission or most significant activities. W	omon!s momb	oorch	in organi			
nce T	'	supporting six philanthropic projects for						+
Governance		loan and award programs and a women's coll-						<u></u>
rua	_	Check this box if the organization discontinued its operations or						
ove.						3		5
ජ	3	Number of voting members of the governing body (Part VI, line 1a)				4		<u>5</u>
Activities &	4	Number of independent voting members of the governing body (Part VI, lin				5		2
V:t	5	Total number of individuals employed in calendar year 2019 (Part V, line 2				6		<u>_</u> 75
Ćţ	6	Total number of volunteers (estimate if necessary)						
•	l	Total unrelated business revenue from Part VIII, column (C), line 12				7a		
	b	Net unrelated business taxable income from Form 990-T, line 39	· · · · <u>· · · · · · · · · · · · · · · </u>			7b	C	
					Prior Year		Current	
ě	8	Contributions and grants (Part VIII, line 1h)			642,8	31	68	<u>8,530</u>
ē	9	Program service revenue (Part VIII, line 2g)		l l				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				23		1,533
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			6,0			665
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li			649,3			0,728
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			369 , 5	36	37	1,804
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5–10)		31 , 7	69	1	6,440
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)						
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨 18 REC	EIVED	.}				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 	,	217,0	64	23	<u>4,179</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	(Q)) i i	618,3	69	62	2,423
	19	Revenue less expenses Subtract line 18 from line 12			30,9	74	6	8,305
or				Begir	ning of Current	/ear	End of Ye	ear
sets	20	Total assets (Part X, line 16)	EN. UT	l. L	335,1	.07	40	3,412
Ass	21	Total liabilities (Part X, line 26)		[]] . [
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	<u></u>		335,1	.07	40	3,412
	rt II	Signature Block			-			
Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying	g schedules and sta	tements,	and to the best o	f my know	ledge and	belief, it is
true	e, corre	ect, and complete Declaration of preparer (other than officer) is based on all information	on of which preparer	nas any k	nowleage			
		Dana Vankoch			8/5/	2020		
Sig	n	Signature of officer			Date			
He	re	Dana Van Roekel			Dire	ctor c	of Fin	ance
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date		Check	ıf PTIN		
Paid	t				self-employ	J		
Pre	parer				Firm's EIN			
Use	Only				Phone no			
Ma	y the	Firm's address ► IRS discuss this return with the preparer shown above? (see instru	ictions)		L' none no		Yes	No
_					<u> </u>	<u></u>		0 (2019)
For	Pape	erwork Reduction Act Notice, see the separate instructions.					roim 33	, u (2019

Forr	n 990 (2019				Page 2
Pá		Statement of Program Service Ac			
			sponse or note to any line in this Part	t III	
1	•	scribe the organization's mission			
				celebrate the advancement	
				awards, loans and steward	
	Cottey	College; and motivate	each other to achieve	their highest aspirations	S
	prior Fori		ant program services during the ye		Yes X No
	Did the	organization cease conducting,	or make significant changes in h		Yes X No
		escribe these changes on Schedul			
	expenses		organizations are required to rep	ts three largest program services, as ort the amount of grants and allocal	
4a	(Code) (Expenses \$ 536,	, 058 including grants of \$ 3	371,804)(Revenue\$)
	Progra			forwarding contributions	s to
	variou	s P.E.O. projects and	scholarships on both th	e state and national leve	els; no
	specif	ic statistics are avai	lable.		
		·		•	
				 	
4b	(Code _) (Expenses \$	including grants of \$) (Revenue \$)
					
				-	
		· · ·		• •	
				·	
46	(Code	\ (Evnenses \$	including grants of \$) (Revenue \$	
40	_ =) (Expenses ψ	melading grants of ψ) (Independe #	 '
					
			-		
					···
					
	Other pro	gram services (Describe on Sched	ule O)		
	(Expense	-	· · · · · · · · · · · · · · · · · · ·	· \$	
		gram service expenses ▶	536,058		<u></u>

