(Rev January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

A Fort	the 2019	calendar year, or tax year beginning	Aprıl 1 , <b>2019</b> ,	and ending				<b>, 20</b> 20	
		C Name of organization				D Employer ider	tufication i	number	
B Check	ıf applicable	P.E.O. Sisterhood FL S	State Chapter						
Ad	idress ange	Doing business as	-			59-620	1441		
$\overline{}$	ime change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		E Telephone nur	nber		
In	itial return	3700 Grand Ave				515 25	5 3153	3	
	nal return/	City or town, state or province, country, a	and ZIP or foreign postal code						
Ап	rminated nended	Des Moines, IA 50312	-2899		I	G Gross receipts	\$	1,019	5,283
Ap	turn oplication	F Name and address of principal officer				H(a) Is this a grou		Yes	
ре	ending	Fran Hunt - same as C	above	$\wedge$	<b>1</b>	subordinates* H(b) Are all subordi		Yes	<del></del>
Тах-	exempt st			or 527		` '		e instructions	لسسا
	osite: >	www.peointernational.c		<u>.                                    </u>	-	H(c) Group exemp	otion number	▶ 107	2
	m of organ		Association Other	L Year of		n 1927 M			
Part		mmary	/tosociation	1	-	1527			
1		describe the organization's mission of	r most significant activities. Momon	la mombo		n organi	zation		
- 1	-	<del>-</del>				_			
2 3		porting six philanthrop							- /
	-	and award programs and							
2		this box I if the organization d					1		_
		er of voting members of the governing					3		5
4		er of independent voting members of t					4		5
5		number of individuals employed in cale					5		3
5 6		number of volunteers (estimate if necess					6		100
'		unrelated business revenue from Part V	• •				7a		
	<b>b</b> Net ur	nrelated business taxable income from	Form 990-T, line 39	• • • • • • • •			7b		
				-		Prior Year		Current Y	
8   ي		butions and grants (Part VIII, line 1h)				1,053,7	56	1,015	, 155
9	Progra	am service revenue (Part VIII, line 2g)			,				
9 10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)			1	94		128
11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)						
12	Total	evenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12).			1,053,9		1,015	5,283
13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)	[		737,2	11	780	,188
14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)	[					
15	Saları	es, other compensation, employee bene	fits (Part IX, column (A), lines 5-10).	[		20,7	02	24	,220
16	a Profes	sional fundraising fees (Part IX, column	(A), line 11e)	[					
1		undraising expenses (Part IX, column (I		[					
17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e) RECEIVE			367,8	82	239	,100
18		expenses Add lines 13-17 (must equal				1,125,7		1,043	
19		ue less expenses Subtract line 18 from	1 line 12 .   8	n 181 . [		-71,8	45		,225
20			AUG 1 8 2020	S S	Beginn	ing of Current Y		End of Ye	
20	Total a	assets (Part X, line 16)				381,2	53	353	3,028
21		iabilities (Part X, line 26)		JT ' '   '		002/2			,
: I		sets or fund balances Subtract line 21		•••••	,	381,2	53	353	3,028
리22 art l		nature Block	110111111111111111111111111111111111111			301,2	<u> </u>		1020
nder o	enalties o	f periury I declare that I have examined thi	s return, including accompanying schedu	ules and stateme	ents, ar	d to the best of	my knowle	edge and b	elief, it is
ue, co	rrect, and	complete Declaration of preparer (other than	officer) is based on all information of whi	ch preparer has	any kn	owledge	· 		
		Dana Vanksela				8/5/2	2020		
ign	Ī	ignature of officer				Date	.020		
ere		ŭ				Dima		e Dina	
	<b> </b>	Dana Van Roekel ype or print name and title		· · · · · · · · · · · · · · · · · · ·		Dile	COL O	<u>f Fina</u>	mce
		Type preparer's name	Preparer's signature	Date			, PTIN		
id		- Att - Eroberer e menne		1		Self-employe	"		
epare						<u> </u>	<u>~</u>		
e Onl	עי	name				Firm's EIN			<del>-</del>
		address ▶				Phone no	<u> </u>	1.	
		scuss this return with the preparer	· · · · · · · · · · · · · · · · · · ·	<u></u>		<u></u>	]	Yes	No
or Pap	erwork	Reduction Act Notice, see the separat	e instructions.				$\sim$	Form 99	<b>J</b> (2019)

