Return of Organization Exempt From Income Tax 2949323605316 9

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For th | e 2018 | calendar year, or tax year beginning | Aprıl 1 ,2 | <u>2018, a</u> | and end | ding M | arch 31 | | <u>, 20 19</u> | | | |
|--------------------------------|---|-------------------|---|---|----------------|----------|----------------------|---------------------|-------------------|----------------|----------------|--|--|
| \ | | | C Name of organization | | | | _ | D Employer idei | ntification i | number | | | |
| В | Check if a | pphcable | P.E.O. Sisterhood FL | State Chapter | | | | | | | | | |
| | Addr | | Doing business as | | | | | 59-6 | 20144 | l | | | |
| /⊢ | chan | ge e change | Number and street (or P O box if mail is | not delivered to street address) | F | Room/su | ııte | E Telephone number | | | | | |
| ′⊢ | ⊣ | - | 3700 Grand Ave | | | | | 515 | 255 32 | 153 | | | |
| | ≀ | return return/ | City or town, state or province, country, a | and ZIP or foreign postal code | | | | <u> </u> | 233 3. | | | | |
| - | | nated | | v , | | | | G Gross receipts | . e | 1 051 | 2 050 | | |
| | retur | | Des Moines, IA 50312 | -2899 | | | | H(a) Is this a grou | | 1,053 | | | |
| L | pend | | F Name and address of principal officer | | | | | subordinates | ラ | ├ ──┤ | <u> </u> | | |
| | | | Christine Hubert - sai | | | | -11 | H(b) Are all subord | | | N | | |
| <u>L</u> | Tax-ex | empt st | atus 501(c)(3) X 501(c) (| 4) ◀ (insert no) 4947(| (a)(1) o | r | 1 1 2 7 1 | If "No," att | tach a list (se | e instructions | ;) | | |
| J | Webs | ite. 🕨 | www.peointernational. | org | | | VI | H(c) Group exem | ption number | ▶ 107 | 2 | | |
| K | Form | of organ | ization Corporation Trust X | Association Other > | | LY | ear of forma | tion 1927 M | State of leg | al domicile | IA | | |
| P | art I | Su | mmary | | \neg | | | | | | | | |
| | 1 | Briefly | describe the organization's mission o | r most significant activities. Won | nen' | s me | mbersh | ip organı | zatior | <u> </u> | | | |
| a | | | porting six philanthrop | | | | | re schola | - | | | | |
| anc. | - | | | | | | | | | | | | |
| Ĕ | loan and award programs and a women's college owned by the organization. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | | | | | | | | | |
| Governance | 1 2 | | | · · | • | | | | 3 | | 5 | | |
| ජ | ľ | | er of voting members of the governing | | | | | | | | <u>5</u> | | |
| es | 4 | | er of independent voting members of t | | | | | | 4 | | | | |
| Activities | 5 | | number of individuals employed in cale | • | | | | | 5 | | 2 | | |
| ŧ | 6 | | number of volunteers (estimate if neces | | | | | | 6 | | 100 | | |
| ⋖ | 7a | Total | unrelated business revenue from Part V | III, column (C), line 12 | | | | | 7a | | | | |
| | b | Net ur | related business taxable income from | Form 990-T, line 38 | <u></u> | <u></u> | | | 7b | | | | |
| | | | | | | | | Prior Year | | Current Y | | | |
| a | 8 | Contri | butions and grants (Part VIII, line 1h) | | | | | 955,6 | 70 | 1,053 | 3,756 | | |
| Revenue | 9 | | am service revenue (Part VIII, line 2g) | | | | l l | | | | | | |
| eve | 10 | Invest | ment income (Part VIII, column (A), line | es 3, 4, and 7d), | | | [| 2 | 30 | | 194 | | |
| × | 11 | | revenue (Part VIII, column (A), lines 5, | | | | | | | | | | |
| | 12 | | revenue - add lines 8 through 11 (must | | | | | 955,9 | 00 | 1,053 | 950 | | |
| | 13 | | s and similar amounts paid (Part IX, colu | | | | • | 682,6 | | | 7,211 | | |
| | 14 | | its paid to or for members (Part IX, colu | | | | ` | 33273 | | | | | |
| | 14- | | | • - | 20,2 | 03 | 20 | 702 | | | | | |
| Expenses | 15 | Salari | es, other compensation, employee bene | eins (Part Vadolum), W., Wieg 5 | 701a · | | | 20,2 | 93 | | 1,102 | | |
| ě | 16a | FIUIES | ssional fundraising lees (Fart IX, Column | ' (^), """ " [8] · · · · · · · · · · | | اعولن | · · | | | | | | |
| Exp | b | Total | fundraising expenses (Part IX, column (I | D), line 25) 528 | 117 | ۲ ' | ├ ├── | 255.0 | - | | | | |
| _ | 17 | Other | expenses (Part IX, column (A), lines 11 | a-11d, 11f-24e) .(::(-)(-) | · · · · | |). | 255,8 | | | , 882 | | |
| | 18 | | expenses Add lines 13-17 (must equal | | | | | 958,8 | | 1,125 | | | |
| | 19 | Reven | ue less expenses Subtract line 18 from | n line 12 | <u></u> | <u> </u> | <u> </u> | -2,9 | 65 | -71 | L <u>,</u> 845 | | |
| Net Assets or Fund Balances | | | | | | | Begii | ning of Current \ | 'ear | End of Ye | ar | | |
| set | 20 | Total a | assets (Part X, line 16) | | | | | 453,0 | 98 | 381 | L , 253 | | |
| AB | 21 | Total I | iabilities (Part X, line 26) | | | | | | | | | | |
| Ne. | 22 | Net as | sets or fund balances. Subtract line 21 | from line 20, | | , . | | 453,0 | 98 | 381 | .,253 | | |
| | art II | | nature Block | | | | | | | | | | |
| Un | der pe | nalties c | of perjury, I declare that I have examined the | is return, including accompanying s | schedule | es and s | tatements, | and to the best of | my knowl | edge and b | elief, it is | | |
| tru | e, corre | ect, and | complete Declaration of preparer (other than | officer) is based on all information of | of which | h prepar | er has any k | nowledge | | | | | |
| | | | Tatal a Same | | | | | 811 | 119 | | | | |
| Sig | gn | | Signature of officer | | | | | Date | <u></u> | | | | |
| He | re | | Kathy A Sonna Direct | or of Finance | | | | | | | | | |
| | | | Kathy A. Soppe, Direct Type or print name and title | or or rinance | | | | | | | | | |
| | | | Type preparer's name | Preparer's signature | | Date | | | , PTIN | | | | |
| Par | d | ' '''' | 1760 biebaiei a ilaille | . Toparci o signature | | Date | | Check | J " | | | | |
| | parer | | | | | | | self-employ | 30 | | | | |
| | Only | Firm's | name 🕨 | | | | | Firm's EIN | ~ ~~~~ | | | | |
| | | | address > | | | | | Phone no | | | ······ | | |
| Ma | y the | IRS d | scuss this return with the preparer | shown above? (see instructi | ions) . | | | <u> </u> | | Yes | No | | |
| For | Pape | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | | Form 99 | 0 (2013 | | |

