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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_

Inspection

, 20 14

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning April 1

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

, 2013, and ending

March 31

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

Open to Public

Form 990 (2013)

	_		C Name of organization		D Employer idea	ntification number									
	B CH	eck if applicable	P.E.O. Sisterhood NC State Chapter												
豪		Address change	Doing Business As		56-60	088161									
%		Name chang	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber									
3 4013 693		Instial return	3700 Grand Ave		515 2	255 3153									
ι		Terminated	City or town, state or province, country, and ZIP or foreign postal code												
	\vdash	Amended	Des Moines, IA 50312-2855		G Gross receipts	\$ 417,848									
>	\vdash	return Application	F Name and address of principal officer	H(a) Is this a group											
	L	pending	• •		subordinates?										
			Nancy Curl - same as C above	1 1	H(b) Are all subordin										
,		Tax-exempt		or 527		a list (see instructions)									
ע			www.peointernational.org			lion number ▶ 1072									
		orm of org	anization Corporation Trust X Association Other	L Year of for	mation 1962 M S	State of legal domicile IA									
3	Pa		ummary												
			fly describe the organization's mission or most significant activities Women'												
	ဗ္ဗ	six philanthropic projects for women. These are scholarship, grant, loan and a programs and a women's college owned by the organization. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)													
	a	pr	programs and a women's college owned by the organization.												
	ē	2 Che	ck this box If the organization discontinued its operations or dispose	d of more than 2	25% of its net assets										
	ဖွ	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		1	3 5									
	ඡ	4 Nur	nber of independent voting members of the governing body (Part VI, line 1b)			4 5									
	Activities &		al number of individuals employed in calendar year 2013 (Part V, line 2a)			5									
	Ξ		al number of volunteers (estimate if necessary)			6 100									
	Aci	7a Tota	al unrelated business revenue from Part VIII, column (C), line 12			7a									
			unrelated business taxable income from Form 990-T, line 34			7 b									
		D NEL	unitelated business taxable income from Form 990-1, line 34	· · · · · · · · ·	Prior Year	Current Year									
		• •	Ashabasa and assable (Dad VIIII Land Ab)	<u> </u>											
	a		tributions and grants (Part VIII, line 1h)		369,7	22 417,575									
	Revenue	9 Pro	gram service revenue (Part VIII, line 2g)	~~~ }· · · ├		22									
	Re	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d) RECEIVED	·	1,5	03 273									
			er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c-and 11e)												
		12 Tota	al revenue - add lines 8 through 11 (must equal Pat VIII, column (A) line 12)		371,2										
		13 Gra	nts and similar amounts paid (Part IX, column (A), (Res 1-3)	. ↓⊗↓ ∟	227,2	60 274,742									
		14 Ben	Benefits paid to or for members (Part IX, column (A), line 4												
	Š	15 Sala	Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)												
	Expenses	16a Pro	Professional fundraising fees (Part IX, column (A), line 11e)												
	xpe		al fundraising expenses (Part IX, column (D), line 25) ▶ 1,408												
	Ш	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,3	50 131,713									
			al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		341,6	10 406,455									
			enue less expenses Subtract line 18 from line 12		29,6										
	or				eginning of Current Ye										
	Assets or f Balances	20 Tota	al assets (Part X, line 16)		168,6										
	Ass Bal		al Irabilities (Part X, line 26)	· · · · · ·											
}	Net / Fund		assets or fund balances Subtract line 21 from line 20,		168,6	35 180,028									
2014			Signature Block		100,0	33 100/020									
ත			s of perjury, I declare that I have examined this return, including accompanying schedu	lee and statemen	te and to the heet of	my knowledge and helief it is									
~	true	, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of whice	h preparer has ar	ny knowledge	my knowledge and belief, it is									
CD			Protect a Some		91	1)14									
AUG	Sia	n ID	Signature of officer		Date	117									
	Hei		• •		Date										
			Kathy A. Soppe, Director of Finance/Treasur	er											
			Type or print name and title			1000									
	Paid		nt/Type preparer's name Preparer's signature	Date	Check	IF PTIN									
· · ·		arer -			self-employe	d									
4.0	•		n's name		Firm's EIN										
\mathcal{S}			n's address 🕨		Phone no										
w)	May	the IRS	liscuss this return with the preparer shown above? (see instructions)			Yes No									

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	P.E.O. is a philanthropic organization where women celebrate the advancement of women;
	educate women through scholarships, grants, awards, loans and stewardship of Cottey
	College; and motivate each other to achieve their highest aspirations.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services? Yes No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 363,978 including grants of \$ 274,742) (Revenue \$)
	Program services are accomplished by collecting and forwarding contributions to various
	P.E.O. projects and scholarships on both the state and national levels; no specific
	statistics are available.
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$)
4 .	Other process convers (Passaha is Cabadula O.)
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 363,978

Form 9	90 (2013) Checklist of Required Schedules			Page 3
ı aı	Checkinst of Required Ochecules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
•	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		ж
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		×
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	×	
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,			
	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	ļ	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		1
	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,"			
	complete Schedule D, Part VI	11a	ļ	×
b	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		×
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١		
	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		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	120	x	
L	complete Schedule D, Parts XI and XII	12a	<u> </u>	
b		12b		x
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	1	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	×
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		_	1
Ü	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	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			
. •	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			1
• •	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		l	Γ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	
	If "Yes," complete Schedule G, Part III	19	<u> </u>	×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Part	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 1? 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		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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		x
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		×
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)			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
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,			
	Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	•	
	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		-
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h		ļ
	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	20		İ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		×
20	Part VI	37		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
	19? Note. All Form 990 filers are required to complete Schedule O	, 50		<u> </u>