For	90 (2019) Pa	ge <b>2</b>
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission	
	.E.O. is a philanthropic organization where women celebrate the advancement of	
	omen; educate women through scholarhsips, grants, awards, loans and stewardship of	<u> </u>
	ottey College; and motivate each other to achieve their highest aspirations.	
2	the organization undertake any significant program services during the year which were not listed on the vior Form 990 or 990-EZ?	No
3	the organization cease conducting, or make significant changes in how it conducts, any program envices?	No
	"Yes," describe these changes on Schedule O	
4	escribe the organization's program service accomplishments for each of its three largest program services, as measure openses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe e total expenses, and revenue, if any, for each program service reported	d by ners,
4a	ode) (Expenses \$ 978,647 including grants of \$ 780,188 ) (Revenue \$)	
	rogram services are accomplished by collecting and forwarding contributions to	
	arious P.E.O. projects and scholarships on both the state and national levels; no	
	pecific statistics are available.	
4 h	code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	ode	
40	lode )(Expenses \$ including grants of \$ )(Revenue \$ )	
40	rode) (Expenses \$including grants of \$) (Revenue \$)	
4 <sub>d</sub>	ther program services (Describe on Schedule O )	
	expenses \$ including grants of \$ ) (Revenue \$ )	
4e	otal program service expenses > 978,647	



Pai	t IV 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	ĺ
	VII, VIII, IX, or X as applicable			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	ļ	<u> X</u>
t	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	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
	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	<u>12a</u>	X	
k	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
t	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	445		١,,
4-	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	4.5		.,
46	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	46		v
47	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	47		.,
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
13		40		v
20 ~	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	of fi "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	someone government out at the column (A), line 1. It les, complete otherwise, l'alto l'alto II	141	Λ	

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Par	IV Checklist of Required Schedules (continued)	_		T N =
22	Did the example to provide more than \$5,000 of grants or other applicance to or for democtic individuals on		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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c	ļ	
	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	İ	v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
U	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		Ì	İ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	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)			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		_X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		Λ_
•	or IV, and Part V, line 1	34		Х
35 a	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			
	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			
	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			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Part		J0		
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gaming (gambling) winnings to prize winners?	_1c	Х	

Form	990 (2019)		F	age 5
Par	t V 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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	_	<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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		Ì	
	gifts were not tax deductible?	6b	Χ_	
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		
C	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	_		
	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
49-	against amounts due or received from them )	12a		
		120		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	100		
<b>h</b>	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
D	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · · · ·		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			<del></del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members. 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body?...... 8b Х **b** Each committee with authority to act on behalf of the governing body?............. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c Х 13 13 14 Х Did the organization have a written document retention and destruction policy?........... 14 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? 15a Х The organization's CEO, Executive Director, or top management official . . . . . . . . . None . . . . . . 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ 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?.................

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17 List the states with which a copy of this Form 990 is required to be filed NOT	_

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19
- 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 records > Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153

orm	990	(2019)	

Part VI	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	independent Co	ontra	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. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor	any related	orga	nıza	itior	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A)	(B)				C) sition			(D)	(E)	(F)
Name and title	Average	· 1						Reportable	Reportable	Estimated amount
	hours per week					is both tor/trust		compensation from the	compensation from related	of other compensation
	(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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Fran Hunt	20				)   					
President		Х		X				0	0	0
(2) Karen Kline	20									
Vice President		Х		X				0	0	0
(3) Carolyn Walker	20									
Organizer		Х		X			<u> </u>	0	0	0
(4) Janet Brown	20				ŀ					
Treasurer		X		Х				0	0	0
(5) Nancy Wertz	20									
Secretary		Х		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)						_				
(11)										
(12)										
(13)										
(14)		i								<u></u>

