42-0453829

515-255-3153

If "No " attach a list (see instructions)

4

5

4,341,874

1,139,660

6,652,143

1,889,825

1,840,366

3,730,191

2,921,952

745,276

425,333

Open to Public

Inspection

20 20

10,823

5

48

55

Current Year

4,197,739

1,119,131

6,390,783

1,909,721

2,954,566

4,864,287

1,526,496 End of Year

77,337,156

867,445

206,468

(Rev January 2020)

Department of the Treasury ► Go to www.irs.gov/Form990 for Instructions and the latest information. Internal Revenue Service June 30 For the 2019 calendar year, or tax year beginning 2019, and ending D Employer identification number C Name of organization B Check if applicab nternational P.E.O. Sisterhood Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Name channe 3700 <u>Grand Ave</u> Final return/ City or town, state or province, country, and ZIP or foreign postal code Amended G Gross receipts \$ 50312-2899 Des Moines, ΙA F Name and address of principal officer H(a) Is this a group return for VanRoekel same as C above H(b) Are all subordinates in 4947(a)(1) or X 501(c) (4) ◀ (insert no) 501(c)(3) www.peointernational H(c) Group exemption number > 1072 L Year of formation 1869 M State of legal domicile IA Form of organization Corporation Trust Association Other > Summary Briefly describe the organization's mission or most significant activities. Women's membership organization supporting six philanthropic projects for qualified women. These are scholarship, grant, loan and award programs and a liberal arts women's college. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a). . Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and Rot C 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e). . . 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) fine (12) Grants and similar amounts paid (Part IX, column (3), lines (1-3) 13 Benefits paid to or for members (Part IX, column (A) lige 4) Salaries, other compensation, employee benefits (Part IX, 2011) (A) (Part IX) 16a Professional fundraising fees (Part IX, column (A), line-11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2213 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12. **Beginning of Current Year** 20 76,4<u>55,283</u> Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 Net assets or fund balances Subtract line 21 from line 20,

644,788 165 75,810,495 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Signature of officer Here

11-5-20

Director of Finance/Treasurer <u>Dan</u>a VanRoekel Type or print name and title

	Print/Type preparer's name	Date	Check		16	PTIN						
Paid Preparer Use Only				self-employed								
	Firm's name					Firm's EIN ▶						
	Firm's address	Phone no										
May the IRS discuss this return with the preparer shown above? (see instructions)										Νo		

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.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)



JSA 9E 1020 2 000 Form 990 (2019)

Pa	TIV Checklist of Required Schedules			T 40-
_	le the green and a surface of 504/ V(2) as 40.47(-)V(4) (-4) as the green and foundation (0.46) (10/ce ii		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		J.,
2	complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			X
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Ì
	complete Schedule D, Part III	8		<u> x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	5-342-344 5-342-344	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	漢		题
,	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	24736	AT WE	3.00 miles
d	complete Schedule D, Part VI	11a	х	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13 44-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
U	fundraising, business, investment, and program service activities outside the United States, or aggregate		'	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_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		Χ_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_

Par	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-	\mathbf{I}	v
	, , , , , , , , , , , , , , , , , , , ,	25a	— ····	<u>X</u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25.	ı	v
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		Ì	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	.		
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>_x_</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		.,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	.		
	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	, ,		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Ų.	
Dart	19? Note: All Form 990 filers are required to complete Schedule O	36	X	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer, it contenties a response of flote to any line in this fact v	· · ·	Yes	No
1 a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

Γd	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 48	i	Į	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	_x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
h	If "Yes," enter the name of the foreign country Caymen Islands	70	^	
J			ŀ	
5.2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.	١., ا	
	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	.		
_	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		į	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ŀ	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	j	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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		l	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	ĺ	,	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ì		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans		-	
c	Enter the amount of reserves on hand		1	
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.		+	<u></u>
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>x</u>
	If "Yes," complete Form 4720, Schedule O		+	