Form **990** (2013)

Form 990 (2018)



Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 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.............. 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 98-197 If "Yes," complete Schedule C, Part III 5 Х 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Х 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," Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII......... 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Χ Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

21

ŧ

| 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 |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | 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, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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) | İ | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | <u> X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | _X_ |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 256 | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 26 | | |
| 2.4 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | v |
| 20 | | 31 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | v | |
| Dowl | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | • • • | Yes | No |
| 4 | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | . 55 | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| C | reportable gaming (gambling) winnings to prize winners? | 1c | х | |
| | Toportation garming (garmening) minimigo to price minimigo. | للخنسا | | |

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|--|----------|-----|--|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 |] | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | - | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. | 4a | | X |
| b | If "Yes," enter the name of the foreign country | į į | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | |
| | solicit any contributions that were not tax deductible as charitable contributions? | 6a | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | Х | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| | and services provided to the payor? | 7a | | - |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| | required to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 h | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 8 | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | ĺ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 9 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | j ! | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |] | | l |
| | Section 501(c)(12) organizations. Enter | | | 1 |
| | Gross income from members or shareholders | | | l |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | ĺ |
| | against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | is the organization licensed to issue qualified health plans in more than one state? | 13a | | - |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | l |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | 14a | - | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 140 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N | · • | | ^ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O | | | _ _ |
| | | | ~~~ | |

| Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in | | | | | |
|---|--|------------|-------|--------------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | |
| Sect | tion 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | | |
| h | committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent | į | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | ĺ | | [| |
| - | 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 | | | - | |
| J | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed 7 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | |
| | | 6 | Х | <u> </u> | |
| 6 | Did the organization have members or stockholders? | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7a | х | | |
| _ | one or more members of the governing body? | <u> </u> | | | |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7b | х | | |
| | stockholders, or persons other than the governing body? | · · · | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | |
| _ | the year by the following | 8a | Х | | |
| a | The governing body? | 8b | X | | |
| ь 9 | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | ستسا |) | L | |
| | The file of the section broad action about periods that requires by the months revenue | | Yes | No | |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | X | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 1 | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | | |
| 112 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | |
| b | | -1 | | | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a | х | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | | |
| V | 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 | Х | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | |
| . • | Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х | |
| b | Other officers or key employees of the organization | 15b | | X | |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | |
| 16a | | | l | | |
| | with a taxable entity during the year? | 16a | | Х | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | |
| | 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 ▶ None | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schedule O) | (Sect | ion 5 | 01(c) | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the control of the conflict of the conf | erest p | olicy | , and | |
| | financial statements available to the public during the tax year | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153 | s ▶ | | | |

| orm | 990 | (2018 | ١ |
|-------|-----|-------|---|
| 01111 | 220 | 12010 | , |

| | - |
|------|-----|
| Page | · / |

| Part VII | Compensation of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|--------------------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent Contra | actors | | | | | | | | |

