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(Rev January 2020)

Department of the Treasury Internal Révenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

	<u>A F</u>	or th	e 2019	calendar year, or tax year beginning $July 1$, 2019, and	ending	June 30		, 20 20	
	B ^	haat If a	pplicable	C Name of organization		D Employer id	lentification	number	
		_		International Chapter P.E.O. Sisterhood					
		Addr chan		Doing business as		42-04	53829		
		Nam	e change	Number and street (or P O box if mail is not delivered to street address)	m/suite	E Telephone	number		
		Initia	l return	3700 Grand Ave		515-2	55-315	3	
			return/ nated	City or town, state or province, country, and ZIP or foreign postal code					_
		Amer	nded	Des Moines, IA 50312-2899		G Gross recei	pts \$	10,82	3,903
			cation	F Name and address of principal officer		H(a) Is this a g		Yes	X N
Ö	: '			Dana VanRoekel, same as C above		H(b) Are all sub		17 Yes	N-
2020	<u> </u>	Tax-ex	empt st		527	() 4 If 'No, '	attach a list (s	see instructions	s)
~		Webs	ıte: 🕨	www.peointernational.org		H(c) Group ex	emption numbe	r ▶107	2
-	ĸ	Form	of organ		L Year of for	rmation 1869	A State of le	gal domicile	IA
>	Pa	art l	Su	mmary					
9	?	1	Briefly	describe the organization's mission or most significant activities Women's	member	ship organ	izatio	n	
-	, S	İ		porting six philanthropic projects for qualifi-					
ENVELOPE STEE	a c			plarship, grant, loan and award programs and a				colleg	
ي ي	בַּ ב	2		this box If the organization discontinued its operations or disposed of				-	
잂	€ 6	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		5
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 45	4		er of independent voting members of the governing body (Part VI, line 1b)		ΞD l	4		5
<u>ت</u> ا	Activities &	5		number of individuals employed in calendar year 2019 (Part V, line 2a)	202200		5		48
>	ל ∑ַּ	6	Total	number of volunteers (estimate if necessary)	V-1 7 20	20. 6	6		55
	Ac	7a	Total			- I/A1	7a		
		b	Net ur	prelated business taxable income from Form 990-T, line 39		<u></u>	7b		
				unrelated business revenue from Part VIII, column (C), line 12	JULIY,	UT Prior Year		Current	Year
	•	8		butions and grants (Part VIII, line 1h)		4,341,	874	4,197	7,739
	ž	9		am service revenue (Part VIII, line 2g)		1,139,			9,131
	Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		745,			7,445
	œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		425,			6,468
		12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,652,			0,783
		13		s and similar amounts paid (Part IX, column (A), lines 1-3)		-,,			
202		14		its paid to or for members (Part IX, column (A), line 4)					
~	ω.	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,889,	825	1.909	9,721
8	Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)				-1	
>	Ę.	b		fundraising expenses (Part IX, column (D), line 25) > 2213					
N0V	ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,840,	366	2.954	4,566
		18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,730,			4,287
Ш		19		nue less expenses Subtract line 18 from line 12		2,921,		-	6,496
Z	es	_			B	eginning of Curren		End of Ye	ar
SCANN	Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		76,455,	283	77,337	7,156
ပ္သ	Ass	21		liabilities (Part X, line 26)		644,			165
()	E e	22		sets or fund balances Subtract line 21 from line 20		75,810,		77,336	
		rt II		gnature Block		,0,010,	2391	,	
	Und	der pe	nalties o	f perjury. I declare that I have examined this return, including accompanying schedules a	ind statemen	its, and to the best	of my know	ledge and b	pelief, it is
	true	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on all information of which pr	eparer has a	ny knowledge			
				Dana VanRoch.		11)	-5.20		
	Sig	n	3	ignature of officer		Date			
	He	re		Dana VanRoekel, Director of Finance/Treasurer					
			Ī	ype or print name and title					
			Print/	Type preparer's name Preparer's signature C	Date	Check	If PTIN		
	Paid					self-empl	oyed		
		parer	Firm's	name		Firm's EIN			
	Use	Only		address		Phone no			
	May	y the		iscuss this return with the preparer shown above? (see instructions)		·	T	Yes	No
				Reduction Act Notice, see the separate instructions.				Form 99	
							_		

DFJM OR

۲a	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_		_ X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Χ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	
_	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
·	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		11a	х	
	complete Schedule D, Part VI	- ia	_^_	
	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		,,
	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. 3	If "Yes," complete Schedule G, Part III	19		x
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~~~		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	gomestic government on partia, column (a), line 1711-165. Complete Schedule I, parts Fand II	4.1		ι Δ

Part	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	X	<u> </u>
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			İ
	· · · · · · · · · · · · · · · · · · ·	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ì		
		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30	1	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,"			
J.	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	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,	-		
34	or IV, and Part V, line 1	34	x	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000	_^_	\vdash
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	100	- ^	\vdash
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		\vdash
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"	 	 ^-
38	19? Note: All Form 990 filers are required to complete Schedule O	38	х	1
Do-		_ 55	_^_	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	·lL No
٠.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15	$\overline{}$		
		†		1
		{		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	_v	1
JSA	reportable gaming (gambling) winnings to prize winners?			(2019)
200				/