Form 9	990 (201	9)			F	age 6
Par	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedule O	See in	struc	
		Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>	X
Sect	ion A	Governing Body and Management				
					Yes	No
1a	If the	the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar	1a 5			
b	comm Enter	governing body delegated broad authority to an executive committee or similar littee, explain on Schedule O the number of voting members included on line 1a, above, who are independent	1b 5			
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business re		2		x
2		ther officer, director, trustee, or key employee?				
3		ie organization delegate control over management duties customarily performed by or ui vision of officers, directors, trustees, or key employees to a management company or other j		3		Х
4		e organization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5		e organization become aware during the year of a significant diversion of the organization's		_5		Χ_
6		e organization have members or stockholders?		6	Х	
7a	Did th	ne organization have members, stockholders, or other persons who had the power to el	ect or appoint	7a	х	
h		r more members of the governing body?		<u>'</u> "	^	
		holders, or persons other than the governing body?		7b	Χ_	
8		ne organization contemporaneously document the meetings held or written actions und	ertaken during			
	-	ear by the following		8a	х	
a		overning body?		8b	X	
_		committee with authority to act on behalf of the governing body?			- 71	
9	the or	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X_
Secti	on B.	Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	<u>Code</u>		
					Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?		10a	Х	
		s," did the organization have written policies and procedures governing the activities of				
		es, and branches to ensure their operations are consistent with the organization's exempt p		10b	Χ	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before f		11a	X	<u></u>
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990				
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests	that could give	12b	x	
		conflicts?		120		-
C	Did tl	ne organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"	422	v	
		be in Schedule O how this was done		12c		
13		e organization have a written whistleblower policy?		13	X	
14		e organization have a written document retention and destruction policy?		14	Х	
15		ne process for determining compensation of the following persons include a review ar				
		endent persons, comparability data, and contemporaneous substantiation of the deliberation		.		
а		rganization's CEO, Executive Director, or top management official		15a	X	
b		officers or key employees of the organization		15b	Х	
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar	ir arrangement			
	with a	taxable entity during the year?		16a		<u>X</u>
b	partic	s," did the organization follow a written policy or procedure requiring the organization pation in joint venture arrangements under applicable federal tax law, and take steps to ization's exempt status with respect to such arrangements?	safeguard the	16b		
Secti		Disclosure				
17		e states with which a copy of this Form 990 is required to be filed ▶ Indiana				
18	Section (3)s o	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), only) available for public inspection. Indicate how you made these available. Check all that applicable X . Another's website X . Upon request X . Other (explain on Science).	ply	(Sec	tion 5	01(c)
19	ш	ibe on Schedule O whether (and if so, how) the organization made its governing docum	•	f inter	est n	olicy.
•	and fi	nancial statements available to the public during the tax year				- • •
20	State	the name, address, and telephone number of the person who possesses the organization's VanRoekel, 3700 Grand Avenue, Des Moines, IA 50312 515	oooks and record -255-3153	s 🕨		
154	Dalla	vannoener, 5700 Grand Avenue, Des Mornes, IN 30312 313	LUU ULUU		990	/2019)

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Page	•

1 01111 030 (20	OIII 550 (2013)											
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
•	Independent Co	ontr	actors									

	٦.

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

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

Check this box if neither the organization nor	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 line)	office office or direct	unle	Pos heck ss pe	rson	han the state of t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
			\vdash	 								
(1) Brenda Atchison	38.0											
President after 9/19	2.0	X	_	Х		ļ		0	. 0	0		
(2) Patti Brolin-Ribi	38.0											
First Vice President	2.0	X		Х		<u></u>	ļ	0	0	0		
(3) Cathy Moss	34.0									_		
Second Vice President	2.0	Х		X	_		_	0	0	0		
(4) Alix Smith	37.0	ļ					ľ			_		
Orqanizer	2.0	X	-	X	L.	<u> </u>	<u> </u>	0	0	0		
(5) Kathryn Ebert	28.0	l		ĺ			İ			_		
Recording Secretary	2.0	X	<u> </u>	X	<u> </u>		<u> </u>	0	0			
(6) Kathy Soppe, Exec Dir after 11/19	24.0								_			
Dir of Fin/Treas until 6/20	16.0			X				112,621	.0	17,628		
(7) Dana VanRoekel, Director of	19.0											
Finance/Treasurer after 5/20	21.0		L	X	ļ		_	0	0	0		
(8) Dawn Clayberg	30.0											
Director of IT	10.0_					X	_	104,838	0	7,529		
(9) Steve Elbert	30.0											
IT Systems Architect	10.0			_		Х	ļ	104,162	0	16,671		
(10) Jackie Matt	28.8											
Executive Director until 11/2			<u> </u>	Х	<u> </u>			173,144	0	21,890		
(11) Sue Baker	38.0								_	_		
President until 9/19	2.0	X	ļ	Х			<u> </u>	0	. 0	0		
(12)												
(13)												
				L								
(14)												