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

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

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

| X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | stee |
|---|--|----------|--|----------|-----------|--|--|--|---|----------|
| (A) Name and Title | Average (do not che hours per box, unless week (list any officer and a | | Position theck more than one as person is both an ad a director/trustee) Highest compensated Officer Officer | | an ee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of otner compensation from the organization and related organizations | | |
| (1) Christine Hubert | 20 | | | | | | | | _ | |
| President | ļ | X | | Х | <u> </u> | | | 0 | 0 | 0 |
| (2) Fran Hunt | 20 | ļ ,, | ŀ | ١., | | | | | _ | |
| Vice President | 120 | Х | - | Х | | | - | 0 | 0 | 0 |
| (3) Karen Kline | 20 | | | v | | | | | | |
| Organizer | 20 | Х | | Х | - | | | 0 | 0 | 0 |
| (4) Carolyn Walker Treasurer | 20 | Х | | х | | | | 0 | 0 | 0 |
| (5) Janet Brown | 20 | <u>^</u> | | <u> </u> | ┢ | | | <u> </u> | 0 | |
| Secretary | 20 | X | | Х | | | | 0 | 0 | 0 |
| (6) | | -21 | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | - | | | | | |
| (10) | | - | | | | | | | | |
| (11) | | | | | | | | | | • . |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | <u> </u> |
| (14) | | | | | | | | | | |

t g

| Part VII Section A. Officers, Directors, 1 | rustees, Ke | y Em | ploy | | | nd H | igh | est Compensate | d Employe | es (co | ntırıuec | 1) | |
|---|--|--|-----------------------|-------------|--------------|------------------------------|--------------|--|--|--------|--------------------|--|---------|
| (A) Name and title | (B) Average hours per week (list any | Position (do not check more that box, unless person is biofficer and a director/tr | | | | | an ee) | (D) Reportable compensation from | (E) Reportable compensation from related | | am | (F) timated ount o | |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-M | | fro orga and | pensation the anization trefate nization | on d |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | |] | _ | _ | - | | | | | | | | • |
| (21) | | | | _ | | | | | | | | | |
| | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b Sub-total | II, Section A | | | | | | * * * | | | | | | |
| 2 Total number of individuals (including bu reportable compensation from the organization) | | o tho | | ste 0 | d at | ove) | who | o received more t | han \$100,00 | 00 of | | | |
| 3 Did the organization list any former employee on line 1a? If "Yes," complete Sc | officer, direct | tor, o | r tr | ust dual | ee, ' | key | em | ployee, or highes | st compensa | ated | 3 | Yes - | No X |
| 4 For any individual listed on line 1a, is to organization and related organizations individual | greater than | n \$1 | 50,0 | 000 | ? 1 | f "Ye | s, " | complete Sched | ule J for s | uch | 4 | | X |
| 5 Did any person listed on line 1a receive for services rendered to the organization? | or accrue co | ompe | nsat | ion | fro | m any | y ur | nrelated organizat | ion or individ | laut | 5 | | |
| Section B. Independent Contractors | | | | | | | | | | | - | | |
| Complete this table for your five highest compensation from the organization Rep year | | | | | | | | | | | | | |
| (A) Name and business | address | | | | | | | (B) Description of se | rvices | Co | (C) ompens | ation | |
| None | | | | | | | | | | | | | |
| | | _ | | | | | | | | | , ' | | ` |
| Total number of independent contrac received more than \$100,000 of compens | | | | | | ted 1 | to | those listed abo | ve) who | | | | |
| JSA 8E1050 1 000 | sation nom the | Jorga | 11126 | | | | | | L. | | Form | 990 | (2018 |

| Pa | rt VII | Statement of Revenue Check if Schedule O contains a response or note to an | v line in this Bart \ | /III | | |
|--|-----------------------------|--|-----------------------|--|---|--|
| | | Check if Schedule O Contains a response of flote to an | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from (a) under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e | Federated campaigns 1a Membership dues 1b 288,007 Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 765,749 | | | | |
| | g h | Noncash contributions included in lines 1a-1f \$ Total Add lines 1a-1f | 1,053,756 | | | |
| Program Service Revenue | 2a b c d e f | All other program service revenue | | | | |
| <u> </u> | 3 | Total. Add lines 2a-2f | 194 | | · | , 194 |
| • | 4 5 | Income from investment of tax-exempt bond proceeds . Royalties | | | | |
| | 6a b | Gross rents | | | | , <u>ē</u> , |
| | d 7a | Net rental income or (loss) | | | | . 4 |
| `! ~ | b c d | Less cost or other basis and sales expenses Gain or (loss) | | | · · · · · · · · · · · · · · · · · · · | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | , | - | , |
| Oth | C | Less direct expenses | | | | , |
| • | С | Less direct expenses | | | | |
| | b | returns and allowances | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a b c | | | | | |
| | d e 12 | All other revenue | 1,053,950 | | | 194 |