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DOCTR Page 3

Pari	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,"		105	-110
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		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			
•	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
•	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		х
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		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	<u> </u>		•••
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		_ <u>x</u>
20 a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	$_{\rm x}$	

Part	IV Checklist of Required Schedules (continued)			
		ļ	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	22	_^	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ļ		
	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%			١,,
0.7	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			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			İ
		28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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			
	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			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34	Х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	552	21	-
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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	_	х
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	
Part			-	_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		سل
			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			1
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
9F 1030	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 2	0.5	.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.0		v
	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		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Х	
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua	Δ.	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	х	
	gifts were not tax deductible?			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
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			
Ċ	required to file Form 8282?	7c		
а	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
b	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.			
а	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			
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			
		Form	990	(201

Form 9	90 (2019)		F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI			tions X
Soct	ion A. Governing Body and Management	• • • •		<u> </u>
Seci	IOII A. Governing Body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
ıa	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	v	
_	stockholders, or persons other than the governing body?	76	Х	<u>_</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The gaverning hedy?	8a	х	
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization'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 Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	422	.,	
12a	· · · · · · · · · · · · · · · · · · ·	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
42	describe in Schedule O how this was done	13		х
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official None	15a		Х
b	Other officers or key employees of the organization None	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	40.		
Secti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website	(Sec	uon 5	U1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	finter	est p	olicy,

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

20

and financial statements available to the public during the tax year

01111 330 (2010)									- 3 -
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractors								

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 organization compensated any current officer, director, or trustee										stee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Individual trustee Or director		esition k more than one person is both an director/trustee)		osition ck more than one person is both an a director/trustee)		(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) Nikki Hess	20										
President		Х		Х				0	0	0	
(2) Kristi Harlan	20										
Vice President		X		Х				0	0.	0	
(3) Cathy Hoffman	20]									
Organizer		X	<u> </u>	Х				0	0	0	
(4) Jane Henning	20										
Treasurer		Х		Х				0	0	0	
(5) Pam Hartley	20		1		ŀ						
Secretary		Х		Х				0	0_	0	
(6)											
(7)											
			<u> </u>	ļ			_				
(8)											
(9)											
(10)										-	
(11)											
(12)											
(13)								_			
(14)											

Part VII Section A. Officers, Directors, Tru	/ Em	ploy	yee	s, a	ınd H	igh	Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week	box, office	unles r and	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	ation	Estimat of	(F) ed amo other ensatio				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			m the zation a rganiza				
(15)																
(16)																
(17)																
(18)																
(19)																
(20)				 												
(21)																
(22)																
(23)												<u>-</u>				
(24)																
(25)																
1b Subtotal	Section A.						▶ ▶									
Total number of individuals (including but no reportable compensation from the organization)	ot limited to		se li				wh	o received more th	nan \$100,0	000 of	. <u>-</u>					
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sched											3	Yes	No X			
4 For any individual listed on line 1a, is the organization and related organizations giundividual	sum of re reater thar	portal	ble 50,0	con	npe	nsatio f "Ye	on a	and other compen complete Schedu	sation from le J for	n the such	4		х			
5 Did any person listed on line 1a receive or for services rendered to the organization? If "	accrue co	mper	nsat	ion	fro	m any	y ui	nrelated organizati	on or indi	vidual	5		х			
Section B. Independent Contractors	·										1 1					
Complete this table for your five higher compensation from the organization Report																
(A) Name and business addr	ess							(B) Description of sen	vices		(C) Compensa	tion				
None																
							-									
							\perp									
2 Total number of independent contractors received more than \$100,000 of compensations.						ted 1	to	those listed about	ve) who							

Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse or note to ar	(A) Total revenue	· (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे र	1a	Federated campaigns	1a	the state of the s		r djame Et c	# 15 1 to # 15 22 1
Contributions, Gifts, Grants and Other Similar Amounts		· • · · · · · · · · · · · · · · · · · ·	1b - 294,298		The state of the s	The second secon	
وَ قَ	С		1c				
its F	d		1d	and being medical and the properties. The properties of the proper			
ບ≝ຼ	е		1e				
Sir	f	All other contributions, gifts, grants,					
ĕ		and similar amounts not included above.	1f 394,232				
E 5	g	Noncash contributions included in	•				
50	١,	lines 1a-1f	1g \$				The state of the s
<u>က</u>	h	Total. Add lines 1a-1f	1 ,	688,530	16-17-66		San San Land
41		•	Business Code	The first of the second of the	a t Asia in the terms of the transfer of the t	Control of the second	The reference of the
<u> </u>	2a	-					
žė.	b-						
E S	C	· · · · · · · · · · · · · · · · · · ·					,
ga Re	d	-			,		
Program Service Revenue	е	AN . II	_	, , , , , , , , , , , , , , , , , , ,	,	-	
_	f g	All other program service revenue Total. Add lines 2a-2f			1	i falgina, ta taya ta melesa hamaniyet	3 2 3 3
	3	Investment income (including divide			And a state of state of		, , , , , , ,
		other similar amounts)		1,533			1,533
1	4	Income from investment of tax-exempt					2,000
	5	Royalties					
		(ı) Real		医部分原始线线	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Control of the control of	145 [4-1] [4-1]
	6a	Gross rents 6a					
	b	Less rental expenses 6b			Barker Breeze Breeze		
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from (i) Secunti	ies (ii) Other				
		sales of assets	• •				
	İ	other than inventory 7a					
ne	ь	Less cost or other basis					
Revenue	ŀ	and sales expenses 7b	, ; , ,				
Re	l .	Gain or (loss) 7c			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	ीदी पेट्यू हिन्दे के विक्	the confident of the confidence of	, . " , "	ernčejte Kong (*)
5	8a	Gross income from fundraising	,				
		events (not including \$					
	1	of contributions reported on line	8a		A trade to the state of		
		1c) See Part IV, line 18	8b				
	C	Net income or (loss) from fundraising ev			1 ca		<u> </u>
	9a	Gross income from gaming		1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to	THE POST OF STREET		the same and
	""	activities See Part IV, line 19	9a				
:	, p	Less direct expenses	9b '		the real of the state of the st		
į	c	Net income or (loss) from gaming active	ities				
	10a	Gross sales of inventory, less	-	The second secon	The state of the s		Here and the second
			10a 665			The state of the s	
	b	2000 00010, 90000 0010 1 7 1 1 1 1 1	10b 0				3
	C	Net income or (loss) from sales of invento		665	665	NO. 2017	1.81 . 1
S		· ·	Business Code		The Carlotte Control		
ne ge	11a	·	_ 				
cellaneous kevenue	, b		-				
sce Rev	C		-				
ž	d	All other revenue			Region 1 to the second	es telling 11, i i	near the court
	<u>е</u> 12	Total Add lines 11a-11d		690,728		La Maritt Plant of and	1,533
	14	i otal revenue. See msuuctions		i 690 /28	l 665 i		1 53

Part IX Statement of Functional Expenses

500	Charlet School Q Contains a room				
	Check if Schedule O contains a resp			(C)	(D)
	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	352,699	352,699		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	19,105	19,105		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and			j	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,188	4,729	9,459	
		11/100	17,23	37.133	
٥	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	2,252	751	1,501	
	Fees for services (nonemployees)				
	Management				
	Legal				
	Accounting	7,355		7,355	
	Lobbying	.,,000		.,, 000	·
	Professional fundraising services See Part IV, line 17.				
	_				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				`
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	71,962	23,987	47,975	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,301	6,434	12,849	18
20	Interest				
	Payments to affiliates,	125,039	125,039		
22	Depreciation, depletion, and amortization				-
23	Insurance	579		579	
	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)			' .	
_	Operating Expenses	9,943	3,314	6,629	
		9, 943	3,314	0,029	
d					
	All other expenses				
	Total functional expenses Add lines 1 through 24e	622,423	536,058	86,347	18
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	183,134	1	214,904
	2	Savings and temporary cash investments	151,973	2	188,508
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		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)	335,107	16	403,412
	17	Accounts payable and accrued expenses		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	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities	ŀ	trustee, key employee, creator or founder, substantial contributor, or 35%			_
abil		controlled entity or family member of any of these persons		22	
ت	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	
ses		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	,		
ıları	27	Net assets without donor restrictions	-	27	
ä	28	Net assets with donor restrictions		28	
Net Assets or 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	
SS	31	Retained earnings, endowment, accumulated income, or other funds	335,107		403,412
žt A	32	Total net assets or fund balances	335,107		403,412
ž	33	Total liabilities and net assets/fund balances	335,107		403,412
_			333/101	·	Form 990 (2019)