, (A)	(6)			•	C) sition			(5)	<i>(</i> =.			(E)	
(A) Name and title	(B) Average	, ,		heck	mor	e than ((D) Reportable	(E) Reporta	ahle	Estima	(F) ated am	iount
Traine and the	hours				is person is both I a director/trus			compensation	compens	sation	٥	f other	
	per week (list any		$\overline{}$			~	<u> </u>	from the organization	from rel organiza			pensati om the	
	hours for	divid	St E	Officer	y e	ghe ghe	Former	(W-2/1099-MISC)	(W-2/1099		organ	ızatıon	and
	related organizations	individual trustee or director	ğ	1	Key employee	yee α	ੈ				related	organız	ations
	below	T tag	9		yee	ğ							
	dotted line)	i e	Institutional trustee			Highest compensated employee							
(15)						8							
(16)	}	<u></u>	ļ	_			_						
											_		
(17)													
(18)					-	-	-						
(19)	<u> </u>		-	_	-								
(20)													
(21)				ļ									
(22)			-		_					-			
(23)													
(24)													
(25)							-						
1b Subtotal					L								
c Total from continuation sheets to Part VII, S	Section A.							494,765	,				718
d Total (add lines 1b and 1c)							•	494,765				63,	718
2 Total number of individuals (including but no reportable compensation from the organization		tho:	se li	ste	d at	ove)	who	o received more th	nan \$100,0	000 of			
												Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheo											3		х
4 For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other compen	sation from	n the			
organization and related organizations gr			•				•	•					
individual											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")		•					,	_			5		х
Section B. Independent Contractors											<u>'</u>		
Complete this table for your five higher compensation from the organization Report													
(A) Name and business addre	200							(B) Description of sen	ares		(C) Compens	ation	-
N/A							╁	Description of serv	il ces		Zonipens		
											•		
							╁						
													
2 Total number of independent contractors received more than \$100,000 of compensations.						ted t	0	those listed abov	/e) who				
JSA 9E1050 2 000									- · · · ·		Form	990	(2019)

Form 990 (2019) Page 9 Part VIII Statement of Revenue (C) Unrelated Total revenue Related or exempt Revenue excluded business revenue from tax under function revenue sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 3,463,275 Membership dues 1b 1 c С d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above. <u>1f</u> 734,464 g Noncash contributions included in lines 1a-1f. 1g |\$ 734,464 h Total. Add lines 1a-1f 4,197,739 <u>.</u> ▶ **Business Code** Program Service Revenue 2a P.E.O. Record 1,119,131 511120 1,119,131 All other program service revenue 1,119,131 Total. Add lines 2a-2f Investment income (including dividends, interest, and 398,933 398,933 Income from investment of tax-exempt bond proceeds . (ı) Real (II) Personal 6a Gross rents 6a b Less rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss). (II) Other (i) Secunties 7a Gross amount from assets other than inventory 7a 4,599,326 b Less cost or other basis Other Revenue and sales expenses . . | 7b | 4,130,814 c Gain or (loss) 7c 468,512 468,512 468,512 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 8b c Net income or (loss) from fundraising events. ıncome from gaming activities See Part IV, line 19 b Less direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 467,457 302,306 Net income or (loss) from sales of inventory. 165,151 <u>. ▶</u> 165,151 iscellaneous Revenue **Business Code** Charter Fees 900099 720 11a