194

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)

| . Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | | |
|---|--|-----------------------|------------------------------------|---|---------------------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 680,961 | 680,961 | | | | | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 56,250 | 56,250 | | - | | | | | | |
| | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Benefits paid to or for members | | | | - | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | - | | | | | | |
| 7 | Other salaries and wages | 19,110 | 6,370 | 12,740 | | | | | | | |
| | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | | | | | | | |
| 9 10 | Other employee benefits | 1,592 | 531 | 1,061 | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| | ı Management | | | | | | | | | | |
| | Accounting | 1,600 | | 1,600 | | | | | | | |
| | l Lobbying | | | | | | | | | | |
| | Professional fundraising services. See Part IV, line 17. | | | | | | | | | | |
| | I Other (If line 11g amount exceeds 10% of line 25 column | | | | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | | | - | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | |
| 13 | Office expenses | 528 | | | 528 | | | | | | |
| 14 | Information technology | 320 | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | | |
| 17 | | | | | 41140 | | | | | | |
| , 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | , | , , | | | | | | | |
| | Conferences, conventions, and meetings | 175,740 | 58,580 | 117,160 | | | | | | | |
| 20 21 | Interest | 169,936 | 169,936 | | | | | | | | |
| | Depreciation, depletion, and amortization | | | | | | | | | | |
| 23 | | 207 | | 207 | | | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | · , | | | | | | |
| a | Operating Expense | 7,659 | 2,553 | 5,106 | | | | | | | |
| | Board/Committee Expense | 12,212 | 4,071 | 8,141 | | | | | | | |
| c | | | | | | | | | | | |
| | All other expenses | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,125,795 | 979,252 | 146,015 | 528 | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| | | | | | | | | | | | |

Form 990 (2018)

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
|------------------|-----------------|---|--------------------------|----------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| - | 1 | Cash - non-interest-bearing | 106,292 | -1 | 161,327 |
| | 2 | Savings and temporary cash investments | 346,806 | 2 | 219,926 |
| | 3 | Pledges and grants receivable, net | | 3 | - |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | | |
| , 0 | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 5 6 | - |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 10a | | 1 | |
| | b | Less accumulated depreciation | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | · |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 453,098 | | 381,253 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 20 | |
| | 20 | Tax-exempt bond liabilities | | 21 | |
| | 21 | · · · · · · · · · · · · · · · · · · · | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | , |
| Ē | | trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| <u> </u> | 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 | | 24 | |
| | 23 | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | |
| sa | | Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. | | | |
| S S | 27 | Unrestricted net assets | | 27 | • |
| Заі | 28 | Temporarily restricted net assets | | 28 | |
| ā | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. | | , | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or other funds | 453,098 | 32 | 381,253 |
| Ne | 33 ⁻ | Total net assets or fund balances | 453,098 | 33 | 381,253 |
| | 34 | Total liabilities and net assets/fund balances | 453,098 | 34 | 381,253 |

| orm 99 | 10 (2018) | | | | Pa | ge 12 |
|--------|--|--------|-------------|---------------|----------|----------|
| 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 | | 1, | 053, | 950 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1, | 125, | 795 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | -71, | 845 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 453, | 098 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | ············· | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | | 381, | 253 |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın | ın | | | • |
| | Schedule O | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed o | n a | İ | | |
| | separate basis, consolidated basis, or both | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committeed to the committee that assumes responsibilities are committeed to the committee that assumes responsibilities are committeed to the committee that are committeed to the co | | | | | 3,7 |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | | | 2c | | _X_ |
| | If the organization changed either its oversight process or selection process during the tax year, e | kplaır | ı ın | | | |
| | Schedule O | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set | | | 3. | | v |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits or audits are less than the product of the organization and the organization did not undergo the organization did not undergo the organization did not undergo the organization did not undergo the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | tne | 26 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit | IIIS | | 3b | 990 | (2018) |
| | | | | LOIM | J J U | (2010) |