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	s, a	ınd H	igh	nest Compensate	ed Employ	ees (co	ontinue	1)	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more that box, unless person is bofficer and a director/ti				an ee)	(D) Reportable compensation from the	(E) Reports compens from rel	able sation	0	(F) ated 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	itions	fre	om the	e and
(15)													
(16)													
(17)													
(18)											-		
(19)													<del></del>
(20)					_								
(21)													-
(22)		_			 		_						
(23)													
(24)								-					
(25)										_			
1b Subtotal			•••				<b>&gt;</b>						
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							<b>&gt;</b>						
Total number of individuals (including but n reportable compensation from the organization)	ot limited to		se li	sted			who	o received more th	nan \$100,	000 of	-		,
												Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheen											3		х
4 For any individual listed on line 1a, is the organization and related organizations g	reater thar	1 \$15	50,0	000	? //	f "Ye	S, "	complete Schedu	ule J for	such			
<ul><li>Individual</li></ul>	r accrue co	mper	nsat	ion	fror	n any	/ ur	nrelated organizati	on or indi	vidual	4		X
Section B. Independent Contractors	res, compi	918 30	neu	uie	3 10	Suci	ιρε	#18011	<u> </u>		5		<u> X</u>
Complete this table for your five higher compensation from the organization Report													
(A) Name and business addi	ess	-						(B) Description of ser	vices	(	(C) Compens	ation	
None					-								
			_										
							+						
2 Total number of independent contractors		-							ve) who				

Part VIII Statement of Revenue

		Check if Schedule O contains	a response or n	ote to a	ny line in this Part	VIII	<u> </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 र	1a	Federated campaigns	. 1a		The state of the s	Silver Back College	The first lift of the	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		3,233				
פֿמ	С	Fundraising events	1 1					
fts	d	Related organizations	1 1				The state of the s	
i <u>S</u> i≅	e	Government grants (contributions) .	1 1					
ns, Sir	f	All other contributions, gifts, grants,			The second of th	ر الله الله الله الله الله الله الله الل		
rijo Pr	•	and similar amounts not included above	. If 73	1,922			(48)	
ip ip	_	Noncash contributions included in						
눌인	y	lines 1a-1f	. 1g \$		[ ]			
ang		Total. Add lines 1a-1f		▶	1 015 155			1903 M. M.
	h	Total. Add lines 1a-11		ess Code	1,010,100	The state of the s	1 (200 ) 1 (	
9	,		Busine	335 Code	र्वशासी है । पि	Tartell of the war to a series	tem it has tell and and	1,0~1,1,1,1
vic.	2a			· · · · · · · · · · · · · · · · · · ·				
Ser	þ						1	
m/en/	С							
ra Re	d					·		
Program Service Revenue	е				-			· · · · · · · · · · · · · · · · · · ·
٩	f	All other program service revenue .				1 a a 2 x 1 2 a 1	]	Italia yana a
	g	Total. Add lines 2a-2f		<u>, , , </u>		the second secon		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	3	Investment income (including d	ividends, interest	t, and				
		other similar amounts)		▶	128			128
	4	Income from investment of tax-exe	mpt bond procee	ds . 🟲				
٠	5	Royalties	<u> </u>	▶				
	,	. (1	Real (II) P	ersonal				
	6a	Gross rents 6a				A Pair A. E. A.		
	b	Less rental expenses 6b						
	С	Rental income or (loss) 6c				李泽州。 二角毛毛		ESTATE OF
	d	Net rental income or (loss)	· · · · · · · · ·	▶			L	
	7a	1 1		Other				
		sales of assets						
		other than inventory 7a						
a	b	Less cost or other basis				**************************************		
2	_	and sales expenses 7b						Shirt State of the
Revenue	c	Gain or (loss) 7c						
	d	Net gain or (loss)		▶				· · · · · · · · · · · · · · · · · · ·
Other	-				Particle in the last the	المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	أرج العراجي المالين أوار	3,
ŏ	8a		"" <sup>9</sup>   .					
	•	events (not including \$						
		of contributions reported on I						밥길 사람들
		1c) See Part IV, line 18	, ,					
	b	Less direct expenses			33.88 45.00.1 1.7.8	The state of the s	Action to the feet of	14 T -1
					र कुरिकार होत् । इस्तर संग्रह	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12/4, 3 2 4 4 4 7 2 2 2 1 7
	9a	Gross income from gam						
		activities See Part IV, line 19						
	b	Less direct expenses		<u> </u>	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The destruction of the second	unman di Bitmi - nati i et	y 20 g 1496 %
	С	Net income or (loss) from gaming	i I		Control of the Control of the Control	ارتي المائيل عالا والا و والم	Charles Selection	Right Charles
	10a	•	ess					
		returns and allowances			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			All the Control
	b	Less cost of goods sold			Tall to the Balling of the Control	particular to a plant of the or so the	"Age, com	$g_{i} = F_{i}^{(i)} = F_{i}^{(i)} = \frac{1}{2} g_{i}^{(i)} + \frac{1}{2$
	С	Net income or (loss) from sales of in			terite dance the second of the	In the second se		 
Sn			Busine	ess Code	State Carlotte Control	to the state of th	(4) 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1275 #215% A.
eo ne	11a			<del> </del>				<del></del>
llar 'en	b		·					
scellaneo Revenue	C						•	
Miscellaneous Revenue	d	All other revenue				t, 4 1 till 4	di near solita i an ila ilad	7:4 , ,
		Total. Add lines 11a-11d				· " · " · · · · · · · · · · · · · · · ·	the second secon	145 17 41.244
	12	Total revenue. See instructions	<u> </u>	<u>, , </u>	1,015,283	l		128
JSA 9E105	1 2 000	•	,				1	Form <b>990</b> (2019)

### Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations mu			· — ·	
	Check if Schedule O contains a resp				
	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	720,188	720,188		
2	Grants and other assistance to domestic individuals See Part IV, line 22	60,000	60,000	-	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	Individuals See Part IV, lines 15 and 16 Benefits paid to or for members				
	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	22,391	7,464	14,927	
	Other salaries and wages	22,391	/,404	14,321	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	1 000	C10	1 210	
	Payroll taxes	1,829	610	1,219	
	Fees for services (nonemployees)				
	Management				
	Legal	1,600		1,600	
	Accounting	1,000		2,000	
	Professional fundraising services See Part IV, line 17.		٠,		
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
	Office expenses				500
	Information technology	528			528
	Royalties				
	Occupancy				
	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,448	14,816	29,632	
	Interest				
	Payments to affiliates	167,732	167,732		
	Depreciation, depletion, and amortization				
23	Insurance	1,280		1,280	
	Other expenses Itemize expenses not covered	ر بر از <sub>از ا</sub> نداد بر ا		<u>.</u>	
	above (List miscellaneous expenses on linn 24n If	13.0 13.0 4 1 11 4 4 1	7 * .		· · · · · · · · · · · · · · · · · · ·
	line 24e amount exceeds 10% of line 25, column	, ,	r ru tu tr	to the May to A of the	· · · · · · · · · · · · · · · · · · ·
	(A) amount, list line 24e expenses on Schedule ())		- 41		
	Operating Expenses	6,862		4,575	
	Board/Committee Expense	16,650	5,550	11,100	
C					
þ	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,043,508	978,647	64,333	528
	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)	1/045/500	3,0,041	5-7 555	520

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	161,327	1	195,598
	2	Savings and temporary cash investments	219,926	2	157,430
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a	_		
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	381,253	16	353,028
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,	4 Cr. Traduction adopted to the foliation		social and representation of the second control of the second cont
Liabil:ties			Contractive of the contraction o		a manaya ta mata ga t
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
<b>Assets or Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.	,		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	381,253	31	353,028
	32	Total net assets or fund balances	381,253		353,028
Net	33	Total liabilities and net assets/fund balances	381,253		353,028
			301,233		Form <b>990</b> (2019)

Page **12** 

01111 98	0 (2019)				1 0	10 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> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	15,	<u> 283</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	43,	508
3	Revenue less expenses Subtract line 2 from line 1	3			28,	<u> 225</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	81,	<u> 253</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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		3	53,	028
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," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		<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?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	a			
	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 over	rsight				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2	C		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	on			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ne			
	Single Audit Act and OMB Circular A-133?		· · · —	a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3	b		
			F	orm (	990	(2019)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) org				
	e of organization			Employer ide	ntification number
_P.	E.O. Sisterhood FL	State Chapter		59-6201	
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect	t political campaign a	ctivities in Part IV (see in	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instructi	ons)		
Par	t I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any ex-	cise tax incurred by the organizat	ion under section 495	55 ▶ \$	
2	Enter the amount of any ex-	cise tax incurred by organization i	managers under sect	ion 4955 ▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Forn	n 4720 for this year?		. Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the	organization is exempt unde	r section 501(c), e	xcept section 501(c)(3	).
1	Enter the amount directly e	xpended by the filing organization	on for section 527 ex	cempt function	
	activities			▶\$	<u> </u>
2	Enter the amount of the filir	ig organization's funds contribute	ed to other organizati	ons for section	
	527 exempt function activit	es		▶\$	
3	Total exempt function expe	enditures Add lines 1 and 2 E	nter here and on Fo	orm 1120-POL,	
	line 17b			▶\$	· · · · · · · · · · · · · · · · · · ·
4	Did the filing organization fil	e Form 1120-POL for this year? .			Yes No
5		and employer identification num			
		ts For each organization listed, e tributions received that were pro			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) EIN	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)			_		
(2)		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del> </del>	
(3)					
(4)			$\dashv$		
			<del> </del>		
(5)			$\dashv$		
<u></u>		·	-		
(6)			-		