Par	Statements Regarding Other IRS Filings and Tax Compliance (Continued)		Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		165	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			!
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? 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,			-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	х	
	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b	Х	
	Organizations that may receive deductible contributions under section 170(c).			ı
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ı
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		·— - —	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			ı
	militation recording depicts contributions included on that this, into 12 to 10 to 1			ı
	Gross receipts, included on Form 550, Fart VIII, line 12, for public use of olds identified 1.1.			ı
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		·	ı
	Gross income from other sources (Do not net amounts due or paid to other sources			ı
	against amounts due or received from them)		ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O		Ţ	_
	Enter the amount of reserves the organization is required to maintain by the states in which			ı
	the organization is licensed to issue qualified health plans			ı
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ı
	excess parachute payment(s) during the year?	15		<u>X</u> _
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_		X
	If "Yes," complete Form 4720, Schedule O	لـــِــا	990	(2010
		- om	・フプリ	(ZU19

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
<u> </u>	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	Enter the number of voting members of the governing body at the end of the tax year 1a 5] .		
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization bacome aware during the year of a significant diversion of the organizations assets?	6	Х	
6 7-				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	x	
	one or more members of the governing body?	<u>ات</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	x	
_	stockholders, or persons other than the governing body?	1.5	<u> </u>	i
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	X	
а	The governing body?	8b		
b	Each committee with authority to act on behalf of the governing body?	80	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Code	l	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		40-		
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			404
12a	Did the 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			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
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?			لـــا
а	The organization's CEO, Executive Director, or top management official	15a	Х	
ь	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		X
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]
	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-	(Sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,550		J . (U)
	Own website X Another's website X Upon request Other (explain on Schedule O)			
40		f into	reet n	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	n mile	est p	oncy,
	and financial statements available to the public during the tax year	la -		
20	State the name, address, and telephone number of the person who possesses the organization's books and record Dana VanRoekel. 3700 Grand Avenue. Des Moines, IA 50312 515-255-3153	is 🟲		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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	any related	orga	nıza	tion	COL	npen	sate	ed any current offic	y current officer, director, or trustee							
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	195 S 15 6 7		an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations									
(1) Brenda Atchison	38.0															
President after 9/19	2.0	ĺχ		х				o	0	0						
(2) Patti Brolin-Ribi	38.0								-							
First Vice President	2.0	1 x		х				0	0	0						
(3) Cathy Moss	34.0															
Second Vice President	2.0	x		Х				0	0	0						
(4) Alix Smith	37.0															
Organizer	2.0	x		Х	L			0	0	0						
(5) Kathryn Ebert	28.0															
Recording Secretary	2.0	x		Х	<u> </u>			0	0	0						
(6) Kathy Soppe, Exec Dir after 11/19	24.0]														
Dir of Fin/Treas until 6/20	16.0			Х				112,621	0	17,628						
(7) Dana VanRoekel, Director of	19.0	ļ														
Finance/Treasurer after 5/20	21.0	<u> </u>		Х	<u> </u>			0	0	0						
(8) Dawn Clayberg	30.0															
Director of IT	10.0					Х	<u> </u>	104,838	0	7,529						
(9) Steve Elbert	30.0	1	1		l											
IT Systems Architect	10.0		Ш			X		104,162	0	16,671						
(10) Jackie Matt	28.8	1			ŀ											
Executive Director until 11/		ļ		Х	Ĺ			173,144	0	21,890						
(11) Sue Baker	38.0	1	1 1													
President until 9/19	2.0	X		Х	<u> </u>		ļ	0	0	0						
(12)	ļ															
(13)																
(14)		-														
		<u> </u>	<u> </u>			l				<u> </u>						

Part VII Section A. Officers, Directors, Trustees, Ke			ploy	yee	s, a	ınd H	Highest Compensated Employees (continued)						
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than box, unless person is bott officer and a director/trus				an	(D) Reportable compensation from the	(E) Reportable compensation from related		0	(F) ited am f other pensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro	om the	and
(15)											·		
(16)													_
(17)													
(18)													
(19)												-	
(20)										<u> </u>	·		
(21)											_		
(22)													
(23)											_		
(24)					-			-					
(25)													
1b Subtotal							* * *	494,765 494,765					718 718
Total number of individuals (including but n reportable compensation from the organization)	ot limited t						who	o received more th	han \$100,0	000 of			
 3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheet 4 For any individual listed on line 1a, is the 	dule J for su	ıch ın	divid	dual	٠						3	Yes 	No X
organization and related organizations g	reater than	n \$1 	50,0	000 	? 1 	f "Ye	s," · ·	complete Schedu	ule J for	such 	4_	x	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "		-				-		_			5		- <u>-</u> X
Section B. Independent Contractors 1 Complete this table for your five higher	ost sompo	ncoto	<u>.d.</u>	ndo		dont		entractors that re	ceived m	ore the	an \$10	<u> </u>	
compensation from the organization Repor	t compensa	ation	for	the	cal	endar	ye.	ar ending with or	within the	organi	zation's	tax	year
(A) Name and business addr	ress							(B) Description of ser	vices		(C) Compens	ation	_
N/A							-			-			
				-									
2 Total number of independent contractor						ited t	to	those listed abo	ve) who		_		
received more than \$100,000 of compensat	ion from the	orga	niza	tior	1 >				<u></u>		Form	990	(2019)

