**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Fo	r the	2018 calendar year, or tax year beginning	July 1 , <b>201</b>	8, and ending	June 30	, 20 19					
	•	C Name of organization			D Employer io	dentification number					
Che	ck if app	International Chapter	P.E.O. Sisterhood								
	Address change	S Doing business as			42-	42-0453829					
	Name c	Number and street (or P.O. boy if mail is	s not delivered to street address)	Room/suite	E Telephone	number					
	Initial re				515	5-255-3153					
$\dashv$	Final re	City or town, state or province, country,	and ZIP or foreign postal code	!	<del></del>						
$\dashv$	Lermina Amende	iled			G Gross recei	pts \$ 9,733,708					
$\dashv$	return Applicat		. 2000	·	H(a) Is this a g						
	pending	•	Cabove	19	Subordinal	tes? ordinates included? Yes No					
<del></del>		Most status   Soppe, same as   Solicities   Solicities   Solicities   X   Solicities   Solicitie		1) 05   6 2	1. <del>2. 2</del>	attach a list (see instructions)					
				17 01 1 32	<del></del>	emption number ▶ 1072					
	ebsite	www.peointernational.		L Yansat		M State of legal domicile IA					
) F	orm of	forganization X Corporation Trust  Summary  Briefly describe the organization's mission supporting six philanthro	Association Other	L Tear of	Tormation 1009 h	in State of legal domicile IA					
Ш	للكا	Summary									
Activities a covering Gen min	1 E	Briefly describe the organization's mission									
2	5	supporting six philanthro									
1		scholarships, grant, loan									
	2 (	Check this box  Image if the organization of the governorm members of the governorm	discontinued its operations or dispo	seq of more tha	in 25% of its net ass	ets					
	•	temes or temis members or me gerenmi,	3 ,		LIVLU (						
ί	4 ١	Number of independent voting members of	the governing body (Part VI, line 1b)	စာ · · · · ·		4 5					
		Total number of individuals employed in cal		জু · NOV :	18.2019 .   옷	5 45					
	6 T	Total number of volunteers (estimate if neces	ssary)	<b></b>	· · · · · · · ]	6 55					
۱,	<b>7a</b> T	Total unrelated business revenue from Part Volet unrelated business taxable income from	VIII, column (C), line 12	Qcn	ENTIT	7a					
	þΝ	Net unrelated business taxable income from	Form 990-T, line 38			7b					
					Prior Year	Current Year					
	8 0	Contributions and grants (Part VIII, line 1h) .			3,828,	131 4,341,874					
	9 F	Program service revenue (Part VIII, line 2g) .			1,153,	695 - 1,139,660					
1		nvestment income (Part VIII, column (A), lir			665,	885 745,276					
1	1 (	Other revenue (Part VIII, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11e)		88,	018 425,333					
1		Fotal revenue - add lines 8 through 11 (mus			5,735,	729 6,652,143					
1		Grants and similar amounts paid (Part IX, co									
		Benefits paid to or for members (Part IX, coli									
۱.		Salaries, other compensation, employee ber			1,787,	171 1,889,825					
		Professional fundraising fees (Part IX, colum									
Ι,		Total fundraising expenses (Part IX, column									
۱ ا		Other expenses (Part IX, column (A), lines 1			4,216,	731 1,840,366					
		Fotal expenses Add lines 13-17 (must equa			6,003,						
- 1		Revenue less expenses Subtract line 18 fro			-268,						
<u>;</u>  -	<u> </u>	COVERNO 1033 EXPENSES GUDINACI IIIIE 10 110		· · · · · · · ·	Beginning of Curren						
1	20 T	Fotal assets (Part X, line 16)		-	73,080,						
91		Fotal liabilities (Part X, line 16)			191,						
		Net assets or fund balances Subtract line 2			72,888,						
ar(		Signature Block	i nom me zu		12,000,	0701 10,010,495					
		alties of perjury. I declare that I have examined the	his return including accompanying eabo	dules and statem	nents, and to the heet	of my knowledge and helief it is					
		t, and complete. Declare that I have examined to t, and complete. Declaration of preparer (other that									
		MATTALLA Same			11/	12/18					
gn		Signature of office			Date	···					
ere	.	y Signature of officer	y Signature of cities Date								
•		Kathy A. Soppe, Direct Type or print name and title	Kathy A. Soppe, Director of Finance/Treasurer								
	-	· · · · · · · · · · · · · · · · · · ·	Drongrada organizaci	Data		I DTIN					
ıd		Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN					
pa	rer		<u> </u>		self-emplo	oyed					
	- 1	Firm's name			Firm's EIN						
ėΩ		Firm's address			Phone no						
e O		RS discuss this return with the prepare									

ŀ	Checklist of Required Schedules			Т
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	İ	X
2		2		X
3		-		<del>  ``</del>
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		l x
4			<b></b> -	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X	
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"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? 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	1	}	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		İ
	complete Schedule D, Part VI	11a	X	ļ
	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445		١.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		<u> </u>
	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		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
-	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
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مر ا		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا 🛴 ا		٠,
20	If "Yes," complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of 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 12 if "Yes " complete Schedule I. Parts I and II.	21		х
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Par	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	1
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$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		v
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<b>—</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l i		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	Χ	
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		Х
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	_X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ı
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ı
	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			ı
	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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			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			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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 45			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ Caymen Islands			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			İ
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	_X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	6b	Х	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
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		<del> </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			İ
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	, , , , , , , , , , , , , , , , , , , ,	7e		<b></b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b></b> -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			į
	sponsoring organization have excess business holdings at any time during the year?	8		<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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			
D	against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O			