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> .		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1				728
2	Total expenses (must equal Part IX, column (A), line 25)	2		ϵ	522,	423
3	Revenue less expenses Subtract line 2 from line 1	3			68,	305
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	35,	107
5	Net unrealized gains (losses) on investments	5			,	<u>.</u>
6	Donated services and use of facilities	6			'	<u>. </u>
7	Investment expenses	7				
8	Prior period adjustments	8				
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		4	03,	412
Part_	· · ·					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> </u>	<u></u>	X
			_	\dashv	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	(plain	ın	' l		
	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 com-	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	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 accounta		\cdots	2c		<u> X</u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Single Audit Act and OMB Circular A-133?		• • –	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-		.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .		3b	000	
	•		F	om :	33U ((2019)

11(.)

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 Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
Nam	ne of organization			Employer ide	ntification number
Р.	.E.O. Sisterhood MN	State Chapter		41-60310	003
	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1		organization's direct and indirect	· · · · · ·		
2	Political campaign activity e	expenditures (see instructions)	<i></i>	▶ \$	
3	Volunteer hours for political	campaign activities (see instructio	ns)		
Pai	rt I-B Complete if the c	organization is exempt under	section 501(c)(3).		2.5
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 ▶ \$	- ",
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?	 .	Yes No
	Was a correction made? If "Yes," describe in Part IV				Yes No
Pai	rt I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	Enter the amount directly e	expended by the filing organization			
2	Enter the amount of the filing	ng organization's funds contributed	to other organization	ons for section	
3	line 17b	enditures Add lines 1 and 2 En	. .		
5	Enter the names, addresses organization made payment the amount of political con-	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were promoted or a political action committee (per (EIN) of all section enter the amount paid optly and directly de	on 527 political organization from the filing organization in the filing organization of the filing organization of the filing the filing of t	ations to which the filing zation's funds. Also ente plitical organization, such
	(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.

الا	ledule C (FOITH 990 OF 990-EZ) 2019					rage Z
Pa	art II-A Complete if the org section 501(h)).	anization is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A			affiliated group (and excess lobbying exp		ach affiliated group men	nber's name,
В	Check ▶ if the filing organization	ation checked box /	A and "limited contro	ol" provisions app	ly	
		on Lobbying Expen			(a) Filing	(b) Affiliated
	(The term "expenditu		<u>-</u>	·	organization's totals	group totals
	a Total lobbying expenditures to in			· -		
	Total lobbying expenditures to in	_	• •			
	Total lobbying expenditures (add					
	d Other exempt purpose expenditu				·	·
	Total exempt purpose expenditu			_	-	
ī	 Lobbying nontaxable amount 1 columns 	enter the amount	from the following	table in both		
	If the amount on line 1e, column (a)	or (h) is: The Johnvir	na nontavable amount	ie:		
	Not over \$500,000		amount on line 1e	13.		
	Over \$500,000 but not over \$1,000		lus 15% of the excess	over \$500,000	, hm 11 r	1 1 107
	Over \$1,000,000 but not over \$1,50		lus 10% of the excess			
	Over \$1,500,000 but not over \$17,0		lus 5% of the excess of		φυ	1 1 V 1 W 1131 V 31 1 1 2 1 1 2
	Over \$17,000,000	\$1,000,000			•	
9	Grassroots nontaxable amount (enter 25% of line 1f)	[
	n Subtract line 1g from line 1a If a			_		
	Subtract line 1f from line 1c If z					
j	If there is an amount other that					
	reporting section 4911 tax for th					Yes No
	40		raging Period Unde		. 4 11 . 6.41 . 6	
	(Some organizations that			•		nns below.
		See the Separa	te instructions for l	mes za through	21.)	
		Lobbying 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
28	a Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
	C Total lobbying expenditures					
	d Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

