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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)

OMB No 1545-0047

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.

_	Information ab	Aut Form 990	and ite inetriictio	ns is at <i>www.ir</i> s.go	nu/formagan

Inspection

A	For t	he 201	calendar year	, or tax year b	eginning April 1	, 2013	, and end	ding I	March 31		, 20 14				
_			C Name of organiza	ation					D Employer ide	ntification	on number				
	Check if	applicable	P.E.O. Sis	sterhood N	State Chapter										
3	Add char	iress nge	Doing Business A	\s					14-6	04677	70				
EWARTOLE	_	ne change	Number and stre	eet (or PO box if ma	ail is not delivered to street addr	ess)	Room/suit	е	E Telephone number						
R	Initia	al return	3700 Grand	l Ave					515 255 3153						
;	⊣	minated	City or town, star	te or province, coun											
ے ٰ	Ame	ended	Des Moines	s \$	276	,941									
=		lication		ess of principal office	H(a) Is this a grou		Yes	x No							
 -	pen	aing	Susan Deml	ler Catala	no - same as C a	bove			subordinates' H(b) Are all subordi		ed? Yes	No			
⊃_ 	Tax-e	exempt sta) (4) ◀ (insert no)	4947(a)(1)	or	527	i		e instructions)	· -			
ું 			100.(0)	ternationa		[4047 (B)(1)	<u> </u>	<u> </u>	H(c) Group exemp	-		<u>,</u>			
<u>≅</u> _		of organ			Association Other	-	I Vea	r of format	tion 1955 M	-					
_	Part I		mary	nation must	Association Other		1 - 100		1011 2333 181	State of I	egai domicile				
	1			onization's missi	on or most significant activit	was Women	la mami	nerahi	n organiz	ation	n gunnor	ting			
	1	-	_		ts for women.										
	2				ollege owned by				p, granc,	-1041	u anu av	aru -			
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	61.			•	on discontinued its operation	•				- 1		_			
(5 3				ning body (Part VI, line 1a)					3					
	S 4				of the governing body (Pai					4		5			
:	5 5				calendar year 2013 (Part V					5					
	6	Total r	umber of volunte	ers (estimate if ne	cessary)					6		75			
•	/ 6				art VIII, column (C), line 12					7a					
_	<u> </u>	Net ur	related business	taxable income fr	om Form 990-T, line 34 .	. <i>.</i>		<u></u>		7b					
									Prior Year		Current Ye				
	8 <u>ه</u>				ո)				275,6	41	274	,338			
	ਫ਼ੋ 9	Progra	m service revenue	e (Part VIII, line 2o	9)										
	9 9 10 10 10 10 10 10 10 10 10 10 10 10 10				, lines 3, 4, and 7d)					65		625			
	11	Other	revenue (Part VII	II, column (A), line	s 5, 6d, 8c 9c, 10d—, and €	モIVED			-4,4			822			
_	12	Total	evenue - add line	es 8 through 11 (r	nust equal Part Will, column	r(A); line 12) :	ᄀᄭ		271,6	88	275	,785			
	13	Grants	and similar amo	unts paid (Part IX,	column (A), tines 1,3)	1 9 .2014 .	. 6		146,1	.36	162	,656			
	14	Dellel	is paid to or for it	Hembers (Fait IX,	COIGITIT (//) 16+C 4-)										
	ဖ္က 15	Saları	es, other compen	sation, employee	benefits (Part IX, column (A), lines 5-10).	()								
	secuses 16 a	a Profes	sional fundraising	g fees (Part IX, col	umn (A), line 11e)	JEN, UI									
	ğ∣ t	b Total t	undraising expens	ses (Part IX, colur	nn (D), line 25) > 922			_							
1	^Ш 17	Other	expenses (Part IX	K, column (A), line	s 11a-11d, 11f-24e)				104,6	79	119	,470			
					qual Part IX, column (A), lin				250,8	15	282	,126			
	19				from line 12				20,8	73	- 6	,341			
<u> </u>	Balances 20			<u>.</u>				Begin	ning of Current Y	'ear	End of Yea	r			
S S	[20	Total a	issets (Part X, line	16)					226,5	87	220	,246			
S S	21	Total I	abilities (Part X, I												
ı ş	를 22				e 21 from line 20				226,5	87	220	,246			
	art II		nature Block	•							•••				
		enalties c	f perjury, I declare		ed this return, including accord					my kno	wledge and be	elief, it is			
_t	rue, cor	rect, and	complete Declaration	on of preparer (other	than officer) is based on all in	formation of wh	ich preparei	has any k	nowledge						
)			Tarny.	1. Soppe	-				8/4	114	,				
	ign		Signature of officer	. .					Date						
; H	ere		Kathy A.	Soppe, Dir	ector of Finance	e/Treasu	rer								
,			Type or print name a			•									
3-		Print/	Type preparer's nam	ne	Preparer's signature		Date	.	Check	ıf PTIN	N				
ĴР	ald								self-employe	' 1					
	repare	Eirm's	name 🕨				<u></u>		Firm's EIN	!					
U	se Ont	у ——	address >						Phone no						
M	av the			with the preparer s	hown above? (see instruction	ons)			1		Yes	No			
_			· · · · · · · · · · · · · · · · · · ·		parate instructions.	''', 			· · · · · · · · ·	1	Form 990				