Form 990 (2019)
Part-VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Part V	<u>'III</u>		<u> </u>
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र य	1a	Federated campaigns 1a					
투필	b	. •	3,463,275				
ပ် ဠု	c	Fundraising events 1c	-,,				
£[₹]	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	_	Government grants (contributions) 1e					
Si'E	f	All other contributions, gifts, grants,					
윤띴	•	and similar amounts not included above . 1f	734,464				
혈	~	Noncash contributions included in	7317101				
눌읾	g	lines 1a-1f 1g \$	734,464		İ		
ခြဲ လ	h	Total. Add lines 1a-1f		4,197,739			
		Total. Add lifes ration	Business Code	4,151,155			
ا به	_	P.E.O. Record	511120	1,119,131	1,119,131		<u> </u>
울	2a	F.E.O. Record	311120	1,119,131	1,113,131		+
Se al	b						
E S	С					·	
Re	d						
Program Service Revenue	е						
-	f	All other program service revenue L		1 110 121	-		
	<u> </u>	Total. Add lines 2a-2f		1,119,131			+
	3	Investment income (including dividends,		200 022	•		398,933
		other similar amounts)		398,933		·	390,933
	4	Income from investment of tax-exempt bond					
	5	Royalties	(II) Personal				
		(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					
		other than inventory $7a$ $4,599,326$					
ne	b	Less cost or other basis					
Revenue		and sales expenses 7b 4,130,814			i		
ě	С	Gain or (loss) 7c 468,512					<u> </u>
	d	Net gain or (loss)	<u></u> ▶	468,512			468,512
Other	8a	Gross income from fundraising					
0		events (not including \$					1
ļ		of contributions reported on line		İ			
		1c) See Part IV, line 18 8a					
	ь	Less direct expenses 8b					
	С	Net income or (loss) from fundraising events.	•				
	9a	Gross income from gaming					
		activities See Part IV, line 19 9a		1			
	ь	Less direct expenses 9b					
	c	Net income or (loss) from gaming activities.	<u> ▶</u>				
	10a	Gross sales of inventory, less					
	-	returns and allowances 10a	467,457				
	ь	Less cost of goods sold	302,306				
		Net income or (loss) from sales of inventory.		165,151	165,151		
<u> </u>			Business Code				
Miscellaneous Revenue	11a	Charter Fees	900099	720	720	<u> </u>	1
J.	Ι.						
ella ve	b						<u> </u>
Res	l d	All other revenue	900099	40,597	40,597		1
Ξ	_	Total. Add lines 11a-11d		41,317	40,001		
	12	Total revenue. See instructions		6,390,783	1,325,599		867,445
				0,030,7031	1,040,079		1 001,443

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)

 8b, 9b, and 10b 1 Grants and other and domestic. 2 Grants and individuals. 3 Grants and organizations individuals. 4 Benefits paid trustees, and 6 Compensation persons (as of persons described. 7 Other salaries. 8 Pension plant section 401(). 9 Other emplo 10 Payroll taxes. 	amounts reported on lines 6b, 7b,	(A)	(B)	(0)	
and domestic state of the control of	b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and individuals 5 3 Grants and organizations individuals 5 4 Benefits pair 5 Compensation trustees, and 6 Compensation persons (as opersons described and the section 401() 9 Other empto 10 Payroll taxes	ther assistance to domestic organizations	-			
individuals 5 Grants and organizations individuals 5 Benefits paid trustees, and 6 Compensation persons (as opersons described and 10) Pension plan section 401() Other emploid Payroll taxes	governments See Part IV, line 21				
organizations individuals \$ 4 Benefits paid 5 Compensation trustees, and 6 Compensation persons (as of persons described 7 Other salaries 8 Pension plan section 401() 9 Other emploid 10 Payroll taxes	d other assistance to domestic See Part IV, line 22				
 5 Compensation trustees, and 6 Compensation persons (as of persons described) 7 Other salaries 8 Pension plant section 401() 9 Other emploid 10 Payroll taxes 	d other assistance to foreign ns, foreign governments, and foreign See Part IV, lines 15 and 16				
trustees, and Compensation persons (as of persons descri Other salarie Pension plan section 401() Other emplo Payroll taxes	nd to or for members				
6 Compensation persons (as of persons descripersons descripersons descripersons) 7 Other salaries 8 Pension plan section 401() 9 Other emploid 10 Payroll taxes	tion of current officers, directors, and key employees				
persons (as of persons descrited of the persons descrited of the person plan section 401() 9 Other emploid the persons (as of persons descrited (as of persons descri	n not included above to disqualified				
 7 Other salarie 8 Pension plan section 401(9 Other emplo 10 Payroll taxes 	defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B)				
8 Pension plan section 401(9 Other emplo10 Payroll taxes	ries and wages	1,615,692	162,582	1,453,110	
10 Payroll taxes	in accruals and contributions (include (k) and 403(b) employer contributions)	74,627	7,508	67,119	
10 Payroll taxes	oyee benefits	101,153	10,176	90,977	
11 Fees for sen	S	118,249	11,896	106,353	
	rvices (nonemployees)				
a Managemen	nt				.
b Legal		84,006		84,006	
c Accounting		5,000		5,000	
					