-or	(election under section 501(h)).	(a	a)		(b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amo	unt	
1	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?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
C	Media advertisements?						
d e	Publications, or published or broadcast statements?			-			
f	Grants to other organizations for lobbying purposes?						
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i	-	ļ				
2a	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						
Ç	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
d Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection			—
· u	501(c)(6).	(0)(0)	, 0, 3	CCLIOI	•		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (c)) in	
	answered "Yes."	UN (L) rai	L III-A	, 11110	o, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of				
	political expenses for which the section 527(f) tax was paid).						
	Current year			2a			
а	Carryover from last year		}	2b			
a b				2c			
	Total	• • •	!				
b c 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
b c 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne	3			
b c 3	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 to	of th	ne ng				
b c 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of 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?	of th	ne ng	4 5		<u> </u>	
b c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the first of the first of the section 162(e) due of the first of the section 162(e) due of the section 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 to and political expenditure next year?	of th	ne ng	4			
b c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of 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?	of the	ne ng 	4 5	II-A, III	nes 1 a	and
b c 3 4 Par	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 is and political expenditure next year?	of the	ne ng 	4 5	II-A, lii	nes 1 a	and

Schedule C (Fe	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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

P.E	.O. Sisterhood MN State Chapter		41-6031003
Pa			r Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	-	
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	t I Conservation Easements.		
	Complete if the organization answered		***************************************
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		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 h	eld 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 easement		2b
С	Number of conservation easements on a certified	• •	2c
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	inated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
-		baadhaa af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	Amount of expenses incurred in monitoring, inspec	cung, nandling of violations, and enforcing c	conservation easements during the year
0	December 2012	Old) about action the requirements of east	ton 170/h\/4\/D\/ ₁ \
8	Does each conservation easement reported on line		
9	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the state of th		•
	organization's accounting for conservation easeme	-	da statements that describes the
Рa	rt III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA		ue statement and halance sheet works
··a	of art, historical treasures, or other similar asse	its held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under F art, historical treasures, or other similar assets he	ld for public exhibition, education, or res	
	provide the following amounts relating to these ite		
	(i) Revenue included on Form 990, Part VIII, line		•
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of a		assets for financial gain, provide the
	following amounts required to be reported under F		
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · • • • • • • • • • • • •
b	Assets included in Form 990, Part X	<u> </u>	<u>.</u> ▶\$