Par	, and See in			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI			X
500		<del>· · · ·</del>	· · ·	
Sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year.			
1а	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent			
_	Little the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
2	any other officer, director, trustee, or key employee?	-	-	<del> </del>
3		3		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	<u> </u>
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	- <del>'</del> -	23	<del> </del>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
٥	stockholders, or persons other than the governing body?	1.5		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	Х	
a	The governing body?	8b	X	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			$\vdash$
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		}	
			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	Х	<i>i</i>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1	_	
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	٠.
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1		
	rise to conflicts?	12b	Х	- 114'
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
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	
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	15a	Х	j
b	Other officers or key employees of the organization	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			Į
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Seci	ion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	, 5500		J . (U)
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inti-	erest r	olicy	, and
	financial statements available to the public during the tax year	P		,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s►		
	Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 515-255-3153			

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raye	•

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office or direct	not ch unles	Pos neck s pe	erson	e than control Highest co	an tee)	(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
	line)	trustee	al trustee		byee	Highest compensated employee				organizations
(1) Sue Baker	38									
President	2	х		Х	1	ĺ	l	o	o	0
(2) Brenda Atchison	32	- 43			<u> </u>	<del> </del>	<u> </u>			<u>`</u>
First Vice President	2	х		Х				0	0	0
(3) Patti Brolin-Ribi	32	<u> </u>		<u></u>	<u> </u>					
Second Vice President	2	х		Х				0	0	0
(4) Cathy Moss	34						_	·		
Organizer	2	х		Х				0	0	0
(5) Alix Smith	18									
Recording Secretary	2	х		х				0	0	0
(6) Jackie Matt	28.8									
Executive Director	11.2			х		ļ		147,232	o	20,776
(7) Kathy Soppe, Director of	19									
Finance/Treasurer	21			Х				104,121	o	16,524
(8) Dawn Clayberg	30									
Director of IT	10	}				х		101,704	0	2,601
(9) Steve Elbert	30									
IT Systems Architect	10					Х		102,009	0	16,885
(10)									· · · · · · · · · · · · · · · · · · ·	
(11)										
(12)	-									
(13)										
(14)			$\dashv$	_						
			- 1	1						

Part VII Section A. Officers, Directors, Trus	y Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any	box,	(C) Position (do not check more than of box, unless person is both officer and a director/trust					(D) Reportable compensation from	(E)  Reportab  compensatio  related	on from	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations	
(15)												
(16)												
(17)								<u> </u>	•			
		ļ										
(18)												
(19)												
(20)												
(21)					_							
(22)												
(23)												
(24)									<del>-</del>			
(25)					ļ							
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>*</b> * *	455,066 455,066			56,78 56,78	_
Total number of individuals (including but no reportable compensation from the organization)	t limited to		se lis				who		nan \$100,0	000 of		
2 Did the assessment let any former officers						. برميا		nlavias as highes	4	a a ta d	Yes N	<u>0</u>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X	ζ
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater thar	າ \$1	50,0	000	? /	f "Ye:	S, "	complete Schedu	ıle J for	such	4 X	
5 Did any person listed on line 1a receive or	accrue co	mper	nsati	ion	fror	n any	ur	nrelated organizati	on or indiv	vidual		
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	ete Sc	nea	uie	J TO	r sucn	pe	erson		· · · ·	5 X	<u> </u>
1 Complete this table for your five highest com- compensation from the organization. Report of year												
(A) Name and business add	ress		-					(B) Description of se	rvices	C	(C) ompensation	
Ball Team, LLC, 10550 New York Av	e, Ste	100,	-				С	onstruction			526,96	4
Urbandale, Iowa 50322												_
							_		-			
2 Total number of independent contractors received more than \$100,000 of compensations.		-				ted t	0	those listed abor	ve) who			

Pai	rt VII						_	
	<u> </u>	Check if Schedule O co	ontains a respo	nse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	b Membership dues		3,501,390			~	
	g	and similar amounts not include Noncash contributions included Total. Add lines 1a-1f	d above . 1f in lines 1a-1f \$	840,484 840,484	4,341,874			
Program Service Revenue	2a b	P.E.O. Record		Business Code 511120	1,139,660	1,139,660		
Program Sen	d e f g	All other program service rev			1,139,660			
	3 4 5	Investment income (in and other similar amounts). Income from investment of Royalties	tax-exempt bond	▶	483,431			483,431
	6a b c	Gross rents						
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 2,960,302					
	d	and sales expenses  Gain or (loss)  Net gain or (loss)			261,845			261,845
Other Revenue	8 a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c)					200 PF 0 0 0
Oth	С	Less direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	undraising events activities a					
	ь с 10а	Less direct expenses Net income or (loss) from g	gaming activities ory, less					
	b b	returns and allowances Less cost of goods sold Net income or (loss) from sa	b iles of inventory.	383,108	399,465	399,465		
	11a b	Miscellaneous Revenu		Business Code 900099	810	810		
	c d e	All other revenue Total Add lines 11a-11d .		900099	25,058 25,868	25,058		
	12	Total revenue. See instruction			6,652,143	1,564,993		745,276

Part IX Statement of Functional Expenses

<u>Sec</u>	Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	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				
2	Grants and other assistance to domestic				-
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,599,155	157,883	1,441,272	·····
	Pension plan accruals and contributions (include	1,035,1200	2017000		·
٥	section 401(k) and 403(b) employer contributions)	70,138	6,925	63,213	
9		101,028	9,975	91,053	
	Payroll taxes	119,504	11,799	107,705	
	Fees for services (non-employees)				
	Management			j	
	Legal	53,210		53,210	
	Accounting	4,740		4,740	-
	Lobbying				*
	Professional fundraising services See Part IV, line 17.				
1	f Investment management fees	31,839		31,839	
ç	Other (If line 11g amount exceeds 10% of line 25, column				•
	(A) amount list line 11g expenses on Schedule O)	58,504		58,504	
12	Advertising and promotion				
13	Office expenses	25,940		25,940	0.005
14	Information technology	172,712		170,425	2,287
	Royalties	51 605		51 625	
	Occupancy	51,635		51,635	
	Travel	367,641		367,641	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	19,956		19,956	·
	Conferences, conventions, and meetings	15,550		19,930	
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	69,452		69,452	
	Other expenses Itemize expenses not covered			· · · · · · · · · · · · · · · · · · ·	•
•	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Postage & Shipping	312,173	284,924	27,249	
	Printing & Publications	353,002	353,002		
	Disposal of Fixed Assets	37,509		37,509	
c	Building Maintenance	138,670		138,670	
	All other expenses Miscellaneous	143,383		143,383	
	Total functional expenses Add lines 1 through 24e	3,730,191	824,508	2,903,396	2,287
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)		<u></u>		