	fundraising services See Part IV, line 17.	32,778	<u> </u>	32,778	<u> </u>
	management fees	32,110		32,110	
-	e 11g amount exceeds 10% of line 25, column tine 11g expenses on Schedule O)	98,214		98,214	
	and promotion	50/02-		,	
-	nses	23,506		23,506	
· ·	technology	152,698		150,485	2,213
15 Royalties					
	,	48,312		48,312	
17 Travel		1,037,504		1,037,504	
•	of travel or entertainment expenses				
•	leral, state, or local public officials	110 006		440.006	
	es, conventions, and meetings	442,826		442,826	<u> </u>
	to affiliates			 -	•
	on, depletion, and amortization				-
		69,166		69,166	
	nses Itemize expenses not covered	,		<u> </u>	
•	miscellaneous expenses on line 24e If				!
line 24e amo	nount exceeds 10% of line 25, column				
	list line 24e expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·
	e & Shipping	327,308	315,420	11,888	-·
	ng & Publications	326,128	326,128		
· · · · · · · · · · · · · · · · · · ·	al of Fixed Assets	71,981	-	71,981	
	ng Maintenance	135, 225		135,225	
•	openses Miscellaneous	99,914	022 710	99,914	2 212
26 Joint costs organization from a con fundraising s	s. Complete this line only if the reported in column (B) joint costs mbined educational campaign and solicitation Check here OP 98-2 (ASC 958-720)	4,864,287	833,710	4,028,364	2,213

Part X Balance Sheet

		(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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	164,760	8	160,492
9	Prepaid expenses and deferred charges	323,028		241,804
10 a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 53,759,410		. .	
Ь	Less accumulated depreciation 10b	52,888,428		53,759,410
11	Investments - publicly traded securities	9,486,810		8,333,346
12	Investments - other securities See Part IV, line 11	920,380		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		
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	
1	Loans and other payables to any current or former officer, director,			· · · · · · · · · · · · · · · · · · ·
<u> </u>	to the live and the second of			
22	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		165
	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	0,3,4,7,00		
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
<u> </u>	Organizations that do not follow FASB ASC 958, check here ► X			
3	and complete lines 29 through 33.			
<u>-</u>	Capital stock or trust principal, or current funds	22,922,067	29	23,577,581
27 28 29	Capital stock of trust principal, of current lands		T	50 550 410
29	Paid-in or capital surplus, or land, building, or equipment fund	52,888,428	30_	<u> </u>
29 30 31	· · · · · · · · · · · · · · · · · · ·	52,888,428	30	53, 759, 410
30	Paid-in or capital surplus, or land, building, or equipment fund	52,888,428 75,810,495	31	53,759,410 77,336,991

orm 99	(2019)				Pa	ge IZ
Part :	XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,	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,	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 ádjustments	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,	991
Part .	• •					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			<u> x </u>
			r		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," e	xplaın	ın			ļ
. .	Schedule O					ا ــــــــــــــــــــــــــــــــــــ
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					1
	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	ted or	na			
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					لــــــ
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 accounta			2c	Х	 ,
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain	on			1
	Schedule O					نــــ ـ
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?		\cdots	3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		2 .	,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	<u> </u>	3b	000	
				Form	330	(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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III								
Nam	e of organization			Employer ide	ntification number					
In	ternational Chapter			42-0453						
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.					
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV (see in	nstructions for					
	definition of "political campa	iign activities")								
2	Political campaign activity e	xpenditures (see instructions)		▶ \$						
3		campaign activities (see instructio		<u> </u>						
Par		organization is exempt under	3 .7 %							
1		cise tax incurred by the organization								
2		cise tax incurred by organization m								
3	-	a section 4955 tax, did it file Form	=							
					Yes No					
	If "Yes," describe in Part IV									
Par		organization is exempt under			5).					
1		expended by the filing organization								
2		ng organization's funds contributed								
	527 exempt function activities									
3	•	enditures Add lines 1 and 2 En		·						
	line 17b									
4 5		and employer identification numb								
		is For each organization listed, er								
	the amount of political cont	tributions received that were prom	nptly and directly de	livered to a separate po	olitical organization, such					
	as a separate segregated fur	nd or a political action committee (PAC) If additional sp	pace is needed, provide i	nformation in Part IV					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
				filing organization's funds If none, enter -0-	contributions received and					
				runds if none, enter -u-	promptly and directly delivered to a separate					
					political organization If					
				!	none, enter -0-					
(1)			<u> </u>							
• •			1							
(2)										
]							
(3)										
(4)										
(5)										
(6)		<u> </u>	1							
		1	I	I						