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

Schedule C (Form 990 or 990-EZ) 2019

Sch	redule C (Form 990 or 990-EZ) 2019						Page Z
Pa	art II-A Complete if the organ section 501(h)).	nizatio	on is exer	npt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under
A	Check ► if the filing organizat address, EIN, exper					ach affiliated group mem	ber's name,
В	Check ▶ if the filing organizat	ion che	ecked box /	A and "limited contr	ol" provisions app	oly	
	Limits on (The term "expenditure		ying Expen		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence	public opin	on (grassroots lobb	oying)		
k	Total lobbying expenditures to influ	uence	a legislative	e body (direct lobby	ring) [		
c	: Total lobbying expenditures (add l	ines 1a	a and 1b).				
d	d Other exempt purpose expenditure	es			[		<del></del>
е	Total exempt purpose expenditure	es (add	l lines 1c ar	d 1d)			
f	Lobbying nontaxable amount Er	nter the	e amount	from the following	table in both		
	columns						
	If the amount on line 1e, column (a) o	r (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 \$1,000,0	00	\$100,000 p	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500	,000	\$175,000 pl	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,00	0,000	\$225,000 p	us 5% of the excess	over \$1,500,000		
	Over \$17,000,000		\$1,000,000				
	g Grassroots nontaxable amount (e						
t	n Subtract line 1g from line 1a If ze	ro or le	ss, enter -0				
	Subtract line 1f from line 1c If zer						
j	If there is an amount other than	zero	on either l	ine 1h or line 1i,	did the organiza	tion file Form 4720	
	reporting section 4911 tax for this	year?		<u> </u>		<u> </u>	Yes No
				aging Period Unde			
	(Some organizations that n						ins below.
		See	tne separa	te instructions for	iines za through	21.)	
		Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	<del></del>
	Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	· (c) 2018	(d) 2019	(e) Total
2a	a Lobbying nontaxable amount						
t	Lobbying ceiling amount (150% of line 2a, column (e))						
C	Total lobbying expenditures						_
c	d Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

	(8	a)		(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed					
description of the lobbying activity	Yes	No		Amoun	t
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	1				
referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			-		٠
c Media advertisements?					
d Mailings to members, legislators, or the public?	لـــــــا				
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	أبيبا				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	)	
501(c)(6).				-1.	Т.
					es N
Were substantially all (90% or more) dues received nondeductible by members?		Nian'	<u>.</u>	<del></del>	<u></u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					۲
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501				3	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (		ı) Par	·,		
answered "Yes."		·	1		
answered "Yes."  1 Dues, assessments and similar amounts from members		}			
answered "Yes."  Dues, assessments and similar amounts from members		}			
answered "Yes."  Dues, assessments and similar amounts from members	ints o	of			
answered "Yes."  Dues, assessments and similar amounts from members	ints (	of	1		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	ints	of	1 2a		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	ints o	of	1 2a 2b		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	ints o	of	1 2a 2b 2c		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	ints of	of 	1 2a 2b 2c		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	ints of	of 	1 2a 2b 2c		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	ints of	of 	1 2a 2b 2c 3		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		s 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		3 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		3 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		s 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		s 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		s 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		31 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		s 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		3 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		31 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		3 1 a
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	es of the	of ee	2a 2b 2c 3		\$ 1 a

Schedule C (F	Form 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
		_ <del></del>
		**********
<del></del>		
		<u> </u>
		<del></del>

### 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

Internal Revenue Service

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 59-6201441 Sisterhood FL State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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 

Assets included in Form 990, Part X....