Form 990 (2018)

Part X Balance Sheet

Part X				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	924,658	1	501,85
2	Savings and temporary cash investments	8,959,594	2	12,138,21
3	Pledges and grants receivable, net		3	·
4	Accounts receivable, net	156,376	4	31,81
5	Loans and other receivables from current and former officers, directors,		,	
	trustees, key employees, and highest compensated employees	•	. `	programme and to be an arranged and
	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	-	5	7,43
6	Loans and other receivables from other disqualified persons (as defined under section	•	•	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		•	وروستان المعادم المواطنة ويروستان المراز الما
	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	<u> </u>
7	Inventories for sale or use	58,010	8	164,76
`  g	Prepaid expenses and deferred charges	87,877	9	323,02
10 a	Land, buildings, and equipment cost or	•		
	other basis Complete Part VI of Schedule D 10a 52,888,428	_		
b	Less accumulated depreciation 10b	51,815,584	10c	52,888,42
11	Investments - publicly traded securities	10,156,485	11	9,486,81
12	Investments - other securities See Part IV, line 11	921,624	12	920,38
13	Investments - program-related See Part IV, line 11	71	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 34)	73,080,208	16	76,455,28
17	Accounts payable and accrued expenses	35,368	17	68,40
18	Grants payable		18	
19	Deferred revenue	156,297	19	576 <b>,</b> 38
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D [		21	27 3 3 49
22	Loans and other payables to current and former officers, directors,	н	, -	и р. пария, ц. т.у в в весен .
22	trustees, key employees, highest compensated employees, and		-	5, 7.1. 19
	disqualified persons Complete Part II of Schedule L	-	22	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
23	Secured mortgages and notes payable to unrelated third parties [		23	347 70
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	191,665	26	644,78
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and		Į	
	complete lines 27 through 29, and lines 33 and 34.	- <b>-</b>		
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	21,072,959	30	22,922,06
31	Paid-in or capital surplus, or land, building, or equipment fund	51,815,584	31	52,888,42
32	Retained earnings, endowment, accumulated income, or other funds		32	. , , , , -
27 28 29 30 31 32 33	Total net assets or fund balances	72,888,543	33	75,810,49
34	Total liabilities and net assets/fund balances	73,080,208	34	76,455,28
				Form <b>990</b> (201

Page **12** 

FOIIN 98	90 (2018)				, u	ye 1 =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			652 <u>,</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 191</u>
3	Revenue less expenses Subtract line 2 from line 1	3		2,	921,	952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		72,	888,	<u>543</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		75,	<u>810,</u>	495
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod. (					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na			
	separate basis, consolidated basis, or both		]			
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		1	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaır	ı ın	•		
	Schedule O		- 1	•		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		}	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	tits	. 1	3b	000	
				Form	<b>990</b>	(2018)

) [ ] [

### 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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the communication is described below.