) (Revenue \$

4e Total program service expenses ▶

including grants of \$

236,283

Part	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		ж
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i	1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
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		×
10	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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		×
	complete Schedule D, Part VI	1 1 a		<u> </u>
Ų	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
_	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		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		ж
	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,"	,		ļ
	complete Schedule D, Parts XI and XII	12a	x	<u> </u>
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	<u> </u>	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
	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		x
4.5	· · · · · · · · · · · · · · · · · · ·	140		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		ж
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III		<u> </u>	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<u> </u>	х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part l	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		<u> </u>
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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 L	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	İ		
	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		x
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> </u>	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	۱.,		
	or IV, and Part V, line 1	34	 	×
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	ļ	
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,		[1
	Part VI		 	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2013)

Form	990 (2013)			Page 4
Par				
	Check if Schedule O contains a response or note to any line in this Part V			لباخ
	5.4(h		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		'	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	×	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		×
	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)?	<u>4a</u>		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	-	x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	×	
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		
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	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	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 and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		ļ
10	Section 501(c)(7) organizations. Enter		ŀ	
a	Initiation fees and capital contributions included on Part VIII, line 12	{		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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			
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	-		
	Enter the amount of reserves on hand	44-	-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	x
<u></u> b	ii res, has it lied a form 720 to report these payments in two, provide an explanation in schedule O	1 7 0	<u> </u>	Ц

Form 990 (2013) 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 in Schedule O See instructions

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 <u>1a</u>	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		ж_
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 become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b_	x	
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_		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e)	
		,	Yes	No
10a	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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a		11a	ж	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ж	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	×	
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		x
b		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	_ 16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			onlv)
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	ı. and
13	financial statements available to the public during the tax year	.5.500	, J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, 4114
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the		
	organization ► Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-31	.53		

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Form	aan	1201	31

UIIII 330 (20 I	٠,									9
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cont	ractors								

Check if Schedule O contains a response or note to any line in this Part VII	

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

				(0	2)					
(A)	(B)	(C) (B) Position (D						(D)	(E)	(F)
Name and Title	Average	(do r	not cl			than o	ne	Reportable	Reportable	Estimated
Walle and Title	hours per	l .				ıs both		compensation	compensation from	amount of
	week (list any	office	r and	dad	irect	or/trust	ee)	from	related	other
	hours for	2 5	3	0	چ	œΞ	יק	the	organizations	compensation
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Susan Demler Catalano	15									
President		×		×		<u> </u>	<u> </u>	0	0	
(2) Beth A. Linderman	15							_	_	
Vice President		x	ļ	x			<u> </u>	0	0	
(3) Sigrid Choromanskis	15		}					_		_
Organizer		x	_	x				0	0	
(4) Ellen Smurthwaite	15									_
Treasurer		×		x		L		0	0	C
(5) Susan Hill	15						ļ	_		_
Secretary		X	-	x				0	0	(
_ (6)	 									
(10)										
(11)										
(12)										
(13)										
(14)	 	1								