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

Schedule C (Form 990 or 990-EZ) 2019

sche	edule C (Form 990 or 990-EZ) 2019						Page Z
Pa	Complete if the organization 501(h)).	nizati	on is exer	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Chèck ▶ if the filing organiza address, EIN, expe		•	•		ach affiliated group men	nber's name,
В	Check ▶ If the filing organiza	tion che	ecked box /	A and "limited contro	ol" provisions app	ly	
	Limits of	n Lobb	ying Expen	ditures	i	(a) Filing	(b) Affiliated
	(The term "expenditur	es" me	ans amoui	nts paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to inf	luence	public opin	ion (grassroots lobb	ying)		
b	Total lobbying expenditures to inf	luence	a legislative	e body (dırect lobby	ıng) [
С	Total lobbying expenditures (add	lines 1	a and 1b) .				·
	Other exempt purpose expenditure						
	Total exempt purpose expenditure	•		•	-		
f	Lobbying nontaxable amount E	nter th	e amount	from the following	table in both		
	columns		 				
	If the amount on line 1e, column (a) o	or (b) is:	The lobbyir	ng nontaxable amount	ıs:		
	Not over \$500,000			amount on line 1e			
	Over \$500,000 but not over \$1,000,0			lus 15% of the excess	- 1		•
	Over \$1,000,000 but not over \$1,500			lus 10% of the excess			
	Over \$1,500,000 but not over \$17,00	00,000	<u>'</u>	lus 5% of the excess of	over \$1,500,000		
	Over \$17,000,000		\$1,000,000	***	<u> </u>	* .	
_	Grassroots nontaxable amount (e						
	Subtract line 1g from line 1a If ze						
	Subtract line 1f from line 1c If ze						
j	If there is an amount other than						
	reporting section 4911 tax for this					· · · · · · · · · · · · · · · · · · ·	Yes No
	(Some organizations that I			raging Period Unde		ate all of the five colum	ane holow
	(Some organizations that i			te instructions for			ins below.
		See	ine Separa	te instructions for	mes za tiliougii	21.)	
		Lobb	vina Evner	nditures During 4-Y	ear Averaging Pe	riod	
			ying Exper	liantares Baring 4 1	l Averaging Fe		1
	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))			٠.	-	·	
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

	such "Nea" received on lines to through the below provide in Part IV a detailed	(a)			(b)	
iesc	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity	Yes	No		Amount	_
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	-			•	
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	\rightarrow				
_	Media advertisements?		\rightarrow			
	Mailings to members, legislators, or the public?	 	-			
	Publications, or published or broadcast statements?	_				
	Grants to other organizations for lobbying purposes?	<u>_</u>				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i :	Other activities?			-		
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-		+		
	If "Yes," enter the amount of any tax incurred under section 4912	Ì				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or s	ection		
	501(c)(6).					
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			[1 X	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? No				2 X	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or s	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes.")R (b)	Par	t III-A,	line 3, i	S
1	Dues, assessments and similar amounts from members		$\overline{}$			
	·		L	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts of	· ·	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	nts o	f	1	<u> </u>	
	political expenses for which the section 527(f) tax was paid).		- }.	2a		
а	political expenses for which the section 527(f) tax was paid). Current year					
a b	political expenses for which the section 527(f) tax was paid). Current year			2a		
a b c	political expenses for which the section 527(f) tax was paid). Current year			2a 2b		
a b c	political expenses for which the section 527(f) tax was paid). Current year	 		2a 2b 2c		
a b c 3	political expenses for which the section 527(f) tax was paid). Current year			2a 2b 2c		
a b c 3	political expenses for which the section 527(f) tax was paid). Current year	· · · · · · · · · · · · · · · · · · ·		2a 2b 2c		
a b c 3	political expenses for which the section 527(f) tax was paid). Current year	· · · · · · · · · · · · · · · · · · ·		2a 2b 2c 3		
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3		
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and
a b c 3 4 Par	political expenses for which the section 527(f) tax was paid). Current year	of the	· · · -	2a 2b 2c 3	-A, lines	1 and

Schedule C (Fo	m 990 or 990-E2) 2019	age 4
Part IV	Supplemental Information (continued)	
	The state of the s	
		_

SCHEDULE D

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 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 Yes 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 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 ₽ \$