► 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

International Chapter P.E.O. Sisterhood   42-0453829		Section 501(c)(4), (5), or (6) org				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")  2 Political campaign activity expenditures (see instructions).  3 Volunteer hours for political campaign activities (see instructions).  5 Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955.			· · · · · · · · · · · · · · · · · · ·		Employer ide	entification number
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")  2 Political campaign activity expenditures (see instructions)  3 Volunteer hours for political campaign activities (see instructions)  1 Enter the amount of any excise tax incurred by the organization under section 4955.   2 Enter the amount of any excise tax incurred by the organization under section 4955.   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   4 Was a correction made?   5 If "Yes," describe in Part IV  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.   5 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.   5 Did the filing organization file Form 1120-POL for this year?   5 Enter the ames, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization isted, enter the amount paid from the filing organizations from Also exhibit the amount of political contributions received that were promptly and directly delivered to a separate political organization is as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) Address (c) EIN (d) Amount paid from filing organizations from the filing organizations formation in Part IV (e) Amount of political organization is received that were promptly and directly delivered to a separate political organization once, enter 0-  (1)						
definition of "political campaign activities")  2 Political campaign activity expenditures (see instructions).  3 Volunteer hours for political campaign activities (see instructions).  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955.  2 Enter the amount of any excise tax incurred by organization under section 4955.  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount directly expended by the filing organizations for section 527 exempt function activities.  3 Total exempt function activities  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization isted, enter the amount paid from the filing organizations funds. Also e the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from the filing organizations received promptly and directly delivered to a separate organization in Part IV  (a) Amount of political organizations received promptly and directly delivered to a separate organization organization for a separate organization organization one, enter -0-  (11)	Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or	is a section 527 orga	nization.
2 Political campaign activity expenditures (see instructions)  3 Volunteer hours for political campaign activities (see instructions).  2 Enter the amount of any excise tax incurred by the organization under section 4955	1	Provide a description of the	organization's direct and indirec	t political campaign a	ctivities in Part IV (see i	nstructions for
3 Volunteer hours for political campaign activities (see instructions).  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955.    2 Enter the amount of any excise tax incurred by organization managers under section 4955.    3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?    4a Was a correction made?    5 If 'Yes,' "describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.    2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.    3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.    4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization inted, enter the amount paid from the filing organizations funds Also et the amount of political contributions received that were promptly and directly delivered to a separate political organization, say as esparate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  (1) (a) Amount paid from filing organization's political organization in none, enter -0-  (1) (a) Amount paid from filing organization on none, enter -0-  (1) (a) Amount paid from filing organization on none, enter -0-  (a) Amount paid from filing organization on none, enter -0-  (b) Address (c) EIN (d) Amount paid from filing organization on none, enter -0-  (c) EIN (d) Amount paid from filing organization on none, enter -0-  (d) Amount pai		definition of "political campa	aign activities")			
Part LB Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955.	2					
1 Enter the amount of any excise tax incurred by the organization under section 4955.   2 Enter the amount of any excise tax incurred by organization managers under section 4955.   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   4 Was a correction made?   5 If "Yes," describe in Part IV   Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.   5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.   5 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.   5 Did the filing organization file Form 1120-POL for this year?   5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also e the amount of political contributions received that were promptly and directly delivered to a separate political organization.   6 (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- rompity and directly delivered to a separate of the amount of political organization activities organization.   7 (e) Amount of political contributions received that were promptly and directly delivered to a separate of the amount of political organization organizations funds if none, enter -0- rompity and directly delivered to a separate of the amount of political organizations funds if none, enter -0- rompity and directly delivered to a separate of the amount of political organization activities organization and directly delivered to a separate of the amount of political organization and organization and organization and organization and organization and organization and organization and organization and organizat	3	Volunteer hours for political	I campaign activities (see instruct	ions)		
2 Enter the amount of any excise tax incurred by organization managers under section 4955    3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?    4 Was a correction made?    5 If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.    2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.    3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b    4 Dut the filing organization file Form 1120-POL for this year?    5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organization's funds Also ethe amount of political contributions received that were promptly and directly delivered to a separate political organization, sas a separate segregated fund or a political action committee (PAC) If additional space is needed provide information in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of politic contributions received that were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds directly delivered to a separate political organization and directly delivered to a separate political organization and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in one, enter -0-  (1)	Pai					
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   Yes	1	Enter the amount of any ex	cise tax incurred by the organizat	ion under section 495	55 ▶ \$	
b if "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function activities Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also e the amount of political contributions received that were promptly and directly delivered to a separate political organization, as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds from, filing organization's funds organization's funds if none, enter -0-  (e) Amount of political organization none, enter -0-  (f)  (a) Name (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political organization none, enter -0-  (f)  (g) Amount of political organization none, enter -0-	2					
b If "Yes," describe in Part IV  Part IC Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments. For each organization listed, enter the amount paid from the filing organizations as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from (e) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received that were promptly and directly delivered to a separate political organization's funds if none, enter -0-  (g) Amount paid from (e) Amount of political organization's funds if none, enter -0-  (g) Amount paid from (e) Amount of political organization's funds if none, enter -0-  (g) Amount of political organization in none, enter -0-  (g) Amount of political organization in none, enter -0-  (g) Amount of political organization in none, enter -0-  (g) Amount paid from (e) Amount of political organization in none, enter -0-  (g) Amount of political organization in none, enter -0-  (g) Amount of political organization in none, enter -0-  (g) Amount paid from the filing organization's funds if none, enter -0-  (g) Amount paid from the filing organization's funds if none, enter -0-  (g) Amount paid from the filing organization's funds if none, enter -0-  (g) Amount paid from the filing organization in none, enter -0-  (g) Amount paid from the filing organization in	3	If the organization incurred	a section 4955 tax, did it file Form	n 4720 for this year?		Yes No
Enter the amount directly expended by the filing organization for section 527 exempt function activities.  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EiN) of all section 527 political organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also ethe amount of political contributions received that were promptly and directly delivered to a separate political organization, sas a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds. If none, enter -0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's contributions received promptly and directly delivered to a separate political organization none, enter -0.	4 a	Was a correction made?				Yes No
Enter the amount directly expended by the filing organization for section 527 exempt function activities.  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization isted, enter the amount paid from the filing organization's funds Also e the amount of political contributions received that were promptly and directly delivered to a separate political organization, as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0-promptly and directly delivered to a separate political organization funds If none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization funds If none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization funds If none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization funds If none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organization in none, enter -0-promptly and directly delivered to a separate political organi	b					
activities.  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also este the amount of political contributions received that were promptly and directly delivered to a separate political organization, sas a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in none, enter -0- promptly and directly delivered to a separate political organization in the promptly and directly delivered to a separate political organization in the promptly	Pai	rt I-C Complete if the	organization is exempt unde	r section 501(c), e	xcept section 501(c)(3	3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also ethe amount of political contributions received that were promptly and directly delivered to a separate political organization, sas a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- funds. If none, e	1					
Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b						
Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	2					
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also estend the amount of political contributions received that were promptly and directly delivered to a separate political organization, sas a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-promptly and directly delivered to a separate political organization none, enter -0-promptly and directly delivered to a separate political organization none, enter -0-  (1)  (2)  (3)  (4)	3	Total exempt function expo	enditures Add lines 1 and 2 E	Enter here and on Fo	orm 1120-POL, ▶ \$	
filing organization's funds If none, enter -0-		Enter the names, addresses organization made payment the amount of political con-	s and employer identification num ts. For each organization listed, of tributions received that were pro	nber (EIN) of all section enter the amount paid omptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the filing zation's funds. Also enter plitical organization, such
(2) (3) (4)		(a) Name	(b) Address	(c) EIN	filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(4)	(1)			_		
(4)	(2)			+		
(4)						
	(3)			-		
(5)	(4)			_		
	(5)					
(6)	(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Sch	edule C (Form 990 or 990-EZ) 2018					Page <b>2</b>
Pa	rt II-A Complete if the orga section 501(h)).	nization is e	exempt under section	on 501(c)(3) and	filed Form 5768 (elec	ction under
Ā			o an affiliated group (a re of excess lobbying ex		ach affiliated group mem	ber's name,
В	Check ► if the filing organiza	ition checked b	oox A and "limited conf	trol" provisions app	oly	
	Limits o (The term "expenditu	n Lobbying Ex res" means ar		d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to inf	fluence public	opinion (grass roots lo	bbying)		
b	Total lobbying expenditures to inf	fluence a legis	lative body (direct lobb	yıng) [		
С	Total lobbying expenditures (add	lines 1a and 1	b)	[		
d	Other exempt purpose expenditu	res		[		
е	Total exempt purpose expenditur	es (add lines 1	c and 1d)	[		
f	Lobbying nontaxable amount E	inter the amo	unt from the following	g table in both		
	columns					
	If the amount on line 1e, column (a)	or (b) is: The lot	bying nontaxable amour	nt is:		
	Not over \$500,000		the amount on line 1e			•
	Over \$500,000 but not over \$1,000,0	000 \$100,0	00 plus 15% of the exces	ss over \$500,000	,	
	Over \$1,000,000 but not over \$1,500	0,000 \$175,0	00 plus 10% of the exces	ss over \$1,000,000		
	Over \$1,500,000 but not over \$17,00	00,000 \$225,0	00 plus 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000	,000			
g	Grassroots nontaxable amount (e	enter 25% of lir	ne 1f)			
h	Subtract line 1g from line 1a If z	ero or less, ent	er -0	[		
i	Subtract line 1f from line 1c If ze	ero or less, ente	er -0	[		
į	If there is an amount other tha	n zero on eith	ner line 1h or line 1i,	did the organiza	tion file Form 4720	
•	reporting section 4911 tax for thi					Yes No
		4-Year	Averaging Period Und	ler Section 501(h)		
	(Some organizations that		n 501(h) election do r parate instructions foi			ins below.
	****	Lobbying E	xpenditures During 4-	Year Averaging Pe	rıod	
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures		-			
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures		'			