40,597

41,317

6,390,783

40,597

d All other revenue

Total revenue See instructions ▶

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (D) (A) Total expenses (B) Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses 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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,615,692 162,582 1,453,110 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 74,627 7,508 67,119 101,153 10,176 90,977 106,353 118,249 11,896 11 Fees for services (nonemployees) 84,006 84,006 c Accounting 5,000 5,000 e Professional fundraising services. See Part IV, line 17, f investment management fees 32,778 32,778 9 Other (If line 11g amount exceeds 10% of line 25, column 98,214 (A) amount, list line 11g expenses on Schedule O). 98,214 23,506 23,506 152,698 150,485 2,213 48,312 48,312 1,037,504 1,037,504 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 442,826 442,826 Payments to affiliates........ 21 22 Depreciation, depletion, and amortization 69,166 69,166 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule () a Postage & Shipping 327,308 315,420 11,888 b Printing & Publications 326,128 326,128 c <u>Disposal of Fixed Assets</u> 71,981 71,981 d Building Maintenance 135,225 135,225 e All other expenses Miscellaneous 99,914 99,914 25 Total functional expenses. Add lines 1 through 24e 4,864,287 833,710 4,028,364 2,213 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. 🕨 🔝 if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part Y Balance Sheet

Р	art X				
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	501,854	1	660,689
	2	Savings and temporary cash investments	12,138,211	2	12,601,627
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,812	4	49,135
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	164,760	8	160,492
Ä	9	Prepaid expenses and deferred charges	323,028	9	241,804
	10 a	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D 10a 53,759,410			
	b	Less accumulated depreciation	52,888,428	10c	53,759,410
	11	Investments - publicly traded securities	9,486,810	11	8,333,346
	12	Investments - other securities See Part IV, line 11	920,380	12	1,530,653
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	76,455,283	16	77,337,156
	17	Accounts payable and accrued expenses	68,403	17	
	18	Grants payable		18	
	19	Deferred revenue	576,385	19	165
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ξ		trustee, key employee, creator or founder, substantial contributor, or 35%		1	
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23_	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	644,788	26	165
ses		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
直	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances	į	Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	22,922,067	29	23,577,581
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	52,888,428		53,759,410
ASS	31	Retained earnings, endowment, accumulated income, or other funds	, 300, 120	31	
et /	32	Total net assets or fund balances	75,810,495		77,336,991
Z	33	Total liabilities and net assets/fund balances	76,455,283		77,337,156
					Form 990 (2019

Form 9	90 (2019)			Pag	ge 1 Z
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		390,	783
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	864,	287
3	Revenue less expenses Subtract line 2 from line 1	3	1,	526,	496
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,1	810,	495
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	77,	336 <u>,</u>	991
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. C	ash	_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n	}	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	и		
	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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	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 over			,,	
	the audit, review, or compilation of its financial statements and selection of an independent accountar			X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın o	n		
	Schedule O	,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		e 3a		х
	Single Audit Act and OMB Circular A-133?		• —		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits available when to undergo such audits.				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uil5		990	(2019)
					· · - /

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

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

► Go to www.urs.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

Tax)	(see separate instructions), the		Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III		Familian tela	ntification number
	J			' '	
		P.E.O. Sisterhood		42-0453	
		organization is exempt under			
1		organization's direct and indirect p	political campaign a	ctivities in Part IV (see in	nstructions for
	definition of "political campa	•			
2		xpenditures (see instructions)			
		campaign activities (see instruction			
Pa		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3	_	a section 4955 tax, did it file Form	•		
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	t I-C Complete if the c	organization is exempt under	section 501(c), e	xcept section 501(c)(3	<u> </u>
1 2	activities	xpended by the filing organization g organization's funds contributed		▶\$	
	527 exempt function activiti	es		▶\$	
3	line 17b	enditures Add lines 1 and 2 Ent		▶\$	· · · · · · · · · · · · · · · · · · ·
5	Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promit or a political action committee (I	er (EIN) of all secti ter the amount pai otly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the filing cation's funds. Also enter blitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)			· <u></u>		
(5)					
·-·					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

	Lobbying Expe	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	i For	m 576	3		
	and Manifester and the state of	(a)		(b)		
	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						-
a	Volunteers?						
b	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?			_			
j	Total Add lines 1c through 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						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or s	ection		•	
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		Х
Ра	till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	nts c	f				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3	-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of the	e				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo		9	4			
5	and political expenditure next year?		• •	5			
	Supplemental Information		n lint	\ Dod II	Α 1	1	224
	ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	grou	plist), Pait ii	-A, III	ies i	anu
2 (5	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information						
			-				
				 .			