Page 2

,Pa	rt Organizations Maintain						_					
3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, check	k any of	the	follow	ring that make	significa	nt use	of its
	collection items (check all that app	ıly)		_	_							
а	Public exhibition			d _	Loan	or excha	nge	progra	m			
b	Scholarly research			e	Other							
C	Preservation for future gene											
4	Provide a description of the organ	nızatıon's	collections	s and expla	ain how t	they furt	ther	the or	ganization's ex	empt pu	rpose i	n Part
	XIII											
5	During the year, did the organization										_	
_	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	tion'	s colle	ction?	<u>. _ `</u>	res	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21			es" on For	m 990, F	Part IV,	line	9, or r	eported an an	nount o	Form	1
1a	Is the organization an agent, truste	ee, custo	dian or othe	er intermed	liary for c	ontributi	ons	or othe	r assets not		_	
	included on Form 990, Part X?									`	res [No
b	If "Yes," explain the arrangement is	n Part XI	II and comp	plete the fo	llowing tab	ole						
									Am	ount		
С	Beginning balance											
d	Additions during the year								<u> </u>			
е	Distributions during the year					_	1e					
f	Ending balance					_	1f					
2a	Did the organization include an am								-		es	_ No
$\overline{}$	If "Yes," explain the arrangement i	n Part XII	II Check h	ere if the e	xplanation	has bee	en pr	ovided	on Part XIII		• • • •	
Pa	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10											
	Complete if the organiza	r		T .		(c) Two			(d) Three years b	and to		en bank
		(a) Cu	rrent year	(b) Prio	or year	(0) 1 WO	year	- Dack	(d) Three years b	ack (e)	Four yea	
1 a	Beginning of year balance											
b	Contributions									_		
С	Net investment earnings, gains,			İ								
	and losses			····								
d	Grants or scholarships	-										
е	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance				- () 1		/ <u>-</u> \\		I			
2 a	Provide the estimated percentage Board designated or quasi-endown				e (iirie 1g,	Column	(a))	neid as				
	Permanent endowment ▶	·····		- <i>"</i>								
	Term endowment ▶	%										
_	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%								
3a	Are there endowment funds not in				tion that	are held	land	ladmır	nistered 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 relate	ed organi	zations liste	ed as require	ed on Sch	edule R7	٧			3	b	
4	Describe in Part XIII the intended in	uses of th	ne organiza	ition's end <u>o</u>	wment fur	nds						
Pa	rt VI Land, Buildings, and Equ Complete if the organiz	uipment.	awarad "V	os" on For	000 I	2ort IV	lıno	110	Soo Form 000	Dort V	lino 1	0
	Description of property	auon ans		other basis		or other bas			cumulated		k value	<u> </u>
				tment)		ther)	_		eciation			
1 a	Land					718,15						<u>, 158</u>
b	Buildings				2,9	944,54	11			2	944	<u>,541</u>
С	Leasehold improvements											
d	Equipment					997,15					997	
	Other			m 000 D==		099,55		<u> </u>			5 <u>,099</u> 3-759	
LOTA	i Add ines la miduan le <i>icolumn</i>	i iui IIIUSI	cuudi FOII	n 990. Pall	A. CUIUIIII	ı (D). II(K	, 100	, ,	▶		1.54	. 4 1 ()

Part VII	Investments - Other Securities.	"Yos" on Form 000) Part IV line 11b, See Form 000	Part V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)			-	
(C)				
(D)				
(E)				
(F)				-
(G)				
(H)	th) must sound from 000. Rad V. sol. (B) inc. 121			 -
	n (b) must equal Form 990, Part X, col (B) line 12). Investments - Program Related.			
Part VIII	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 valuat	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) book value	Cost or end-of-year mark	
(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
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ump (h) must aqual Form 000, Port V and (P) li	no 15 \		<u> </u>
	umn (b) must equal Form 990, Part X, col (B) li Other Liabilities.	ne 15)	······	
Part X	Complete if the organization answered	"Yes" on Form 990	Part IV line 11e or 11f See For	m 990 Part Y
	line 25	163 0111 01111 990	, raitiv, line the or the occiton	111 330, 1 art X,
1.		tion of liability		(b) Book value
	ral income taxes	non or nability	· · · · · · · · · · · · · · · · · · ·	(b) BOOK VAILE
(2)	al illoome taxes			
(3)				
(4)				
(5)				
(6)			-	
(7)				
(8)			·	
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions. In Part XIII, provide the			nat reports the
E. LIGUILLY IL	or anocitain tax positions in rait Am, provide the	TAVE ALTHE LOCKLING IO	and organizations intantial statements th	iat reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.
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	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	rn.
		1
1	Total expenses and losses per audited financial statements	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated Services and use of facilities	
b	Prior year adjustments	
ا C	Other (Describe in Part XIII)	
d e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part	XIII Supplemental Information.	
Provid	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 1b and 2b and	art V, line 4, Part X, line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
Pt.	VI, Line le: The amount reported on line le as "other" primarily inc	cludes the land
and	buildings that comprise the campus of Cottey College in Nevada, Miss	souri. Cottey
Coll	ege is one of the 501(c)(3) educational projects that the reporting	organization
	the Color of the C	l1 - D
supp	orts. Cottey College is identified as a related organization in Sche	edule K.

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	rm 990) 2019 Supplemental Information (continued)	
		-

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

201

Employer identification number

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

► Attach to Form 990.

Open to Rublic

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Int	ernational Chapter P.1	E.O. Siste	rhood		42-045382	9
Part	·	n Activities		United States. Comple	ete if the organization a	inswered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	Yes No
	For grantmakers. Describe in Foutside the United States					d other assistance
3	Activities per Region (The follow (a) Region	(b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional spi (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed) (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		209,000
(2)	Cntrl Amer & Caribbea	ın		Investments		24,000
(3)	E. Asia & Pacıfıc			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
	sheets to Part I	0	0	:		465,000
_						

Schedule F (F	Schedule F (Form 990) 2019	7
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	ام
	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 (b) IRS section organization (if and	(b) IRS code section and EIN	ode (c) Region d EIN	(d) Purpose of grant	pose of (e) Amount of (f) Manner of cash ant cash grant dishursement	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation
	(Special de la)					200		appraisal, other)
<u>(5)</u>								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)	,							
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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. ~

³

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 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	(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, appraisal, other)
(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	V 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)	lo
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)	lo
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.	lo
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	lo
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)	lo
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	lo