Schedule C (Form 990 or 990-EZ) 2018

Par	ort II-B Complete if the organization is exempt under section 501(c)(3) and he (election under section 501(h)).	as NOT f	iled l	Form 5	768		
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a det	alled	(a)		(1	)	
	scription of the lobbying activity		es N	10	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	er or					
	referendum, through the use of						
a	Volunteers?						-
b	Paid staff or management (include compensation in expenses reported on lines 1c through						
C	Media advertisements?			-			
d e	Publications, or published or broadcast statements?		1		•		
f	Grants to other organizations for lobbying purposes?	1			,	-	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1				-	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
i	Total Add lines 1c through 1i	1					
2 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						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 491						
ď							
Pa	Irt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), c	or sect	ion		
						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?			None	. 2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditu	res from	the pi	rior yeai	ク 3		X
	irt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	₹ (b)	Part III		3, is	
1	Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include	amount	s of				
_	political expenses for which the section 527(f) tax was paid).  Current year			2a			
a b	Carryover from last year.			•			
C	Total						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what						
•	excess does the organization agree to carryover to the reasonable estimate of nondeduc						
	and political expenditure next year?			. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)	· · · · ·		. 5		_	
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (a	affiliated g	roup	list), Pa	art II-A, I	ines 1	1 and
2 (se	ee instructions), and Part II-B, line 1 Also, complete this part for any additional information						
					•		
						<del></del>	
				`			

Schedule C (F	orm 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	•
ale I	Cupper and the contract of	
		-
	•	
		<del>-</del>
	·	
-		<del></del>
•		

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2018

Open to Public Inspection

Name of the organization International Chapter P.E.O. Sisterhood 42-0453829 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Da	rt     Organizations Maintaini	na Collections o	f Art. Histo	rical Trea	sures. o	r Other	Similar Assets (	continued)	)
3	Using the organization's acquisition								
,	collection items (check all that app			do, oncor	u.,, u	0 1001	ing that are a eigh		
_	Public exhibition	' <b>y</b> )	d [	Loanor	exchange	nrogra	me		
a	<u>├</u>		e	Other	excitatige	s progra	1113		
b	Scholarly research		e _	_ omer _					
C	Preservation for future gene		المدام المسمام	h 4h	au furtha		aanization'a avamn	t auroaca	ın Bart
4	Provide a description of the organ	nization's collection	is and expir	am now m	ey lurther	the or	ganizations exemp	t purpose	III Fait
_	XIII						athar arealar		
5	During the year, did the organization							Yes	No
	assets to be sold to raise funds rath		tained as pa	it of the or	gariizatioi	15 Collet	CHOIL	162	- 140
Pa	rt IV Escrow and Custodial A Complete if the organiza		'or" on Eor	m 000 Da	art IV June	0 0 0	oported an amou	nt on Forn	n
	990, Part X, line 21	alion answered i	es on roi	III 990, F	artiv, illic	9, 011	eported an amou		11
_				haru far an	ntributions	or otho	r noncto not		
1 а	Is the organization an agent, truste							Yes	N
	included on Form 990, Part X?							res [	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the to	llowing table	·	T	Amount		
	<b>D</b>				-	+	Amount		
C	Beginning balance								
	Additions during the year								
e	Distributions during the year					-			
t	Ending balance		D-4 V 1		<u>1f</u>		a a a a una lumbulatur.		No
2 a								Yes	NO
	If "Yes," explain the arrangement i	n Part XIII Check I	nere if the e	xpianation r	ias been p	roviaea	on Part XIII	<u> </u>	
Pa	rt V Endowment Funds.	stion onewored "V	os" on Eor	m 000 Pa	art IV/ June	10			
	Complete if the organiza				(c) Two yea		1 ( N Th	(-) =	
		(a) Current year	(b) Prio	or year	(c) Two yea	IIS DACK	(d) Three years back	(e) Four yea	ars oack
1 a	Beginning of year balance								<del></del> -
b	Contributions		ļ	-					4
С	Net investment earnings, gains,								
	and losses		ļ						
d	Grants or scholarships		<del> </del>						
е	Other expenditures for facilities			1					
	and programs	-	-						
f	Administrative expenses	<u> </u>							
g	End of year balance		<u> </u>				L		
2	Provide the estimated percentage			e (line 1g, c	olumn (a)	) held as			
а	Board designated or quasi-endown	-	%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a	•							
3 a	Are there endowment funds not in	the possession of	the organiza	ation that a	re held ar	id admir	nistered for the	\\\-	-   N-
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended to		ation's endo	wment fund	is		<del> </del>		
Pa	rt VI Land, Buildings, and Equ Complete if the organize	Jipment. ation answered "\	es" on Fo	m 990 Pa	art IV Jini	e 11a 9	See Form 990 Pa	rt X line 1	10
	Description of property		or other basis	(b) Cost or				Book value	
		(inve	stment)	(oth			eciation		
1 a	Land				18,158				158
b	Buildings			2,8	79,932			2,879	932
С	Leasehold improvements								
d	Equipment			<del>-</del>	25,248			3,925	
<u>e</u>	Other				65,090			45,365	
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part	X, column (	(B), line 10	<i>Dc)</i>	<u>.</u> ▶	52,888	428