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number International Chapter P.E.O. Sisterhood 42-0453829 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b b 2c 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 2d historic structure listed in the National Register............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply) Loan or exchange program Public exhibition а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, Ine 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not b If "Yes." explain the arrangement in Part XIII and complete the following table Amount 1c d Additions during the year................ 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII . . . **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses........ d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment >

b Permanent endowment ▶__

c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3 a	Are there endowment funds not in the possession of the organization that are neid and administered for the			
	organization by		Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on line 3a(II), are the related organizations listed as required on Schedule R?	3b		

Describe in Part XIII the intended uses of the organization's endowment funds

Pa	It VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	e 11a See Form	990, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		718,158		718,158
	Buildings		2,944,541		2,944,541
C	Leasehold improvements				
d	Equipment		3,997,157		3,997,157
е	Other		46,099,554		46,099,554
Tota	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10)c) ▶	53,759,410

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.		D-11/ 1 445 O 5 000	D=4 V b== 40
`	Complete if the organization answered	Yes on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			······································	
(G)				
(H)				
	(h)			
	n (b) must equal Form 990, Part X, col (B) line 12) .		<u> </u>	
Part VIII	Investments - Program Related.	W/	D=+1// 1/== 44+ O== F==== 000	Dark V. Irana 40
	Complete if the organization answered	"Yes" on Form 990	, Partiv, line 11c See Form 990,	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
(1)				
(2)	···			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX	Other Assets.	-,		
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d See Form 990,	Part X, line 15
		scription	·····	(b) Book value
(1)				
(2)				
(3)				
(4)		 		
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lı	ne 15)	<u> </u>	 -
Part X	Other Liabilities.			
	Complete if the organization answered line 25	"Yes" on Form 990	, Part IV, line 11e or 11f See Fori	m 990, Part X,
1.	(a) Descript	tion of liability		(b) Book value
	al income taxes			(-)
	ar moonie taxes			
(2)		·····		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)		. <u> </u>	
	or uncertain tax positions. In Part XIII, provide the			nat reports the
	s liability for uncertain tax positions under FASB A			
JSA 9E1270 1 000				hedule D (Form 990) 2019

Part >	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I			n.	
1	Total revenue, gains, and other support per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a		ļ	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c]	
ď	Other (Describe in Part XIII)	2d		1	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b]	
	Add lines 4a and 4b			4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				
Part >	Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part I			ırn.	
1	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	.,
	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	· · · · · · · · · · · · · · · · · · ·	ĺ	
c	Other losses	2c		1	
	Other (Describe in Part XIII)			1	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	i			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	Supplemental Information.				
Provide 2, Part 2	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	Part IV, I ovide an	lines 1b and 2b, F y additional inforn	Part V, nation	line 4, Part X, line
Pt. V	I, Line le: The amount reported on line le as "oth	er" p	rimarily ind	clud	es the land
and b	uildings that comprise the campus of Cottey Colleg	e in	Nevada, Mis	sour	1. Cottey
Colle	ge is one of the 501(c)(3) educational projects th	at th	e reporting	ora	anization
suppo	rts. Cottey College is identified as a related org	anıza	tion in Sch	edul	e R.
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Schedule D (F	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		
		
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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

2019

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	or the organization				Employer identifica	ation number
Int	ernational Chapter P.	E.O. Siste	erhood		42-045382	9
Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	inswered "Yes" on
1	For grantmakers. Does the or	ganization mai	ntain records	to substantiate the amou	int of its grants and	
	other assistance, the grantees'	eligibility for t	the grants or	assistance, and the selec	tion criteria 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 and	d other assistance
3	Activities per Region (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed)	
	(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
<u>(1)</u>	Europe			Investments		209,000
(2)	Cntrl Amer & Caribbea	n		Investments		24,000
(3)	E. Asia & Pacific			Investments		168,000
(4)	North America			Investments		36,000
(5)	Middle East & N. Africa			Investments		1,000
(6)	South America			Investments		10,000
(7)	South Asia			Investments		10,000
(8)	Sub-Saharan Africa			Investments		4,000
(9)	Russia			Investments		3,000
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal	0	0			465,000