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos neck ss pe	rson	n oth st Highest compensation of the state of the Highest compensation of the Highest	an	compensation	(E) Reportable compensation related organization (W-2/1099-M	on from d tions	am com fro	(F) timated ount of other oensatio om the	
		line)	trustee	nal trustee		oyee	ompensated		(VV-2/1099-IMI3C)				l related nization	
(15)														
(16)												-		
<u>(17)</u>					*****	 -								
(18)														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							> >						
2	Total number of individuals (including but not reportable compensation from the organization	limited to		liste	ed a			o r	eceived more than	\$100,000	of			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, direct	or, o	r tr	uste dual	ee,	key	em	ployee, or highe:	st compen	sated	3	Yes	No x
4	For any individual listed on line 1a, is the organization and related organizations grandividual.	eater that	n \$1	50,0	000	7 1	f "Ye	es,"	complete Sched	ule J for		4		_x_
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	ompei	nsat	ion	fro	m any	y ur	hrelated organizat	ion or indiv		5		×
	ion B. Independent Contractors													
1	Complete this table for your five highest concompensation from the organization Report of year													
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) compens	ation	
Non	e				_			\vdash			_			
							-	-						
				-				+						
2	Total number of independent contractors received more than \$100,000 of compensations.							to	those listed ab	ove) who				

- OIIII 300 (2010)	
Part VIII	Statement of Revenue

		Check if Schedule O contains a response or note to ar	y line in this Part VI	ш		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	274,338			
anué		Business Code		-		
Program Service Revenue	2a b c d e f	All other program service revenue				
	9	Total. Add lines 2a-2f				
	3 4	Investment income (including dividends, interest, and other similar amounts)	625	625		
	5 6a b c	Gross rents	-			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses				
	C	Gain or (loss)		1		
Other Revenue	d 8a	Net gain or (loss)				
her	b	Less direct expenses b				
ŏ	c 9a	Net income or (loss) from fundraising events ▶ Gross income from gaming activities See Part IV, line 19				
	b c	Less direct expenses				
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold	822	822		
	11a					1
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	275 705	1 445		
	12	Total revenue. See instructions ▶	275,785	1,447		<u>.I.</u>

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	ection 50	01(c)(3) an	nd 501(c)(4)	organizations mus	t complete all columns	All other organizations mu	st complete column	A)
---	-----------	-------------	--------------	-------------------	------------------------	----------------------------	--------------------	----

	Check if Schedule O contains a resp	onse or note to any lin	e 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 governments and organizations in the United States See Part IV, line 21.	131,513	131,513		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	31,143	31,143		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	· ·				,
	Fees for services (non-employees)				
	Management				
	Legal	2,450		2,450	
	Lobbying			-	
	Professional fundraising services See Part IV, line 17.				
	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				
13	Office expenses				
14	Information technology	632	-		632
15	Royalties				
16	Occupancy			24 25 5	
	Travel	36,562	12,187	24,375	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,382	7,678	15,356	348
19	Conferences, conventions, and meetings	23,362	7,070	13,336	
20 21	Payments to affiliates	52,680	52,680		
22	Depreciation, depletion, and amortization	,	,		
23	Insurance	518		518	
24					
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Operating Expense	3,246	1,082	2,164	
b					
C					
d					
	All other expenses	202 126	236,283	44,863	980
	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	282,126	230,263	77,003	
	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)				
ISA	10.10 mily 00.1 00 2 (1.00 000-120)				Farm 990 (2012)

Form 990 (2013)
Part X Balance Sheet

Part	^	Balance Sheet Check if Schedule O contains a response or note to any line in this Pai	t X		
		Officers in confedere of contains a response of flore to any line in time ra	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,016	1	7,359
- :	2	Savings and temporary cash investments	218,571	2	212,887
:	3	Diodese and greats resemble not		3	
4	4	Accounts receivable, net		4	
- :	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees		ļ	
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
		organizations (see instructions) Complete Part II of Schedule L		6	
e te	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
10	0 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
1.	1	Investments - publicly traded securities		11	
12	2	Investments - other securities See Part IV, line 11		12	
1:		Investments - program-related See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets See Part IV, line 11		15	
10		Total assets. Add lines 1 through 15 (must equal line 34)		16	220,246
1:		Accounts payable and accrued expenses		17	
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
န္မ 2	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	2	Loans and other payables to current and former officers, directors,			
ge		trustees, key employees, highest compensated employees, and			
-		disqualified persons Complete Part II of Schedule L		22	
2	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
2	5	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	
2	6	Total liabilities. Add lines 17 through 25		26	
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
E 2	7	Unrestricted net assets		27	
E 2	8	Temporarily restricted net assets		28	
일 2	9	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here x and complete lines 30 through 34.			
र्छ 3	0	Capital stock or trust principal, or current funds		30	
SS 3	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ 3:	2	Retained earnings, endowment, accumulated income, or other funds	266,587	32	220,246
S S		Total net assets or fund balances	266,587		220,246
- 1	4	Total liabilities and net assets/fund balances	266,587		220,246