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

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► 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

gapization answered "Vos." on Form 990. Part IV. line 5 (Proxy Tay) (see separate instructions) or Form 990-F7. Part V. line 35c (Proxy

| Tax) | (see separate instructions), the | | , rax, (see separate) | matractions, or 1 oint 550- | LL, Tutt V, mic 000 (Frox) |
|------|------------------------------------|---|------------------------|---------------------------------------|---|
| | Section 501(c)(4), (5), or (6) org | anizations Complete Part III | | - Employer ide | entification number |
| | e of organization | | | ' - | |
| | E.O. Sisterhood FL | State Chapter | | 59-6201 | |
| Pa | | organization is exempt under | | | |
| 1 | · · | organization's direct and indirect | political campaign a | ctivities in Part IV (see ii | nstructions for |
| | definition of "political campa | , | | | • |
| 2 | | xpenditures (see instructions) | | | |
| | | campaign activities (see instruction | | | |
| Pai | | organization is exempt under | | | · · · · · · · · · · · · · · · · · · · |
| 1 | | cise tax incurred by the organization | | | |
| 2 | • | cise tax incurred by organization m | - | | |
| 3 | <u> </u> | a section 4955 tax, did it file Form | | | |
| | | | | | Yes No |
| | If "Yes," describe in Part IV | | | | · · · · · · · · · · · · · · · · · · · |
| Pa | | organization is exempt under | | | 3). |
| 1 | | expended by the filing organization | | | |
| | | | | | |
| 2 | | ng organization's funds contribute | - | _ | |
| | | es | | · · · · · · · · · · · · · · · · · · · | |
| 3 | • | enditures Add lines 1 and 2 Er | | | |
| | | | | | |
| 4 | Did the filing organization fil | e Form 1120-POL for this year? | | | Yes No |
| 5 | | and employer identification numbers. For each organization listed, ei | | | |
| | | tributions received that were pron | | | |
| | | nd or a political action committee (| | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (a) Name | (5) / (44) (55) | (0, 2 | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization If none, enter -0- |
| | | | | | none, enter o |
| (1) | | | - | | |
| | | | ļ | | |
| (2) | | | 4 | | |
| | | | ļ | | |
| (3) | | | 4 | | |
| | | | | | |
| (4) | | | _ | | |
| | | | | | |
| (5) | | | _ | | |
| | | | | | |
| (6) | | | 4 | | |
| | | | | L | I |

| Schedule C (Form 990 or 990-EZ) 2018 | | | | | | Page 2 |
|--|------------|---------------------------|---|--------------------|----------------------------------|-----------------------------|
| Part II-A Complete if the organization 501(h)). | anizatio | on is exen | npt under section | n 501(c)(3) and | filed Form 5768 (ele | ction under |
| | | | affiliated group (and excess lobbying exp | | ach affiliated group mem | ber's name, |
| B Check ▶ if the filing organiza | ation che | ecked box A | and "limited contro | ol" provisions app | ily | |
| Limits o (The term "expenditu | | ying Expendence ans amour | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to in | fluence | public opini | on (grass roots lobi | oying) | <u></u> | |
| b Total lobbying expenditures to in | fluence | a legislative | e body (direct lobby | ng) | | |
| c Total lobbying expenditures (add | l lines 1 | a and 1b) . | | | | |
| d Other exempt purpose expenditu | | | | | | |
| e Total exempt purpose expenditure | | | • | | | |
| f Lobbying nontaxable amount E | Enter the | e amount i | from the following | table in both | | |
| columns | | | | | | |
| If the amount on line 1e, column (a) | or (b) is: | The lobbying | ig nontaxable amount | is: | | |
| Not over \$500,000 | | 20% of the | amount on line 1e | | | |
| Over \$500,000 but not over \$1,000, | 000 | \$100,000 pl | us 15% of the excess | over \$500,000 | | |
| Over \$1,000,000 but not over \$1,50 | 0,000 | \$175,000 pl | us 10% of the excess | over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,0 | 00,000 | \$225,000 pl | us 5% of the excess of | over \$1,500,000 | | |
| Over \$17,000,000 | | \$1,000,000 | | | | |
| g Grassroots nontaxable amount (| enter 25 | 5% of line 1f |) | | | |
| h Subtract line 1g from line 1a If z | | | | | | |
| i Subtract line 1f from line 1c If ze | | | | | | |
| j If there is an amount other tha | n zero | on either I | ine 1h or line 1i, o | did the organiza | tion file Form 4720 | |
| reporting section 4911 tax for the | | | | | | Yes No |
| | | | aging Period Unde | | | 1 |
| (Some organizations that | | | | | | nns below. |
| | See | the separa | te instructions for | ines 2a through | 2f.) | t _i |
| | Lobb | ying Exper | nditures During 4-Y | ear Averaging Pe | riod | |
| Colordor year for front year | (-) | 2015 | (b) 2016 | (a) 2017 | (4) 2019 | (e) Total |
| Calendar year (or fiscal year beginning in) | (a) | 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| . b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f Grassroots lobbying expenditures | | | | | | 1 |