Schedule F (Form 990) 2019

. ,	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
_	
•	
_	
_	
-	

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

42-0453829

OMB No 1545-0047

Inte	ernational Chapter P.E.O. Sisterhood 42-0453829			
	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		1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
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	1b		
2	explain			
2			<u>-</u>	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a ²	2		
3	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			
		ĺ	ĺ	i (
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			•
4	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			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b		4b		<u>X</u>
C	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			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l i
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			
а	The organization?	<u>5</u> a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
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
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			
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		_x_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
٠	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
-	Regulations section 53 4958-6(c)?	9		

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 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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of W-2 and/	W-2 and/or 1099-MIS	or 1099-MISC compensation	Pac tramantad (7)	(O) Montavehie	(E) Total of columns	(E) Comparestion
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(D)(I)(B)	in column (B) reported as deferred on pnor Form 990
Jackie Matt	ε	146,487	0	26,657	0	21,890	195,034	0
1Former Executive Director	€							
	ε							
2	<u> </u>							
	€							
3	<u> </u>							
	(9)							
4	(ii)							
	Θ							
5	<u>(ii)</u>							
	€							
y	Ξ							
	(1)							
7	(ii)							
	(i)							:
8	(ii)							•
	Θ							
6	(ii)							
	(3)							
10	(ii)							
	€							
11	(ii)							
	Ξ							:
12	(ii)							
	9							
13	€							
	Ξ							
14	€							
	Ξ							
15	€							
	€							
16	Ξ							

Schedule J (Form 990) 2019

Part III

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

International Chapter P.E.O. Sisterhood

Employer identification number 42-0453829

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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	Securities - Publicly 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							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		,					
17	Real estate - Other		1	734,464	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 ►(
	Number of Forms 8283 received	by the org	anization during the tax ye	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	ree years f	rom the date of the initial	contribution, and which is	n't required	:	l]
	to be used for exempt purposes for					30a		x
b	If "Yes," describe the arrangement in		3.					
31	Does the organization have a		ance policy that require	es the review of any r	nonstandard		6	
• •	contributions?	_			I	31	x	
32a	Does the organization hire or use							
	contributions?				I	32a		х
b	If "Yes," describe in Part II						4	<u> </u>
	If the organization didn't report an	amount in c	olumn (c) for a type of pror	perty for which column (a)	is checked.			•
	describe in Part II		(-)	(4)				-

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.
<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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

42-0453829 International Chapter P.E.O. Sisterhood Part I, Line 6-The number of volunteers is estimated based on the number of volunteers serving on boards and committees at the International 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 6-7b--The 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 officers and past-presidents of state chapters (approximately 1,400) attend the biennial convention of International Chapter where new members of the executive board are elected. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11--Copies of the Form 990 were provided to each member of the audit committee and executive board of the reporting organization prior 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 return was filed. Part VI, Line 12c--Conflict of Interest policies and signature pages are distributed yearly to all executive board members and to all committee members serving the reporting organization. Signature pages are collected by the executive office in Des Moines, IA and monitored for completion. Any conflicts of interest that arise pursuant to this process or otherwise throughout the year are to be reported immediately to the affected committee/board and the remaining members take the appropriate action.

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

International Chapter P.E.O. Sisterhood	42-0453829
Part VI, Line 15bThe executive director and director of fi	inance/treasurer complete
an annual self-evaluation and submit it to the executive boa	
reviews the completed evaluations and submits responsive completed	
the executive director. A summary evaluation is prepared and	
board. The Compensation Committee prepares salary and benefit	its recommendations for
discussion and approval by the executive board for the execu	utive director. The
director of finance/treasurer's salary is recommended by the	e 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 of	consulting group.
Part VI, Line 19Governing documents, Conflict of Interest	policies and financial
statements are available to members only. These items are no	ot available to the general
public.	
Part VII, Line laThe executive director and director of fi	nance/treasurer of the
reporting organization also serve in the same capacity for t	the related organizations
listed on Schedule R (except Cottey College). An estimate of	f 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.C	O. Foundation, no wages are
paid or reimbursed for either officer from the related organ	nizations. For the 2019 tax
year, P.E.O. Foundation did reimburse compensation and benef	fits of \$16,469 for the
director of finance/treasurer to the reporting organization.	. All wages and related
benefits for these individuals are paid directly by the repo	orting organization.
Part XII, Line 2bThe organization's financial statements w	were audited by an
independent auditing firm on a consolidated basis with the p	philanthropic funds of the
P.E.O. Sisterhood, excluding Cottey College and P.E.O. Found	dation (listed on Sch R, Pt II

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.

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2019

OMB No 1545-0047

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Open to Public

Employer identification number

42-0453829

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 3 Sisterhood Chapter P.E.O.