Totals (add lines 3a and 3b)

465,000

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Am grant cash grant cash prant disbursement assis	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash	(i) Method of valuation
									appraisal other)
(2)	の変数などのできると								
(3) San Al									
(4)									
(9)	THE PARTY OF THE P								
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(12)	(12)								
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(14)	(14)								
(16)	(16)								
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									1

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. ~

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Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2019

Part	IV Foreign Forms		
1	Was the organization a U.S. 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 U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ 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.	X 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	X 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 U.S. 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

Schedule F (Form 990) 2019

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)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

International Chapter P.E.O. Sisterhood 42-0453829 Part 1 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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the organization used to establish the compensation of the 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization b Participate in, or receive payment from, a supplemental nonqualified retirement plan?....... 4b c Participate in, or receive payment from, an equity-based compensation arrangement?....... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a 5b If "Yes" on line 5a or 5b, describe in Part III 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 6a 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2019

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

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 Vil

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	Due trement (2)	(O) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation		(ii) Other reportable compensation	other deferred	benefits	(a)(y)(a)	in column (8) reported as deferred on pnor Form 990
Jackie Matt	ε	146,487	0	26,657	0	21,890	195,034	0
1Former Executive Director	(ii)							
	€							
2	(ii)							
] (u)							
m	E							
	ε							
4	€							
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	(i)							
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	(1)							
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15	Ξ							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2019

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Pare III Supplemental mornation or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part I, Line 4a: Former Executive Director, Jackie Matt received a severance payment from this organization. This
payment of \$26,657 is shown on Part II, column B(iii) of Schedule J.
Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public 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.

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

Employer identification number

International Chapter P.E.O. Sisterhood 42-0453829 Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household Cars and other vehicles. 6 Boats and planes Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock . . Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other. 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 734,464 Cost of Improvements 17 Collectibles 18 Food inventory 19 Drugs and medical supplies . . . 20 21 Historical artifacts. 22 Scientific specimens 23 24 Archeological artifacts 25 Other ►(26 Other ►(27 Other ►(__ 28 Other ►(29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M	(Form 990) 2019 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
	of a combination of some functional part for any additional information
	•
<u> </u>	
	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

International Chapter P.E.O. Sisterhood	1 42-0453829
Part I, Line 6The number of volunteers is estimated based on	the number of
volunteers serving on boards and committees at the International	al Chapter level of
P.E.O. Including volunteers from the state and local chapters	would increase the
number of volunteers to approximately 42,000.	
Part VI, Line 6-7bThe organization's membership consists of	active, dues-paying
members of the local P.E.O. chapters (approximately 221,000).	Voting members of
convention, including local chapter delegates, state chapter of	fficers and
past-presidents of state chapters (approximately 1,400) attend	the biennial convention
of International Chapter where new members of the executive box	ard are elected. In
addition, certain proposed amendments to the bylaws are present	ted and voted upon.
Part VI, Line 11Copies of the Form 990 were provided to each	member of the audit
committee and executive board of the reporting organization pr	ior to filing. A formal
review process was conducted with the audit committee, and the	executive board was
given opportunity to respond with any questions before the retu	urn was filed.
Part VI, Line 12cConflict of Interest policies and signature	pages are distributed
yearly to all executive board members and to all committee members	pers serving the
reporting organization. Signature pages are collected by the ex	xecutive office in Des
Moines, IA and monitored for completion. Any conflicts of inter	rest that arise pursuant
to this process or otherwise throughout the year are to be repo	orted immediately to the
affected committee/board and the remaining members take the app	propriate action.

Part XII, Line 2b--The organization's financial statements were audited by an

P.E.O. Sisterhood, excluding Cottey College and P.E.O. Foundation (listed on Sch R, Pt II).