Schedule C (Form 990 or 990-EZ) 2018

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| tion 501(c)(3)? | |), or so | ection | | |
| der section 4912 or this year? 1(c)(4), section pers? | |), or so | ection | | |
| der section 4912 or this year? 1(c)(4), section bers? | : : |), or so | ection | | |
| or this year? 1(c)(4), section pers? or less? | <u></u> |), or so | ection | | |
| pers? | 501(c)(5 |), or s | ection | | |
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| or less? | | | | | Yes |
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| 1(c)(4), section | | | | | |
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| | ated gro | up list) | , Part | II-A, li | nes 1 |
| 1 | ble section 162(e) tine 3, what po | ble section 162(e) dues on line 3, what portion of the of nondeductible lobbys | ble section 162(e) dues | ble section 162(e) dues | ble section 162(e) dues |

| Schedule C (Fo | orm 990 or 990-EZ) 2018 | Page 4 |
|----------------|--------------------------------------|--|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| | .O. Sisterhood FL State Chapter | | | 59-6201441 |
|--------|---|--|--|--|
| Pa | | | | ccounts. |
| | Complete if the organization answered | | | |
| | | (a) Donor advised funds | S . | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and dono | | | |
| | funds are the organization's property, subject to the | | | |
| 6 | Did the organization inform all grantees, donors, | | - | |
| | only for charitable purposes and not for the bene | | | |
| | conferring impermissible private benefit? | <u></u> | · · · · · · · · | Yes No |
| Pa | t II Conservation Easements. | Vaa aa Farm 000 Bast IV | line 7 | |
| _ | Complete if the organization answered | | | |
| 1 | Purpose(s) of conservation easements held by th | | | |
| | Preservation of land for public use (e.g., red | | | a historically important land area a certified historic structure |
| | Protection of natural habitat | PI | reservation of a | a certified historic structure |
| 2 | Preservation of open space Complete lines 2a through 2d if the organization h | oold a gualified consequation co | ntribution in the | o form of a consequation |
| 2 | easement on the last day of the tax year | ielo a qualified corisei vation cor | nanoanon in an | Held at the End of the Tax Year |
| • | Total number of conservation easements | | 2 | |
| a b | Total acreage restricted by conservation easement | | | |
| C | Number of conservation easements on a certified | | | |
| d | Number of conservation easements included in (| | · · · · · · · · · · · · · · · · · · · | |
| • | historic structure listed in the National Register | | | d |
| 3 | Number of conservation easements modified, tra | | | |
| | tax year ▶ | , lo lo lo lo lo lo lo lo lo lo lo lo lo | -, -, -, -, -, -, -, -, -, -, -, -, -, - | , o s, and organization daming the |
| 4 | Number of states where property subject to conse | ervation easement is located | | - |
| 5 | Does the organization have a written policy re | | | , handling of |
| | violations, and enforcement of the conservation ea | | - | - |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | | | |
| | > | | - | |
| 7 | Amount of expenses incurred in monitoring, inspec | cting, handling of violations, and | enforcing cons | ervation easements during the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requireme | ents of section 1 | 170(h)(4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | | Yes . No |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its | revenue and ex | pense statement, and |
| | balance sheet, and include, if applicable, the text | | ion's financial s | statements that describes the |
| | organization's accounting for conservation easeme | | | |
| Pa | Complete if the organization answered | | | imilar Assets. |
| | | | | |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f | FAS 116 (ASC 958), not to re ar assets held for public exhi | port in its reve ibition educati | enue statement and balance sheet ion, or research in furtherance of |
| | public service, provide, in Part XIII, the text of the f | ootnote to its financial statemer | nts that describ | pes these items |
| b | If the organization elected, as permitted under | | | |
| | works of art, historical treasures, or other simil | | ibition, educati | on, or research in furtherance of |
| | public service, provide the following amounts relat (i) Revenue included on Form 990, Part VIII, line | • | | ▶ € |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of a | | | |
| - | following amounts required to be reported under S | | | oto for financial gain, provide the |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > ¢ |
| | Assets included in Form 990, Part X | | | |