Pa	rt III Organizations Maintain	ing Colle	ections of	Art, Histo	rical Tr	easures	s, or	Other	Similar	Assets (d	continu	ed)	
3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, chec	k any o	f the	follov	ving that	make sigr	nificant	use (	of its
	collection items (check all that app	ly)											
а	Public exhibition			d	Loan	or excha	ange	progra	m				
b	Scholarly research			· е	Other		_	. •					
С	Preservation for future gene	rations		_	_								
4	Provide a description of the orga		collections	s and expla	ain how	thev fur	ther	the or	ganizatioi	n's exemp	t purpo	se in	Part
•	XIII		00001.011.	o and oxpi					ga	, c c, c,	· pa,po.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ait
5	During the year, did the organization	n solicit (	or receive	donations c	fart hist	orical tr	-221	ires or	other sim	ılar			
Ū	assets to be sold to raise funds rati										Yes	[	No
Da	rt IV Escrow and Custodial A			allieu as pe	ii t oi tile	organiza	ation	3 COILE	ction	<del> 1</del>		—	1110
ιe	Complete if the organiza			es" on For	m 990 F	Part IV	line	9 01 1	enorted	an amour	nt on Fo	٦rm	
	990, Part X, line 21			00 0111 01	000, .	u ,		0, 0	оролюч	an annou	0111	,,,,,	
12	Is the organization an agent, truste	e custos	dian or oth	er intermer	liary for c	ontribut	tione	or othe	r accete n	nt.			
10	_				-					_	Yes		No
<b>L</b>	included on Form 990, Part X?										res	L	] NO
b	If "Yes," explain the arrangement i	II Part All	i and com	piete trie io	llowing tal	Jie		I		^			
_	Basinaina halanaa						<u> </u>			Amount			
C	Beginning balance						-						
a	Additions during the year						-						
e	Distributions during the year							ļ					
f	Ending balance							L			-γ	$\overline{}$	T
2a										_	Yes		No
	If "Yes," explain the arrangement i	n Part XII	I Check h	ere if the e	xplanation	has be	en pr	ovided	on Part X	<i>u</i>	<u></u>	<u></u>	
Pa	rt V Endowment Funds.		1.05.4		000 1	5 t		40					
	Complete if the organiza			·r									
		(a) Cur	rent year	(b) Prio	r year	(c) Two	o year	s back	(d) Three	years back	(e) Four	years	back
1 a	Beginning of year balance												
b	Contributions												
C	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses					L							
g	End of year balance												
2	Provide the estimated percentage	of the cui	rrent vear	end balance	e (line 1g.	column	(a))	held as					
а	Board designated or quasi-endown			%	- (		(- //						
b	Permanent endowment ▶	%											
С	Term endowment ▶	%											
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%									
3a	Are there endowment funds not in	the posse	ession of th	he organiza	tion that	are held	d and	d admir	nistered fo	r 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 organiz	zations liste	ed as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u	_											
Pa	rt VI Land, Buildings, and Equ	ipment.					12	44: 4	) <u>-</u>	. 000 5		- 40	
	Complete if the organization of property	ation ans											<u>·                                     </u>
	Description of property	l		other basis itment)	(b) Cost (c)	or other ba ther)	ISIS		cumulated eciation	(a	) Book va	iue	
1a	Land												
b	Buildings	[		-							<del></del>		
С	Leasehold improvements	7	<del></del> -										
	Equipment	- +											
	Other	F			-								
	I. Add lines 1a through 1e (Column		equal Form	n 990, Part	X, columi	n (B), lın	e 10	c)	•				
	<del></del>												

Schedule D (Form 990) 2019

JSA 9E1270 1 000

	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b See Form 990, Pa	art X, line 12
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	/alue
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		<del></del>		
(H)				
	(b) must equal Form 990, Part X, col (B) line 12) .	<del></del>		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, Pa	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
(1)				
(2)		··		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)	(b) must equal Form 990, Part X, col (B) line 13) .	<del></del>		
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11d. See Form 990, Pa	art X, line 15
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>			<del></del>
(6)				
(7)				
(8)				<u> </u>
(9)	nn (b) must equal Form 990, Part X, col (B) li	ne 15.)		
	Other Liabilities.			
	Complete if the organization answered line 25	"Yes" on Form 990	), Part IV, line 11e or 11f See Form 9	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	income taxes	<del>-</del>		
(2)				<del></del>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)		, <u>.</u>	
•	uncertain tax positions. In Part XIII, provide the		=	

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	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,015,283
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>	
a	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
_	Other (Describe in Part XIII )	1 1	
d	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	1,015,283
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<del></del> _	
4	· · · · · · · · · · · · · · · · · · ·		
a	Threstment expenses not moraged on Ferri 330, Fait VIII, line 75		
b		4c	
С 5	Add lines 4a and 4b	5	1,015,283
Part			1,013,203
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	1,043,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,043,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,043,508
Provid	Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, PXI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	art V, I	ine 4, Part X, line
			· ·
			···
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	<u> </u>		
			<del></del> _
			<del></del> _