	Complete if the organization answered  (a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)		Cost or end-of-year mark	
1) Financi	al derivatives			_
2) Closely	-held equity interests			<u> </u>
3) Other_				
(A)				
(B)				
_ (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal (Colum	ın (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"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 valua	tion
	( )	· •	Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				· · <u>· · · · · · · · · · · · · · · · · </u>
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		<u> </u>	
I ditix	Complete if the organization answered	"Yes" on Form 990	) Part IV line 11d See Form 990	Part X. line 15
	The second secon	scription	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1)	(4) 50			(3) 2 3 1 1 1 1 1 1
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)	(h)	45 \		
(8) (9) otal. (Coli	umn (b) must equal Form 990, Part X, col (B) li	ne 15)		
(8) (9)	Other Liabilities.			
(8) (9) otal. (Coli	Other Liabilities. Complete if the organization answered			l m 990, Part X,
(8) (9) otal. (Coli	Other Liabilities. Complete if the organization answered line 25	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Total. (Coli Part X	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability		), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Coli Part X	Other Liabilities. Complete if the organization answered line 25	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Coli Part X (1) Feder (2)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Coli Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
(8) (9) Fotal. (Color Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	"Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
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		
b	Other (Describe in Part XIII )	1	,
	Add lines 4a and 4b	4c	-
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reti Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	,
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	4	
С	Other losses	-	
d	Other (Describe in Part XIII )	⇃	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
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	1	
b	Other (Describe in Part XIII )	-	
С	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u></u>
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part	od \/	ino 4. Port V. lino
2 Part	e the descriptions required for Fart II, lines 3, 3, and 9, Fart III, lines 1a and 4, Fart IV, lines 1b and 2b, Fa t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	ine 4, Fait A, inte
	VI, Line le: the amount reported on line le as "other" primarıly in		
Pt.	vi, Line ie: the amount reported on line ie as other primarity in	JIUU	es the rand
and h	buildings that comprise the campus of Cottey College in Nevada, Mis	sour	i. Cottey
Colle	ege is one of the 501(c)(3) educational projects that the reporting	org	anızation
suppo	orts. Cottey College is identified as a related organization in Sc	nedu	le R.
			<del></del> _

Schedule D (Fo	orm 990) 2018	Page 3
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2018

### **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www irs.gov/Form990 for instructions and the latest information.

Name of the organization International Chapter P.E.O. Sisterhood Employer identification number

42-0453829

Pai	Form 990, Part IV, line 14		Outside the	United States. Comple	ete ii the organization a	answered res on
1	For grantmakers. Does the orga	anization mainta				<del></del>
	assistance, the grantees' eligibil	ity for the gran	ts or assistanc	e, and the selection criteria	a used to award the	
	grants or assistance?					Yes No
2	For grantmakers. Describe in outside the United States	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants an	d other assistance
	Activities per Region (The follow		2 table can b	n dualisated if additional ca	acous poodod )	
3	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Europe			Investments		190,000
(2)	Cntrl Amer & Carıbbean		-	Investments		39,000
(3)	E. Asia & Pacific			Investments		130,000
(4)	North America			Investments		22,000
(5)	Middle East & N Africa			Investments		5,000
(6)	South America			Investments		8,000
(7)	South Asia			Investments		8,000
(8)	Sub-Saharan Africa			Investments		5,000
(9)	Russia			Investments		3,000
(10)						1 - 3
(11)						S 1 = 5 ! \$
(12)		-				
(13)						
<u>(14)</u>						
(15)						
(16)						
(17)						
3a b		0	0			410,000
С		0	0			410,000

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization (10) (11) (12)(13) (14) (15)(16) (3) 9 (2) **Ð** (5) (8) (6)  $\widehat{\Xi}$ 0

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities. က

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Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (1) ව **₹** (2) (7) (14) (17) 2 (9) 8 6) (10) (11) (13) (15) (16) 18 (12)

Part	IV Foreign Forms	 	
1	Was the organization a US transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Form 5471 not required	 Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Form 8621 not required	Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of US Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions
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### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

2018

42-0453829

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Chapter P.E.O. Sisterhood

Employer identification number

Par	Questions Regarding Compensation		Yes	,No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	,		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	-		
	First-class or charter travel Housing allowance or residence for personal use	-	١.	1
	Travel for companions Payments for business use of personal residence		İ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	. •	.	
	——————————————————————————————————————		١.	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		``	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4 h	.	
_	explain	1b_		ļ,
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			<u></u>
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	1_		
	1a <sup>2</sup>	2	<u> </u>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	61	١.,	
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	-		· .
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III		١.	
	X Compensation committee X Written employment contract	1		1
	Independent compensation consultant X Compensation survey or study	ينق ا	ľ	
	Form 990 of other organizations  X Approval by the board or compensation committee	مرتفد ر د		1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	- ₹	,	- 1
•	organization or a related organization	<u></u>		سقما
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	7,7	1	
		,	•	. 3
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ائيس. الي
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		, ,	. 4
	compensation contingent on the revenues of	اد ا		• 1
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			-1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	-		
_	compensation contingent on the net earnings of	•	-	
а	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III	-		
-	·			لىد
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b> </b>		<del>  ^</del>
U	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	•			"
0	In Part III	8		X
9	Regulations section 53 4958-6(c)?	9		ļl
	- Nogulations scotton so 7000-0(0)'			!