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			275,	785			
2	Total expenses (must equal Part IX, column (A), line 25)	2			282	126			
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	3-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-								
6	- ' ' '								
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			220,	246			
art									
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	<u> </u>			×			
4	Accounting method used to prepare the Form 990 🗷 Cash 📗 Accrual 🦳 Other			-	Yes	No			
1	If the organization changed its method of accounting from a prior year or checked "Other," e.	ra la ra							
	Schedule O	(piairi	"'						
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	ante compiled as reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	nuled	· ·	2a		x			
	reviewed on a separate basis, consolidated basis, or both	piicu	٠.						
	Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?			2b	x				
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit								
	separate basis, consolidated basis, or both	.							
	x Separate basis Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ıaht							
	of the audit, review, or compilation of its financial statements and selection of an independent accour	•	i	2c		х			
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O	•							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ıın						
	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 und		the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b					

Form **990** (2013)

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

•	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer identi	fication number
	E.O. Sisterhood NY			14-60467	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶\$	
3	Volunteer hours				
					
		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	o, ▶ \$	
2		cise tax incurred by organization ma a section 4955 tax, did it file Form			
3			•		
	If "Yes," describe in Part IV				Yes No
		organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).</u>
1	•	expended by the filing organization			<i>'</i> -
•	•			-	
2		ng organization's funds contributed			
		es			
3	Total exempt function expe	enditures Add lines 1 and 2 En	ter here and on Fo	orm 1120-POL,	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		ts For each organization listed, en tributions received that were prom			
		nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4, 114	(2) 1121	(0,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
٠٠,					
(2)				·	
(3)		L			
(4)		L			
	 				
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2013

Sche	dule C (Form 990 or 990-EZ) 2013					Page 2
	rt II-A Complete if the organi section 501(h)).	zation is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ► if the filing organization name, address, EIN,				art IV each affiliated g ditures)	roup member's
B (Check ▶ if the filing organiza			control" provisi	ons apply	
		Lobbying Expen			(a) Filing	(b) Affiliated
	(The term "expenditures	" means amou	nts paid or incurred.	.)	organization's totals	group totals
1 a	Total lobbying expenditures to inf	uence public op	oinion (grass roots lo	bbying)		
b	Total lobbying expenditures to inf	uence a legisla	tive body (direct lobb	oying)		
С	Total lobbying expenditures (add	lines 1a and 1b)				
d	Other exempt purpose expenditur					
е	Total exempt purpose expenditure	es (add lines 1c	and 1d)			
f	Lobbying nontaxable amount El columns					
	If the amount on line 1e, column (a) or	(b) is: The lobbyi	ng 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 p	olus 15% of the excess	over \$500,000		
Ĺ	Over \$1,000,000 but not over \$1,500,0	00 \$175,000 p	olus 10% of the excess	over \$1,000,000		
1	Over \$1,500,000 but not over \$17,000,	000 \$225,000 p	olus 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000)			
g	Grassroots nontaxable amount (e	nter 25% of line	1f)			
h	Subtract line 1g from line 1a If ze	ero or less, enter	-0			
ı	Subtract line 1f from line 1c If ze					
j	If there is an amount other than			_		
	reporting section 4911 tax for this	s year ^o			<u> </u>	Yes No
	columns	that made a s below. See the	e instructions for lin	on do not have t nes 2a through 2		ve
		Lobbying Expe	nditures During 4-Y	ear Averaging Pe	riod	-
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68		·
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	1)		(b)	
	cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
a	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c d	Media advertisements? Mailings to members, legislators, or the public?	<u> </u>					
e	Dishipations or withinhead or hand denot statements						
f	Grants to other organizations for lobbying purposes?				-		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(-)(5)		4 ? -			
Ра	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	x	ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	1	lone		2	×	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 501						х
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members			rt III- <i>i</i>	A, line	3, is	· · · · · · · · · · · · · · · · · · ·
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid).	ınts (OT				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible l	obbyir	ng				
_	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			4			
5		• • •	• • •	5		_	
Pro	Supplemental Information ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated II-B, line 1 Also, complete this part for any additional information	group	list), F	Part II-	A, line :	2, and	d