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical	Treasures	s, or	Other	Similar Assets	(contınu	ed)	
3	Using the organization's acquisition	on, accession, and	other records, ch	neck any o	f the	follow	ring that make si	gnificant	use o	of its
	collection items (check all that app	ly)								
а	Public exhibition		d Lo	an or excha	ange	progra	m			
b	Scholarly research		e 🔲 Otl	her						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collection	s and explain ho	w they fur	rther	the or	ganızatıon's exem	pt purpo	se in	Part
	XIII									
5	During the year, did the organization									_
	assets to be sold to raise funds rati		ained as part of t	he organiza	ation'	s collec	ction?	Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21		es" on Form 99	0, Part IV,	line	9, or r	eported an amo	unt on F	orm	
1a	Is the organization an agent, truste							_	_	_
	included on Form 990, Part X?							Yes	; <u> </u>	No
b	If "Yes," explain the arrangement is	n Part XIII and com	plete the following	table						
							Amou	nt		
С	Beginning balance				$\overline{}$		" .			
d	Additions during the year									
е	Distributions during the year				-					
1	Ending balance				1f	nto dial	a a a a unt liabilitu?	Yes		Na
2a	Did the organization include an am If "Yes," explain the arrangement is							٠٠٠ ليا	·	No
	rt V Endowment Funds.	II FAIL AIII CHECK I	iere ii tile explana	illon nas be	en pi	Ovided	OIII ait XIII		• •	
ıα	Complete if the organiza	ation answered "Y	es" on Form 99	0. Part IV.	line	10.				
	- Comproton the organization	(a) Current year	(b) Prior year	(c) Tw			(d) Three years back	(e) Fou	r years	back
1.	Beginning of year balance	, ,	 	•			., .	1 11		
1a b	Contributions									
C	Net investment earnings, gains,									
•	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage			1g, column	n (a))	held as				
а	Board designated or quasi-endown	nent ▶	%							
b	Permanent endowment	%								
С	Term endowment ▶	_%								
_	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of t	ne organization t	nat are nei	a and	ı admır	nistered for the		Yes	No
	organization by (i) Unrelated organizations							3a(i)	163	
	(ii) Related organizations							·		
h	If "Yes" on line 3a(ii), are the relate									
4	Describe in Part XIII the intended of	-	·							
<u> </u>	TWI Land, Buildings, and Equ	uipment.								
	Complete if the organize									
	Description of property		r other basis (b) C stment)	ost or other ba (other)	asis		cumulated eciation	(d) Book v	alue	
1a	Land									
b	Buildings									
C	Leasehold improvements				\perp					
d	Equipment									
e_	Other									
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X, col	umn (B), lin	10 <u>10</u>	:)	<u></u> ▶			

Schedule D (Form 990) 2019

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Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990		art 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 v	alue
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)	•			
(B)		·· 		
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990. Part X. col, (B) line 12) .		t	
Part VIII			record or influence part () and a first of the state of	
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, Pa	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				-
(7)				
(8)				
(9)	(b) must equal f orm 990 Fart X col (U) line 1J.) .		The state of the s	1 1 1 1 1 1 1
Part IX	Other Assets.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1
, art ix	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d See Form 990, Pa	art X, line 15
	(a) De	scription		(b) Book value
(1)				
(2)				_
(3)				
(4)				
(5)		***		
(6)				
(8)				
(9)	ımn (b) must equal Form 990, Part X, col (B) li	ino 15)		
Part X	Other Liabilities.	ne 15)	· · · · · · · · · · · · · · · · · · ·	
Pall A	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f See Form 9	990, Part X,
1.		tion of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				<u>-</u> -
(7)				
(8)				
(9)	<u> </u>			
	n (b) must equal Form 990, Part X, col (B) line 25)			
	r uncertain tax positions. In Part XIII, provide the sliability for uncertain tax positions under FASB A			

Part	XI 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	690,728
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	1'	
c	Recoveries of prior year grants	·	
d	Other (Describe in Part XIII)	1 1	
e e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	690,728
4	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 4a		
a b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	690,728
Part		irn.	
1	Total expenses and losses per audited financial statements	1	622,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	,	
b	Prior year adjustments	·	
С	Other losses	`	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	622,423
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	` ;	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	622,423
2, Par	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	ation	
			 -
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Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		
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	<u> </u>	
		

SCHEDULE (Form 990)

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

on answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2019	City to Distiliz
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▶ Attach to Form 990.

entification number

1003

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Part I

temal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	
ame of the organization	Employ	Employer identificat
.E.O. Sister	7.E.O. Sisterhood MN State Chapter	41-6031003
arti General li	art I General Information on Grants and Assistance	
1 Does the organiz	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

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

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							
Nevada, MO 64772	440545271	501(c)(3)	40,857	0	,		Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	40,910	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	39,950	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	61,002	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	31,549	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c) (3)	45,545	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	42,805	0		,	Schol/Grants
(8) Minnesota P.E.O. Home Fund,							
13908 Shoreside Ct, Savage, MN 55378	411223084	501(c)(3)	50,081	0			Grants
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment c	rganizations lis	ted in the line 1 tab			A · · · · · · · · · · · · · · · · · · ·	8