| Pa | rt III Organizations Maintaini | ing Collections of | Art, Historical 7 | reasures, o | r Other | Similar Assets | (continued | 1) |
|--------|--|-------------------------|----------------------|------------------------------|------------|-------------------------|---------------|------------|
| 3 | Using the organization's acquisition | on, accession, and | other records, che | eck any of th | e follov | ving that are a sig | nificant use | e of its |
| | collection items (check all that app | ıly) | | | | | | |
| а | Public exhibition | | d Loa | n or exchang | e progra | ms | | |
| b | Scholarly research | | e Oth | er | | | | |
| С | Preservation for future gene | rations | | | | | | |
| 4 | Provide a description of the organ | nization's collections | s and explain hov | v they furthe | r the or | ganization's exem | pt purpose | ın Part |
| | XIII | | | | | | | |
| 5 | During the year, did the organization | on solicit or receive o | donations of art, h | storical treas | ures, or | other similar | | |
| | assets to be sold to raise funds rath | | | | | | Yes | No |
| Pa | rt IV Escrow and Custodial A | rrangements. | | | | | • • | |
| | Complete if the organiza | ation answered "Ye | es" on Form 990 | , Part IV, line | e 9, or r | eported an amou | int on Forr | m |
| | 990, Part X, line 21 | | | | | _ | - `- | |
| 1a | Is the organization an agent, truste | e, custodian or othe | er intermediary fo | r contribution | s or othe | r assets not | | |
| | included on Form 990, Part X? | | | | | | Yes | No |
| b | If "Yes," explain the arrangement i | | | | | | | |
| | | | | | | Amour | nt | |
| С | Beginning balance | | | 1c | | | | |
| d | Additions during the year | | | | | | | |
| е | Distributions during the year | | | | | | | |
| f | Ending balance | | | | -1 | | | |
| 2a | Did the organization include an am | ount on Form 990, | Part X, line 21, fo | r escrow or c | ustodial | account liability? | Yes | No |
| b | If "Yes," explain the arrangement is | n Part XIII Check h | ere if the explanati | on has been p | provided | on Part XIII | | |
| | rt V Endowment Funds. | | | | | | | |
| | Complete if the organiza | ation answered "Ye | es" on Form 990 | , Part IV, line | e 10 | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | ars back | (d) Three years back | (e) Four yea | ars back |
| 1 a | Beginning of year balance | | | | | | , | |
| b | Contributions | | | | | | | |
| | Net investment earnings, gains, | | | | | | | |
| Ū | and losses | | | | | _ : | 1 /2 1 | <i>i</i> . |
| ч | Grants or scholarships | | | | | 1 | 1 14 | • |
| | Other expenditures for facilities | | | | | | | |
| · | and programs | | | | | | | - |
| f | Administrative expenses | | | | | | | |
| | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage | | end halance (line 1 | o column (a) |) held as | 1 | | |
| a | Board designated or quasi-endown | | % | 9, 00,0,,,,, | , 1.0.4 40 | | - 1 | - |
| b | Permanent endowment > | % | _ | | | - | | |
| С | Temporarily restricted endowment | <u>→</u> % | | | | | | |
| | The percentages on lines 2a, 2b, a | and 2c should equal 1 | 100% | | | | | |
| 3 a | Are there endowment funds not in | | | at are held ar | nd admir | nistered for the | | |
| | organization by | | - | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the relate | ed organizations liste | d as required on S | chedule R?. | | | 3b | |
| | Describe in Part XIII the intended u | | | | | | <u></u> | |
| | TVI Land, Buildings, and Equ | uipment. | | | | | | |
| | Complete if the organization of property | ation answered "Ye | es" on Form 990 | | | | | |
| | Description of property | (a) Cost or (invest | | st or other basis (other) | | cumulated (eciation | d) Book value | ! |
| 1a | Land | | | * | | | | |
| | Lanu, , , , , , , , , , , , | | | | | ı | | |
| b | | | | | | | | |
| | Buildings | | | | | | | |
| С | Buildings | | | | | | | |
| c d | Buildings | | | | | | | |