Schedule C (I	Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
		.,,,,,
···········		
····	TO THE THE CONTRACT OF THE CON	
·····		
		
		
		.,,,
		
		

SCHEDULE D (Form 990)

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		Sisterhood NY State Chapter		14-6046770
Pa	ŧΙ	Organizations Maintaining Donor Advis Complete if the organization answered "		ccounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Tota	Il number at end of year		
2		regate contributions to (during year)		
3		regate grants from (during year)		
4		regate value at end of year		
5		the organization inform all donors and donor	advisors in writing that the assets held in	donor advised
		is are the organization's property, subject to the	-	1 1 1
6		the organization inform all grantees, donors, ar		
•		for charitable purposes and not for the benefi		
	•	ferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Pa		Conservation Easements. Complete if the		
1		pose(s) of conservation easements held by the		
		Preservation of land for public use (e.g., recre		f an historically important land area
		Protection of natural habitat	· []	f a certified historic structure
		Preservation of open space		
2	Com	pplete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
_		ement on the last day of the tax year		
		•		Held at the End of the Tax Year
а	Tota	al number of conservation easements		2a
b		al acreage restricted by conservation easements	1	2b
С		ber of conservation easements on a certified	1	2c
d		nber of conservation easements included in (c)	, ,	
		oric structure listed in the National Register	1	2d
3		nber of conservation easements modified, tran		•
		year ▶		, , ,
4		nber of states where property subject to conse	rvation easement is located >	
5		s the organization have a written policy regard		
		ations, and enforcement of the conservation ea		
6		f and volunteer hours devoted to monitoring, in		
	▶_			•
7	Amo	ount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemen	its during the year
			<i>5</i> ,	,
8		s each conservation easement reported on lin	e 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)
	(ı) aı	nd section 170(h)(4)(B)(ii)?		Yes No
9	In Pa	art XIII, describe how the organization reports	conservation easements in its revenue and	expense statement, and
		ince sheet, and include, if applicable, the text of		
	orga	anization's accounting for conservation easeme	nts	
Pa	rt III	Organizations Maintaining Collections Complete if the organization answered		Similar Assets.
1a	work	e organization elected, as permitted under SI ks of art, historical treasures, or other simila lic service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, educ	cation, or research in furtherance of
b	If th work publ	ne organization elected, as permitted under iks of art, historical treasures, or other simila- lic service, provide the following amounts relat	SFAS 116 (ASC 958), to report in its rear assets held for public exhibition, educing to these items	evenue statement and balance sheet cation, or research in furtherance of
	(i) f	Revenues included in Form 990, Part VIII, line	1	> \$
	(ii) /	Assets included in Form 990, Part X		> \$
2		ne organization received or held works of a		
		owing amounts required to be reported under S		- -
a	Rev	enues included in Form 990, Part VIII, line 1.		> \$
<u>b</u>	Ass	ets included in Form 990, Part X	<u></u>	> \$
_	_			