International

Part I

Department of the Treasury Internal Revenue Service Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	e organization answ	vered "Yes" on Fo	rm 990, Part IV	, line 34, because	it had

	in a year					
(a)	(q)	(၁)	(Q	(e)	€	(B)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?
						Yes No
(1) Cottey College Endowment Fund 42-607801						
3700 Grand Ave, Des Moines, IA 50312	Endow fund	Iowa	501(c)(3)	12-Type II	See Pt VII	×
(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 42-607805						
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	Іома	501(c)(3)	7	See Pt VII	×
(5) Cottey College						
1000 West Austin, Nevada, MO 64772	College	Missouri	501(c)(3)	2	See Pt VII	×
(6) P.E.O. Scholar Awards 42-137902						
3700 Grand Ave, Des Moines, IA 50312	Schol fund	Іома	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.	ċ				Schedule R (Schedule R (Form 990) 2019

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OMB No 1545-0047

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

Chapter P.E.O.

International

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.

2019	Open to Public

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

Employer identification number 42-0453829

(g) Section 512(b)(13) controlled entity? (f) Direct controlling ž 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 × × See Pt VII See Pt VII (f) Direct controlling (e) End-of-year assets 12-Type II Public chanty status (if section 501(c)(3)) (d) Total income e Identification of Disregarded Entities. Complete if the organization answered "Yes" on Fcrm 990, Part IV, line 33. (d)
Exempt Code section 501(c)(3) (c)
Legal domicile (state
cr foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity ១ Iowa Iowa Supp college Primary activity Schol fund 42-6078016 30-0583651 (a)Name, address, and EIN (if applicable) of disregarded entity 50312 3700 Grand Ave, Des Moines, IA 50312 Name, address, and EIN of related organization 3700 Grand Ave, Des Moines, IA (2) P.E.O. STAR Scholarship Fund (1) Cottey College Building Fund Parti Part II 3 (4) 9 9 3 4 9 (9) 0 (2) 6

For Paperwork Reduction Act Notice, see the Instructions for Form 930.

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

(i) Section 512(b)(13) controlled entity? Yes (k) (Percentage ownership (h) Percentage ownership (j) General or managing Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a partnership during the tax year partner (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate siboations? ž Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling 1 entity (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization (1) N/A Part IV (1) N/A Part III

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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	s" 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? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	elated organizations list	ed in Parts II-IV?	
b Gift, grant, or capital contribution to related organization(s)			×
d Loans or loan guarantees to or for related organization(s)			16 Td
f Dividends from related organization(s)			1f X
J Lease of facilities, equipment, or other assets to related organization(s).			-
k Lease of facilities, equipment, or other assets from related organization(s)			
 refrormance of services or membership or fundralsing solicitations for related organization(s) m Performance of services or membership or fundralsing solicitations by related organization(s) 			+
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) 			
b Reimbursement paid to related organization(s) for expenses.			1p X
Reimbursement paid by related organization(s) for expenses			1 q X
r Other transfer of cash or property to related organization(s)			A Assert Page
s Other transfer of cash or property from related organization(s)	ils line, including cover	red relationships and transa	action thresholds
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-s)		amount involved
(1) Cottey College	v	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
(4) P.E.O. Scholar Awards	1,0	77,515	Cash-FMV
(5) P.E.O. STAR Scholarship Fund	1,0	52,948	Cash-FMV
(6) P. E. O. Foundation	1,0	232, 419	Cash-FMV
JSA		Sch	Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule			Ye	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?		,
Perent of (i) interest (ii) annuties (iii) covalies or (iv) ent from a controlled entity	•		Ta.	
			2	
	•		2	
			12	
d Loans or loan guarantees to or for felated organization(s)			: .	+
e Loans or loan guarantees by related organization(s)			<u>а</u>	4
				$\frac{1}{1}$
f Dividends from related organization(s)			#	_
a Sale of assets to related organization(s)			19	
			4	
			=	
Chloride of the control of the contr			; -	
Lease of facilities, equipment, of other assets to felated diganization(s)				
			=	1
K Lease of facilities, equipment, of other assets from leighed organization(s)			=	
			: ‡	-
m Performance of services or membership or fundraising solicitations by related organization(s)			:	\downarrow
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			F :::	+
o Sharing of paid employees with related organization(s)			10	
b Reimbursement paid to related organization(s) for expenses,	•		1p	
			19	
• Other transfer of cash or property to related organization(s)			-	<u> </u>
			18	
1		covered relationships and transaction thresholds	action thresholds	
		(e)	9	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ining d
(1) D F O Educational Ioan Fund		CE 8 8 L L	A PANA	
המתכמרדסוומד הסמוו		2017017	111111111111111111111111111111111111111	
(2) P.E.O. Foundation	ь	390,851	Cash-FMV	
(3)				
(4)	•			
(6)				
(6)				
		Sch	Schedule R (Form 990) 2019	0) 2019

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

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

Action Action	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) 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)	(j) General or managing partner?	(k) Percentage ownership
(1) N/A (2) (3) (4) (6) (6) (7) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19				sections 512-514)	Yes No				,	Yes	
(9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (11) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (11) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (19) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (11) (11	(1) N/A										
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	(2)										
(4) (6) (15) (15) (16) (16) (16) (16) (16) (16) (16) (16	(3)										
(6) (7) (9) (10) (11) (12) (13) (14) (15)	(4)										
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(5)										
(1) (9) (10) (11) (12) (13) (14) (15) (16)	(9)										
(9) (10) (11) (12) (13) (14) (15) (16)	(2)										
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(12) (13) (14) (15) (16)	(11)										
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	(16)										