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that Individual

	$\mid$							
	i	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
Jackie Matt (i	ε	147,232	0	0	0	20,776	168,008	0
1Executive Director (	€							
3	Ξ				•			
2 (i)	<b>(E)</b>							
2)	Ξ							
3 (ii	€							
3	Ξ							
(i)	Ξ							
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Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990.

International Chapter P.E.O. Sisterhood

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

Employer identification number

42-0453829

Par	Types of Property	···-		· · · · · · · · · · · · · · · · · · ·	T			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art					-		
2	Art - Historical treasures					-		
3	Art - Fractional interests						-	
4	Books and publications			•			•	
5	Clothing and household		-		-	~		•
	goods							
6	Cars and other vehicles					-	,	
7	Boats and planes					-		
8	Intellectual property							
9	Şeçuritieş - Publiçly traded							
10	Securities - Closely held stock					•		
11	Securities - Partnership, LLC,							-
	or trust interests					•	•	
12	Securities - Miscellaneous				•			
13	Qualified conservation							
	contribution - Historic							
	structures				,,			
14	Qualified conservation						<del>,</del>	تريني
	contribution - Other						-	
15	Real estate - Residential				, ,		1	
16	Real estate - Commercial					1	•	
17	Real estate - Other		1	840,484	Cost of Imp	rove	ments	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							,
22	Historical artifacts , . , , .							
23	Scientific specimens			(**************************************	-			
24	Archeological artifacts							
25	Other ►/							
26	Other ►(							
27	Other ▶()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ve	ear for contributions for				
	which the organization completed F				29			0
		.,			•	· · · · · · · · · · · · · · · · · · ·	Yes	No
30a	During the year, did the organizati	on receive	by contribution any propei	rty reported in Part I, lines	s 1 through			
	28, that it must hold for at least th		· ·	-	_			
	to be used for exempt purposes for	•			•	30a		х
b	If "Yes," describe the arrangement in		3					
	Does the organization have a		ance policy that require	es the review of any r	nonstandard			
	contributions?	•	* *			31	х	
32a	Does the organization hire or use							
<b>, . a</b>	contributions?	•		•		32a		x
h	If "Yes," describe in Part II							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro-	perty for which column (a)	is checked			
-	describe in Part II	uii, iii u		- 1.1, 10. 11111011 301uiiiii (a)	.5 0.1001001			

### 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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

International Chapter P.E.O. Sisterhood	42-0453829
Part I, Line 6The number of volunteers is estimated bas	sed on the number of
volunteers serving on boards and committees at the Intern	•
P.E.O. Including volunteers from the state and local cha	
number of volunteers to approximately 42,000	
Part VI, Line 6-7bThe organization's membership consist	ts of active, dues-paying
members of the local P.E.O. chapters (approximately 224,0	000). Voting members of
convention, including local chapter delegates, state chap	oter officers and
past-presidents of state chapters (approximately 1,400) a	attend the biennial convention
of International Chapter where new members of the execut:	ive board are elected. In
addition, certain proposed amendments to the bylaws are p	presented and voted upon.
Part VI, Line 11Copies of the Form 990 were provided to	o each member of the audit
committee and executive board of the reporting organizat:	ion prior to filing. A formal
review process was conducted with the audit committee, as	nd the executive board was
given opportunity to respond with any questions before the	ne return was filed.
Part VI, Line 12cConflict of Interest policies and sign	nature pages are distributed
yearly to all executive board members and to all committe	ee members serving the
reporting organization. Signature pages are collected by	y the executive office in Des
Moines, IA and monitored for completion. Any conflicts of	of interest that arise
pursuant to this process or otherwise throughout the year	r are to be reported
immediately to the affected committee/board and the remain	ining members take the
appropriate action.	

Page 2 Schedule O (Form 990 or 990-EZ) (2018) Employer identification number Name of the organization 42-0453829 International Chapter P.E.O. Sisterhood Part VI, Line 15b--the executive director and director of finance/treasurer complete an annual self-evaluation and submit it to the executive board. The executive board reviews the completed evaluations and submits responsive comments to the president for the executive director. A summary evaluation is prepared and approved by the executive board. The Compensation Committee prepares salary and benefits recommendations for discussion and approval by the executive board for the executive director. director of finance/treasurer's salary is recommended by the executive director and reviewed by the Compensation Committee for approval by the executive board. The Compensation Committee uses comparability data from online research of like organizations and also uses periodic study from an outside consulting group. Part VI, Line 19--Governing documents, Conflict of Interest policies and financial statements are available to members only. These items are not available to the general public. Part VII, Line la--The executive director and director of finance/treasurer of the reporting organization also serve in the same capacity for the related organizations listed on Schedule R (except Cottey College). An estimate of average hours worked each week for the related organizations has been included in Part VII, Line la, column B for each of their respective Form 990s. Other than the P.E.O. Foundation, no wages are paid or reimbursed for either officer from the related organizations. For the 2018 tax year, P.E.O. Foundation did reimburse compensation and benefits of \$16,180 for the director of finance/treasurer to the reporting organization. All wages and related benefits for these individuals are paid directly by the reporting organization.

Part XII, Line 2b--The organization's financial statements were audited by an independent auditing firm on a consolidated basis with the philanthropic funds of the P E O Sisterhood, excluding Cottey College and P E.O. Foundation (listed on Sched R, Pt II).

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.