Par	Organizations Maintaining Colle	ections of A	rt, His	torical T	reasur	res, (or Oth	er Simil	ar Asse	ts (con	tınue	d)
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and oth	er reco	rds, checl	k any c	of the	follow	ing that a	ire a sigr	nificant u	se of	fıts
а	Public exhibition		d [Loan	or excha	ange	progran	ns				
b	Scholarly research		e	 (_	-					
С	Preservation for future generations											
4	Provide a description of the organization's	collections a	nd expl	lain how t	hey fu	rther	the ord	anization'	s exemp	t purpos	e in l	Part
	XIII		•		•		`		•			
5	During the year, did the organization solicit	or receive dor	nations	of art. hist	orical tr	easu	res. or o	other simil	ar			
	assets to be sold to raise funds rather than t								_	Yes		No
Part	t IV Escrow and Custodial Arrangem										V. lin	e 9.
	or reported an amount on Form										•	
1a	Is the organization an agent, trustee, custod									\neg		۱.,
b	included on Form 990, Part X?	and complete	the fol	lowing tab	le		· · · ·		L	Yes		No No
								Α	mount			
	Beginning balance					-						
	Additions during the year					\rightarrow						
	Distributions during the year											
	Ending balance											
2a	Did the organization include an amount on	Form 990, Pa	rt X, line	217					L	Yes		No
	If "Yes," explain the arrangement in Part XIII									<i>.</i>		<u> </u>
Part	Endowment Funds. Complete if							· · · · · · · · · · · · · · · · · · ·				
	——···	irrent year	(b) Pri	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years t	oack
1a	Beginning of year balance			· · · · - · ·								
	Contributions									-		
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs			· · · · · · · · · · · · · · · · · · ·					-			
	Administrative expenses											
_	End of year balance				<u> </u>	4 11						
2	Provide the estimated percentage of the cui			e (line 1g,	column	ı (a))	held as					
a	Board designated or quasi-endowment ► Permanent endowment ► \(\bar{\pi} \)		0									
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c sho	% 	0/									
2.	Are there endowment funds not in the poss	•		ation that	ara hal	d one	dodmir	untarad for	tho			
Ja	•	ession or the	organiz	ation that	are nei	u and	aumin	iistered ioi	li le		.	
	organization by									-	/es	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
4	Describe in Part XIII the intended uses of th		•				• • • •			3b		
4		e organization	- endo	willent ful	105							
Par	Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes"	to For	m 990. P	art IV.	line 1	11a. Se	ee Form 9	90, Par	t X, line	10	
	Description of property	(a) Cost or oth	er basis	(b) Cost	or other ba		(c) Acc	umulated		l) Book val		
10	Land	(investme	ent)	(0	ther)		depr	eciation				
	Buildings					\dashv		_				
b	Leasehold improvements			1		\dashv						
G G	Equipment			 		+						
d	Other	 		 		\dashv						
e Total	I. Add lines 1a through 1e (Column (d) mus	t caust Earn 0	100 Pa-	t V 20/1/2	1/P) I	10.10	(a) 1					
Total	. Aug intes la uniough le (Column (a) mus	t equal FOIIII 9	Ju, rar	A, COIUINI	ı (O), III	10 10(<i>977</i>	-				

Schedule D (Form 990) 2013

JSA 3E1270 1 000

	Complete if the organization answered	d "Yes" to Form 990.	Part IV, line 11b See Form 990, P.	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	1
1) Financia	al derivatives			
	-held equity interests			
3) Other				
<u>(A)</u>				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
<u>(G)</u> (H)				· · · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII				
T GIT VIII	Complete if the organization answered	d "Yes" to Form 990.	Part IV, line 11c See Form 990, Part IV, line 11c See Form 990	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(4)	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	<u> </u>	
Part IX	Other Assets. Complete if the organization answered	1 "Ves" to Form 990	Part IV line 11d See Form 990 P	art Y line 15
			, raitiv, line 11d See 1 oilli 990, r	(b) Book value
(1)	(a,	Description		(b) Book value
(2)		******		
(3)				
(4)				
(5)				
(6)				
(6) (7)				
(6) (7) (8)				
(7)				
(7) (8) (9)	umn (b) must equal Form 990, Part X, col (B)	line 15)		
(7) (8) (9) Total. (Cold	Other Liabilities.			
(7) (8) (9) Total. (Cold	Other Liabilities. Complete if the organization answere			990, Part X,
(7) (8) (9) Total. (Cold	Other Liabilities. Complete if the organization answere line 25	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Coli Part X	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability		, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Coli Part X 1. (1) Fede	Other Liabilities. Complete if the organization answere line 25	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Cold Part X 1. (1) Feder (2)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Coli Part X 1. (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Coli Part X 1. (1) Feder (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Coli Part X 1. (1) Feder (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
(7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" to Form 990 (b) Book valu	, Part IV, line 11e or 11f See Form	990, Part X,