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

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.

the latest information.
Instructions and 1
o www.irs gov/Form990 for
\$ 60 €

OMB No 1545-0047 Open to Public 2019

Page 1/2

Orect controlling entity Employer Identification number 42-0453829 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicale (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity International Chapter P.E.O. Sisterhood Department of the Treasury Internal Revenue Servce Name of the organization Partl

(1)

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<u>4</u>

(5)

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(g) Section 512(b)(13) controlled entity? ŝ 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 × (f)
Direct controlling
entity See Pt VII (e)
Public chanty status
(if section 501(c)(3)) 12-Type II (d) Exempt Code section 501(c)(3) (c) Legal domicile (state or foreign country) Іома Primary activity Endow fund 42-607801 3700 Grand Ave, Des Moines, IA 50312 (a)Name, address, and EIN of related organization (1) Cottey College Endowment Fund Part II

			1	11 11	מננ זינ	4
(2) P.E.O. Educational Loan Fund 42-607805	•					
3700 Grand Ave, Des Moines, IA 50312	Loan fund	Iowa	501(c)(3)	7	See Pt VII	×
(3) P.E.O. Int'l Peace Schol Fund 42-6078058						
3700 Grand Ave, Des Moines, IA 50312	Schol fund	Iowa	501(c)(3)	7	See Pt VII	×
(4) P.E.O. Prog for Continuing Educ 23-740531						
3700 Grand Ave, Des Moines, IA 50312	Grant fund	Iowa	501(c)(3)	7	See Pt VII	×
(5) Cottey College						
1000 West Austin, Nevada, MO 64772	College	Mıssouri	501(c)(3) 2	2	See Pt VII	×
(6) P.E.O. Scholar Awards 42-137902						
3700 Grand Ave, Des Moines, IA 50312	Schol fund	Iowa	501(c)(3)	7	See Pt VII	×
(7) P.E.O. Foundation 42-609456						
3700 Grand Ave, Des Moines, IA 50312	Educ schol	Iowa	501(c)(3)	7	See Pt VII	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	30.				Schedule R (Schedule R (Form 990) 2019

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Page 2/2

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Servos Name of the organization

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.
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		50 50
		<u> </u>

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

Sisterhood

International Chapter P.E.O.

Part I

2019

OMB No 1545-0047

Open to Public

Employer identification number

42-0453829

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ٥ 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 × × (f) Direct controlling See Pt VII See Pt VII (e) End-of-year assets 12-Type II Public chanty status (if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state or foreign country) 501(c)(3) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity ō Іома Iowa Supp college Schol fund Primary activity 42-6078016 30-0583651 (a) Name, address, and EIN (if applicable) of disregarded entily 3700 Grand Ave, Des Moines, IA 50312 50312 Name, address, and EIN of related organization 3700 Grand Ave, Des Moines, IA (1) Cottey College Building Fund (2) P.E.O. STAR Scholarship Fund Part II হ্ (3) 9 ପ € £ 3 9 9 ୭