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Schedule I (Form 990) (2019)

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

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Schedule I (ichedule I (Form 990) (2019)
Part 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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of noncash assistance
1 Scho	1 Scholarships to Cottey College	3	19,105	0	0 N/A	N/A
2						
က						
4						
က						
9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the informat	on required in P	art I, line 2, Part I	II, column (b), and any c	ther additional information

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

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

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 and Minnesota P.E.O. Home Fund, all other 3700 Grand

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood MN State Chapter	41-6031003
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, dues-paying
members of P.E.O. chapters within the state. Delegates from each	chapter attend
annual state conventions where new officers are elected by the vo	oting members present.
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 Minnesota State Chapter prior to filing. Boar	rd members are asked
to review the return and respond with any questions, though no fo	ormal review process
is currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mem	mbers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise a	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	icy and financial
statements are available to members upon request. These items ar	re not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	audited by an
independent accountant on a cash basis.	

Schedule O (Form 990 or 990-EZ) (2019)		Page Z
Name of the organization	Employer identification number	
P.E.O. Sisterhood MN State Chapter	41-6031003	-
		·-
	· · · · · · · · · · · · · · · · · · ·	
		-
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

P.E.O.

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.

Open to Public Inspection Employer identification number

41-6031003

Sisterhood MN State Chapter

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2019 (f) Direct controlling entity % Yes 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. × Filing Org (f) Direct controlling (e) End-of-year assets (if section 501(c)(3)) Public chanty status (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 12c(c) Legal domicile (state or foreign country) (d) Exempt Code section 501(c)(3)Legal domicile (state or foreign country) Minnesota (b) Primary activity Grants-Elderly Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Minnesota P.E.O. Home Fund, 13908 Shoreside Ct, EIN 41-1223084 Name, address, and EIN of related organization 55378 NΝ Savage, Part II Part 3 4 Ξ 3 4 9 (9) (5) 9 2 3 5

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(3) (4) (5) (6) (7)

	I Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
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ō	eminin	(d) Method of determining	(c) Amount involved	(b) Transaction	(a) Name of related organization
	ş	ction threshold	ered relationships and transa	his line, including cov	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
∣×		18			
· ×		, +			r Other transfer of cash or property to related organization(s)
××		- 1 - 1 - 1			p Reimbursement paid to related organization(s) for expenses
×					 Sharing of paid employees with related organization(s)
×		- t			
$ \times $		1m			
	×	=			Performance of services or membership or fundraising solicit
×		, *			k Lease of facilities, equipment, or other assets from related organization(s)
×					j Lease of facilities, equipment, or other assets to related organization(s)
¦×		=			
×		÷			
×		19			q Sale of assets to related organization(s)
×					f Dividends from related organization(s)
×		1e			e Loans or loan guarantees by related organization(s)
×		14			
×		10			c Gift, grant, or capital contribution from related organization(s)
	×	.			
×		19		כומוסק כו ממווד ממוכוים	
:			sted in Parts II-IV?	elated organizations li	Note: Complete mile in any ching is listed in 1 arts in, in 1 of the following transactions with one or more related organizations listed in Parts II-IV2
Ŷ	Yes				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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)	(d) Predominant (income (related, unrelated, excluded from fax incles	(e) Are all partners section 501(c)(3)	(a) (b) (c) (d) (d) (e) (f) (f) Single of the second section (continuous address, and EIN of entity (continuous address, and EIN of entity (continuous address, and EIN of entity (continuous address, and EIN of entity (continuous address) (f) (f) Share of	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1) N/A										
							+			
(7)					-			-		
(3)										
(4)					•					
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(5)										
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(9)										
(2)										
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(6)									_	
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(12)										
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(13)										
(14)										
(15)		· -								
(16)										
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Schedule R (F	orm 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions	
	Provide additional information for responses to questions on Schedule R. See instructions	
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