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV		n.	
1	Total revenue, gains, and other support per audited financial statements	,	1	275,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• • • • • • • • • • • • • • • • • • • •	-'	273,703
	Net unrealized gains on investments	2a		
b	Donated services and use of facilities		1 1	
C	Recoveries of prior year grants	2c	-	
d	Recoveries of prior year grants Other (Describe in Part XIII)	20	-	
	Add lines 2a through 2d		30	
3	Add lines 2a through 2d Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	2e 3	275,785
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 -	2/3,/03
	Investment expenses not included on Form 990, Part VIII, line 7b	4.		
			-	
b	Other (Describe in Part XIII)		1	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4c	275,785
5 Part				2/5,/65
rait	Complete if the organization answered "Yes" to Form 990, Part IV		<i>.</i> ,	
1	Total expenses and losses per audited financial statements		1	282,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b]	
С	Other losses	20	1	
d	Other (Describe in Part XIII) Add lines 2a through 2d	2d	1 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	282,126
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
4				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
-		4a 4b		
a b	Other (Describe in Part XIII) Add lines 4a and 4b	4b	4c	
a b	Other (Describe in Part XIII)	4b	4c 5	282,126
a b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information.	4b	5	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	
a b c 5 Part	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and	5 art V, line	

chedule D (Fo	rm 990) 2013 Pa	age 🧿
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

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OMB No 1545-0047

Open to Public

Employer identification number ▶ Information

P.E.O. Sisterhood NY State Chapter		14-6046770	
Part General Information on Grants and Assistanc	n on Grants and Assistance		
1 Does the organization maintain records to substantiate	tain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	issistance, and	
the selection criteria used to	the selection criteria used to award the grants or assistance?	× × ×	ž

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

					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 non-cash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin Nevada, MO 64772	440545271	501(c) (3)	41,593	0			GenSupp/Schol
Educational Loan Fund IA 50312	426078059	501(c)(3)	160'6	0			Educ. Loans
Peace Scholarshp 50312	426078058	501 (c) (3)	10,377	0			Scholarships
(4) P.E.O. Program for Contin Ed Des Moines, IA 50312	237405311	501(c)(3)	17,677	0			Educ. Grants
(5) P.E.O. Scholar Awards Des Moines, IA 50312	421379026	501(c)(3)	12,784	0			Educ. Awards
Scholarship 50312	300583651	501(c)(3)	13,737	0			Scholarships
(7) P.E.O. Foundation Des Moines, IA 50312	426094564	501(c)(3)	26,314	0			Schol/Grants
(8)							
(9)		:					
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment o	rganizations list	ed in the line 1 table			A	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 I (Form 990) (2013)

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Schedule I (Form 990) (2013)							Page 2
Part III Grants and Othe Part III can be du	Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed	lividuals in the space is need	United States.	Complete if the	organization answered	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	
(a) Type of grant or assistance	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 Cash payments to indigents	indigents	10	31,143	0	N/A	N/A	
2							
e7							
4							
so.							
ထ							
2							
Part IV Supplemental In	Supplemental Information. Provide the infor	the informatio	n required in Pa	ıt I, line 2, Part I	II, column (b), and any c	rmation required in Part I, line 2, Part III, column (b), and any other additional information	
Part I, Line 2Cont	2Contributions were forwarded to philanthropies	forwarded	to philanth	ropies of the	e International Chapter	napter of the P.E.O.	
Sisterhood and to P.	and to P.E.O. Foundation in	n in Des Mo	Des Moines, IA to	d to	further the educa	educational mission of the P.E.O	•
Sisterhood. Reports of these organizations	of these organ	nizations a	are available	to all mem	E E		
Part II, Line 1(a)With the exception	With the except	ion of Cot		all other	organizations share	re a mailing address of	i ! !
3700 Grand Ave, Des Moines,	Moines, IA 50312		 	- 1			
	 	 	1 1 1 1 1 1 1 1 1				
							1

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Employer identification number P.E.O. Sisterhood NY State Chapter 14-6046770

Part VI, Lines 6-7b: The organization's members consist of the active, 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 voting members present. In 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 New York State Chapter prior to filing. Board members are asked to
review the return and respond with any questions, though no formal review process
is 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.
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.

Name of the	Form 990 or 990-EZ) (2013)	Employer identification number	Page Z
	Sisterhood NY State Chapter	14-6046770	
			
			-