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Name assets	Part III Identification of Related Organizations Taxab	ted Organizations		as a Partners	ip. Complete	f the organizatio	e as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 34,	" on Form	990, Part IV, lin	e 34,	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Imp 34, bocause at had one or more related organizations treated as a corporation of Trust. Related organization of Related organizations treated as a corporation of Trust. Related organization or Trust. Related organization of Related organizations treated as a corporation of Trust. Related organization organizations treated as a corporation of Trust. Related organization of Related organizations treated as a corporation of Trust. Related as a Corporation of Trust. R	Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related Unrelated, excluded from I ax under	Share of total					(k) ercentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation of rust during the tax year. Interest Part P			(6)		C. ZI C SHOWAS			Yes No	<u> </u> ×		
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations freated as a corporation or Virust iduning the lax yea. Name, address, and Eliv or related organization Name, address, and Eliv or related organization Primary activity Type of entry Type of e	(1) N/A			-		_					
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because if had one or more related organizations treated as a corporation of trust during the tax year. Name, address, and EIN of native organizations treated as a corporation of trust during the tax year. Name, address, and EIN of native organization treated organization treated as a corporation of trust during the tax year. Same of Democratical organization of trust during the tax year. Same of Percentage assist ownership companies and dyname assist ownership companies.											
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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 of trust during the tax year. (a) Name, address, and EIN of related organization (b) (c) (d) (c) (d) (c) (c) (d) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation of trust during the tax year. (a) Name, address, and EliN of related organization (b) Primary activity (state or freezy) (comp. 8 cop. or fusa) (cop. 9 cop. or fusa) (cop		·			/						
Name, address, and EIN or related organization Name, address, and EIN or related organization Primary activity (Legal formation country) Country) Country Primary activity (Legal formation organization country) Country Primary activity (Legal formation organization country) Country Primary activity (Legal formation organization country) Primary activity (Legal formation organization organi		ted Organizations Id one or more rel	s Taxable ated orga	as a Corporat	ion or Trust. Co	omplete if the or ton or trust during	ganization answe	ered "Yes" (on Form 990, P	art IV,	
	(a) Name, address, and EIN) of related organization		(b) Primary a	(c) Clivity Legal domical (state or foreg	(d) Direct controlling n entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year asset		ge Section 512(b)(13 ip controlled
										+	Yes No
	/A										
											-
				\top							-
			i							-	 -
										-	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	" on Form 990, Part	. IV, line 34, 35b, or 36		•	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	اها
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?	lated organizations list	ed in Parts II-IV?			- 1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		ļ
b Gift, grant, or capital contribution to related organization(s)	•		1p		-
c Gift, grant, or capital contribution from related organization(s).			10		
d Loans or loan guarantees to or for related organization(s)			₽		İ
			a		
f Dividends from related organization(s)			*		- 1
_			19		1
h Purchase of assets from related organization(s)	•		<i>=</i>		- 1
i Exchange of assets with related organization(s),			;= : :		1
j Lease of facilities, equipment, or other assets to related organization(s)			<u>;</u>	-	1
			;		
k Lease of facilities, equipment, or other assets from related organization(s)			¥ ;	+	1
I Performance of services or membership or fundraising solicitations for related organization(s)			= <u> </u> :: ::		١
m Performance of services or membership or fundraising solicitations by related organization(s)			E		1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					J
o Sharing of paid employees with related organization(s)			10		- 1
Reimbursement paid to related organization(s) for expense:			음 . :		ı
q Keimbursement paid by related organization(s) for expenses			로 : :		1
			18		1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cover	line, including covered relationships and transaction thresholds	action threshold	IS	i !
(a)	(q)	(၁)	Đ		1
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ermining	l
(1) P.E.O. Educational Loan Fund	۵	148,432	Cash-FMV		1
(2) P.E.O. Foundation	Ь	390,851	Cash-FMV		1
(3)					
(4)					1 1
(5)					1
(9)	-				
JSA 9E1309 1 000		Sch	Schedule R (Form 990) 2019	990) 2019	9

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	" on Form 990, Part	IV, line 34, 35b, or 36	
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?	lated organizations list	ed in Parts II-IV?	
			1a ×
b Gilt, grant, or capital contribution to related organization(s)			
		· · · · · · · · · · · · · · · · · · ·	┼
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			1
i Exchange of assets with related organization(s),			× ×
k Lease of facilities, equipment, or other assets from related organization(s)			× ×
			×
Performance of services or membership or fundraising solicit			-
			_
o Sharing of paid employees with related organization(s)			10 ×
p Reimbursement paid to related organization(s) for expenses			1p
q Reimbursement paid by related organization(s) for expenses			х Ы
s Other transfer of cash or property from related organization(s)	complete this line including cover	covered relationships and transaction thresholds	ction thresholds
	17	17	5
(a) Name of related organization	(D) Transaction type (a-s)	(c) Amount involved	(a) Method of determining Amount involved
(1) Cottey College	U	734,464	Cash-FMV
(2) P.E.O. Educational Loan Fund	1,0	205,539	Cash-FMV
(3) P.E.O. International Peace Scholarship Fund	1,0	61,859	Cash-FMV
1		213	
(*) F.E.O. Scholar Awards	7,0	CTC'//	Casn-rmv
(5) P.E.O. STAR Scholarship Fund	1,0	52,948	Cash-FMV
(6) P.E.O. Foundation	1,0	232,419	Cash-FMV
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Part VI Unrelated Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the

	Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A 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) Otsproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) Percentage ownership
47 11 14			sections 512-514)	Yes No			Yes	No	Yes No	_
(1) N/A										
(2)										
				-						
(3)										
(4)										
(5)										
								!		
(9)			·							
(7)										
(8)	-									
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										