Schedule D (Form 990) 2018

JSA 8E1270 1 000

| {a | a) Description of security or category | (b) Book value | (c) Method of valuation | on |
|--|---|-------------------|---------------------------------------|---------------------------------------|
| | (including name of security) | (4, 220 | Cost or end-of-year marke | |
| | derivatives | | | |
| | eld equity interests | | <u> </u> | |
| Other | 67 | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | - · · |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | <u> </u> | |
| | Investments - Program Related. Complete if the organization answered | "Yes" on Form 990 | . Part IV. line 11c See Form 990. | Part X. line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuati | _ |
| | (2) | (5) 255 125 | Cost or end-of-year marke | |
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| | b) must equal Form 990, Part X, col. (B) line 13.) | | · · · · · · · · · · · · · · · · · · · | |
| | Other Assets. | | | |
| | Complete if the organization answered | "Yes" on Form 990 | Part IV line 11d See Form 990 | Part X line 19 |
| | | scription | , racto, mie ra ees reini ees, | (b) Book valu |
| | (a) Des | scription | | (b) Book vaid |
| 1) | | | | |
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| 5) ') S) | | | | |
| 5) ') 3) | | | | |
| 6) 7) 8) 9) tal. <i>(Colum</i> | nn (b) must equal Form 990, Part X, col (B) lı | ne 15) | | |
| art X | Other Liabilities. | | | |
| 6) 7) 8) 9) tal. (Colum art X | Other Liabilities. Complete if the organization answered | | | n 990, Part X, |
| 6) 7) 8) 9) tal. (Colum art X | Other Liabilities. | | | n 990, Part X, |
| 5) 7) 3) 3) al. (Colum | Other Liabilities. Complete if the organization answered | | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (i) (i) (i) (i) (i) (i) (i) (i) | Other Liabilities. Complete if the organization answered ine 25 | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (i) (i) (i) (i) (i) (i) (i) (i) (i) (i) | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| S) P) al. (Column Int X C Ii) Federal | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| 5) 7) 8) 9) 1al. (Column 1it X | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (a) (Column (C | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (a) (Column (i) Federal (2) (3) (4) (5) (5) | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (a) (Column (C | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| (a) (Column (C | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| 6) 7) 8) 8) 81) 81) 82) 84 87 87 87 87 87 87 87 87 87 87 87 87 87 | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |
| 5) 7) 3) 6) 1) 1) Federal 2) 3) 4) 5) 7) 8) | Other Liabilities. Complete if the organization answered ine 25 (a) Description of liability | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form | n 990, Part X, |

| Schedule | D (Form 990) 2018 | | Page 4 |
|--------------------|--|----------------------|-------------------|
| Part > | | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,053,950 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| | Other (Describe in Part XIII) |] | • • • |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,053,950 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 1 1 | |
| b | Other (Describe in Part XIII) | | _ |
| | Add lines 4a and 4b | 4c | <u> </u> |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 1,053,950 |
| 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 | ırn. | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,125,795 |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| | Donated services and use of facilities | | |
| b | Prior year adjustments | | - |
| | Other losses |] | |
| d | Other (Describe in Part XIII) |] | • |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,125,795 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | • |
| b | Other (Describe in Part XIII) |] | |
| | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 1,125,795 |
| | III Supplemental Information. | | |
| Provide 2, Part | the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Paxt III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lin nation | e 4, Part X, line |
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| Schedule D (Fo | orm 990) 2018 | Page 5 |
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| Part XIII | Supplemental Information (continued) | |
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

| adO |
|-----|
| |

Employer identification number

59-6201441

OMB No 1545-0047

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

Sisterhood FL State Chapter Name of the organization P.E.O.

Partl

General Information on Grants and Assistance

S N X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

| | | | | i :: | | i | |
|--|-------------|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Cottey College, 1000 W Austin | | | | | | | |
| Nevada, MO 64772 | 440545271 | 501(c)(3) | 96,492 | 0 | | | Gen Supp/Schol |
| (2) P.E.O. Educational Loan Fund | | | | | | | |
| Des Moines, IA 50312 | 426078059 | 501(c)(3) | 52,600 | 0 | | | Educ Loans |
| (3) P.E.O. Int'l Peace Scholarship | | | | | | | |
| Des Moines, IA 50312 | 426078058 | 501(c)(3) | 48,440 | 0 | | | Scholarships |
| (4) P.E.O. Program for Contin Educ | | | | | | | |
| Des Moines, IA 50312 | 237405311 | 501(c)(3) | 95,395 | 0 | | | Educ Grants |
| (5) P.E.O. Scholar Awards | | | | | | | |
| Des Moines, IA 50312 | 421379026 | 501(c)(3) | 48,672 | 0 | | | Educ Awards |
| (6) P.E.O. STAR Scholarship | | | | | | | |
| Des Moines, IA 50312 | 300583651 | 501(c)(3) | 71,771 | 0 | | | Scholarships |
| (7) P.E.O. Foundation | | | | | | | |
| Des Moines, IA 50312 | 426094564 | 501(c)(3) | 267,591 | 0 | | | Schol/Grants |
| (8) | | | | | | | |
| | | | | | • | | |
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| (12) | | | | | - | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | overnment c | rganizations list | ed in the line 1 tab | | | | 7 |

3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

| | r ait iii cail de duplicateu ii additiollai space is lieeded | shace is lied | nen | | | |
|---------|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Scho | 1 Scholarships to Cottey College 8 | 8 | 56,250 | 0 | N/A | N/A |
| 2 | | • | | | | |
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| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | the informati | on required in P | art I, line 2, Part | II, column (b), and any o | ther additional information |

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

59-6201441 P.E.O. Sisterhood FL State Chapter Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying embers of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: copies of the final Form 990 were provided to each member of the executive board of Florida State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is Section of the section of currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state, president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board, and the remaining members vote on the appropriate action. Linguist Carana sall or Lau-La Part VI, Line 19: Governing documents, conflicts of interest policy and financial statements are available to members upon request. These items are not made available to the general public. Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.