Schedule D (Fo	rm 990) 2019	Page 3
Dart VIII	Supplemental Information (continued)	
rait Aiii	Supplemental information (Softward)	
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		-
<del>-</del>		
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SCHEDULEI

SCHEDULEI	_	irants ar	d Other A	Grants and Other Assistance to Organizations,	o Organizat	ions,		OMB No 1545-0047
(Form 990)	ō9	Governmer	its, and Ir	nts, and Individuals in the United States	the United	States		9010
		lete if the or	ganization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	orm 990, Part IV,	line 21 or 22.		Onen to Public
Department of the Treasury Internal Revenue Service		<b>▼</b> Got	o www.irs.gov	► Attach to Form 990. ■ Go to www.irs.gov/Form990 for the latest information.	itest information.			Inspection
Name of the organization		!					Employer identification number	n number
P.E.O. Sister	Sisterhood FL State Chapter	er					59-6201441	
Part   General i	General Information on Grants and Assistance	l Assistance	Ť					
1 Does the organı	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	bstantiate the	e amount of the	grants or assistan	ice, the grantees'	eligibility for the grants	_	
the selection crit	the selection criteria used to award the grants or assistance?	s or assistance					:	X Yes No
	Describe in rail iv the organizations procedures for monitoring the use of grant future in the ornited states	ores for mon	ioilig ule use	oi grant iunus in the	Office States			
Part II Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Orç	janizations ar	d Domestic Gov	ernments. Com	plete if the organiza	ation answered "Ye	es" on Form 990,
Part IV, II	Part IV, line Z1, for any recipient that received		more than \$5	UUU Part II can b	e duplicated if a	more than \$5,000 Part II can be duplicated it additional space is needed	eeded	
1 (a) Name an	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey Colleg	Cottey College, 1000 W Austin							
Nevada, MO 64772	172	440545271	501(c)(3)	102,796	0			Gen Supp/Schol
(2) P.E.O. Edu	Educational Loan Fund							
Des Moines, IA	A 50312	426078059	501(c)(3)	58,941	0			Educ Loans
(3) P.E.O. Int'l Peace	Peace Scholarship	<u>, , , , , , , , , , , , , , , , , , , </u>						
Des Moines, IA	A 50312	426078058	501(c)(3)	59,966	0			Scholarships
(4) P.E.O. Progra	P.E.O. Program for Contin Educ							
Des Moines, IA 50312	A 50312	237405311	501(c)(3)	113,296	0			Educ Grants
(5) P.E.O. Sch	Scholar Awards							
Des Moines, IA	IA 50312	421379026	501(c)(3)	57,454	0			Educ Awards
(6) P.E.O. STA	P.E.O. STAR Scholarship							
Des Moines, IA	IA 50312	300583651	501(c)(3)	74,891	0			Scholarships
(7) P.E.O. Fou	Foundation		-					
Des Moines, IA	A 50312	426094564	501(c)(3)	252,844	0			Schol/Grants
(8)								
(6)								
(10)								

Enter total number of other organizations listed in the line 1 table................ 3 Enter total number of outer organizations for Form 990.

Schedule I (Form 990) (2019)

9E1288 1 000

(12)

15

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

	י מוני ווו כמון בה ממלווים ווו מממווים ובהמה וכי ווכהמה	Section 19				
	(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	4	60,000	0	0 N/A	N/A
2						
3						
4						
5						
9						
7						
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 c	ther additional information

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

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

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

٥ţ other organizations share a mailing address all Line 1(a) --With the exception of Cottey College, Part II,

IA 50312 Des Moines, 3700 Grand Ave, Schedule I (Form 990) (2019)

### **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.

P.E.O. Sisterhood FL State Chapter	59-6201441
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, dues-paying
members of P.E.O. chapters within the state. Delegates from each	chapter attend
annual state conventions where new officers are elected by the vo	oting members present.
In addition, certain proposed amendments to the bylaws are preser	
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 forma	al review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mem	mbers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise a	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	cy and financial
statements are available to members upon request. These items ar	ce not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	udited by an
independent accountant on a cash basis.	

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Employer identification number	Page Z
P.E.O. Sisterhood FL State Chapter	59-6201441	
r.E.O. Sisternood in State Chapter	733 0201441	
		•
	· · · · · · · · · · · · · · · · · · ·	