Name of the organization Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

OMB No 1545-0047	2018	Open to Public
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Page 1/2

Inspection

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 ŝ (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 × × × × × × × 42-0453829 See Pt VII VII IΙΛ IIA IIA IΙΛ (f) Direct controlling See Pt VII (e) End-of-year assets entity Pt See Pt Pt Pt Pt See See See (if section 501(c)(3)) Public chanty status 12-Type II (d) Total income , Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 7 7 7 7  $\sim$ 7 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) Legal domicile (state or foreign country) Missouri (b) Primary activity Iowa Iowa Iowa lowa Iowa Iowa educ scholarshp grant fund schol fund Primary activity endow fund schol fund loan fund college (4) P.E.O. Prog. for Continuing Educ 23-7405311 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 42-6078017 P.E.O. Educational Loan Fund 42-6078059 P.E.O. Int'l Peace Schol Fund 42-6078058 (a)
Name, address, and EIN (if applicable) of disregarded entity 3700 Grand Ave, Des Moines, IA 50312 Sisterhood 50312 3700 Grand Ave, Des Moines, IA 50312 3700 Grand Ave, Des Moines, IA 50312 IA 50312 IA 50312 1000 West Austin, Nevada, MO 64772 (6) P.E.O. Scholar Awards 42-1379026 Name, address, and EIN of related organization 3700 Grand Ave, Des Moines, IA (1) Cottey College Endowment Fund (7) P.E.O. Foundation 42-6094564 3700 Grand Ave, Des Moines, 3700 Grand Ave, Des Moines, 44-0545271 International Chapter P.E.O. (5) Cottey College Part II Part I (5) (3) 9 (2) (3) (4) 9 3

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.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

OMB No 1545-0047

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Open to Public

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 ŝ (f) Direct controlling Employer identification number 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 × × 42-0453829 (f) Direct controlling VII VII (e) End-of-year assets entity Pt Pt See See (if section 501(c)(3)) Public chanty status 12-Type II (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 7 (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(c)(3) 501(c)(3) (c) Legal domicile (state or foreign country) (b) Primary activity Іома Іома supp college Primary activity schol fund 42-6078016 30-0583651 (a)Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sisterhood 50312 IA 50312 (a)Name, address, and EIN of related organization IA P.E.O. STAR Scholarship Fund (1) Cottey College Building Fund 3700 Grand Ave, Des Moines, 3700 Grand Ave, Des Moines, International Chapter P.E.O. Name of the organization Part II Partl (2) (2) ₹ 9 (9) Ξ (3) (2) 3 (4) 9 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the tax year because it had one or more related organizations treated as a partnership during the tax year	Organizations ore related org	s Taxable anizations		a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, sated as a partnership during the tax year	he organizatio the tax year	n answered "Yes	" on Form	990, Part IV, lin	e 34,	Page 2
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512 - 514)	Share of total income	(g) Share of end-of- year assets	(h) Dispreparate albeators? Yes No	Code V - UBI General amount in box 20 mana of Schedule K-1 partn (Form 1065)	al or ser	(k) Percentage ownership
										;
of Related	Identification of Related Organizations Taxable as Inc 34, because it had one or more related organiz	s Taxable lated orgo	as a Corporations treate	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year	nplete if the or	ganization answig the tax year	ered "Yes"	on Form 990, F	art IV,	
(a) iss, and EIN of r	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	Percentage Section 512(b)(13) cownership controlled entity?	(i) Section 512(b)(13) controlled entity?
										Yes No
							i			
							-			
								Schedul	Schedule R (Form 990) 2018	90) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations liste	ed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a
b Gift, grant, or capital contribution to related organization(s)		•	1b ×
c Gift, grant, or capital contribution from related organization(s)			1c ×
d Loans or loan quarantees to or for related organization(s)			1d ×
			1e ×
f Dividends from related organization(s)			×
g Sale of assets to related organization(s)			19 ×
			<b>+</b>
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			1; ×
			× ×
K Lease of facilities, equipment, or other assets from related organization(s)			,
I Performance of services or membership or fundraising solicitations for related organization(s)			-
m Performance of services or membership or fundraising solicitations by related organization(s)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			-
o Sharing of paid employees with related organization(s)			× 100
			×
			×
q Reimbursement paid by related organization(s) for expenses			+
• Other transfer of cash or property to related organization(s)			× ×
			1s
s for information on who must complete	this line, including cover	covered relationships and transa	and transaction thresholds
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-s)		amount involved
לחנים מפסין [פסטין פסן 10 ק 10 (1)	O	195.000	Cash-FMV
ממסמה המחסמה	-		
(2) P. E. O. Educational Loan Fund	ָּ'd	139,215	Cash-FMV
(3) P.E.O. International Peace Scholarship Fund	1,0	59,100	Cash-FMV
(4) P. E. O. Scholar Awards	1,0	74,139	Cash-FMV
(5) P.E.O. Foundation	1,0	209, 992	Cash-FMV
(6) P. E.O. Foundation	σ	360,357	Cash-FMV
JSA		S	Schedule R (Form 990) 2018
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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

Schedule R (Form 990) 2018 Š Method of determining Yes amount involved 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 E 11 **1**p 19 + 18 9 **1** <u>1</u> = Cash-FMV Cash-FMV # Purchase of assets from related organization(s).................. 840,484 51,167 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Reimbursement paid to related organization(s) for expenses. (b) Transaction type (a-s) 1,0 O Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . . Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. . . . . Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution to related organization(s) . . . Other transfer of cash or property from related organization(s). Name of related organization Exchange of assets with related organization(s). STAR Scholarship (1) Cottey College (2) P.E.O. Ε ъ ۵ æ 3 3 (5) 9

# 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

Aes No	Name, address, and EIN of entity  Name, address, and EIN of entity  Name, address, and EIN of entity  Name, address, and EIN of entity  Predominant Are all partners Share of Share of School (state or foreign income end country)  Country)  Iron lax under or ganizations?	(b) Primary activity	(c) Legal domicale (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ļ	(J) General or managing partner?	(k) Percentage ownership
				- 1	Yes No			Yes	-	$\neg$	es NC	
	(1) N/A											
											-	
	(7)											
	(3)											
	(4)											
									-			
	(5)											
	(9)											
	(2)											
	(8)											
					-							
	(6)											
	(10)											
											+	
	(11)											
	(42)										+	
	112)											
	(13)											
											_	
	(14)			,								
	(15)									_		
	(16)									-	-	
											1	

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions
Part II, Lines (1)-(7) pg 1/2, Lines (1)-(2) pg. 2/2, col (f): The direct reporting
entity for referenced related organizations is The International Chapter of the
P.E.O. Sisterhood. The executive board of this organization either appoints trustees
or governs directly for each of the aforementioned related organizations.