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	<u></u>	oxdot
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	x	<u> </u>
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)		~	
	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		
4 a	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	40		×
	account)?	4a		<u> </u>
D	If "Yes," enter the name of the foreign country			
F	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a		×
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	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	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
v	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ــــــ
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ŀ
а	Did the organization make any taxable distributions under section 4966?	9a		₩
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		 	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	
~	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "You " hos it filed a Form 730 to report those payments? If "No " provide an explanation in Schedule O	146	i	1

available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)	Part					
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year						
a Enter the number of voting members of the governing body at the end of the tax year	Soct					1
18 Enter the number of voting members of the governing body at the end of the tax year 1a	Sect	ion A. Governing Body and Management			Vas	No.
If there are material differences in voting rights among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 1 b Enter the humber of voting members included in line 1a, above, who are independent			1a 5			
be before the number of voltage members included in lear 1a, above, who are independent 0. 1b 5 2 Did any officer, director, trustee, or key employee? 3 Did the organization disease, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization of effects, directors, or trustees, or key employees to a management company or other presson? 4 Did the organization become aware during the year of a significant diversion of the floores, directors, or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organizations assets? 6 X 5 Did the organization have members of stockholders? 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7b Test organization and the governing body? 9 Seath committee with authority to act on behalf of the governing body? 9 Seath committee with authority to act on behalf of the governing body? 9 Seath committee with authority to act on behalf of the governing body? 10 Section B. Pollocies (This Section B requests information about policieus not required by the Internal Revenue Code) 10 In the organization have local chapters, branches, or affiliates? 10 Jif 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 for even their	1а					
b Enter the number of voting members included in line 1a, above, who are independent. 1b 5 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? 3 Did the organization delegate control over management duties existemanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization have members of stockholders? 6 Did the organization have members of stockholders? 7 Did the organization have members of stockholders? 8 Did the organization have members of stockholders? 9 Did the organization have members of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the provincial of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the provincial of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of the provincial of the governing body? 9 Did the organization that suthority to act on behalf of the governing body? 9 Did the organization for did the governing body? 10 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 of work of the process, if any, used by the organization provided a complete copy of this Form 900 to all members of its governing body before fining the farm? 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to help process, if any, used by the org						
Did eny officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? Did the organization declagate 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? Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization sasests? Did the organization have members of stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By the following The governing body? By the following The governing body? Settle of the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By the following The governing body? Settle of the gove	L		1b 5			
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the	19		s, connict or int	E1621	policy	, and
organization ► Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-3153	20		and records of the	ne		
	20	organization > Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515) 255-31	<u>53</u>		

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orm 990 (201	3)										Page 1
Part VII	Compensation of	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntra	actors								
	Check if Schedul	le C) contains	a response	or note to	anv lii	ne 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

Check this box if neither the organization nor	any related	orgai	nıza	tion	cor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles r and	s pe	ition more	n oth use Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Nancy Curl President	25	×		×		ā		0	0	0
(2) Betty Colclough Vice President	20							o	0	0
(3) Ann H. Hoeke	20	x		x				0		
Organizer		×		x			ļ	0	0	0
(4) Deborah G. Kotecki	25									
Treasurer		x		×	 			0	0	0
(5) Kathryn Boyer Secretary	20	×		x				0	0	0
				_						
_(7)										
_(9)										
(10)										
(11)										
(12)		-								<u> </u>
(13)										
(14)	 	-								

Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	yees (c	ontinue	d)	
		(B)				C)								
	(A)	Average hours per							(D)	(E)		۲.	(F)	
	Name and title	week (list any	box,	unles	•		n is both ar		Reportable compensation	Reportable compensation from			timated	
		hours for related				_	tor/trust		from	relate			other	
		organizations	Individual trustee or director	Institutional truste	Officer	Key employee	nplo	Former	the	organiza			pensati om the	
		below dotted	dividual t	tion	٦	호	st co	"	organization (W-2/1099-MISC)	(W-2/1099	-MISC)		anızatıc	
		line)	l s	al tr		yee	d die		(** 271000 111100)				d relate	
			tee	ustee			Highest compensated employee					orga	nızatıo	лѕ
							E E						_	
(15)		 -	-											
(16)		-	 	-	-	┼								
		<u> </u>												
<u>(17)</u>		 												
					_	 -	ļ	_						
(18)		 -	-											
(19)	· · · · · · · · · · · · · · · · · · ·													
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(23)			 			+		┢						
<u> </u>		†	1											
(24)		I												
(25)		 	-											
	Sub total							<u> </u>					-	
טו	Sub-total Total from continuation sheets to Part VII, S	Section A						>						
	Total (add lines 1b and 1c)													
2	Total number of individuals (including but not								eceived more than	\$100,000	of			
	reportable compensation from the organization	on ►			0									
													Yes	No
3	Did the organization list any former offi	cer direct	or, c	r tr	ust	ee,	key	em	ployee, or highes	st compen	sated			
	employee on line 1a? If "Yes," complete Scheo											3		×
4	For any individual listed on line 1a, is the organization and related organizations g													
	individual											4	į	×
5	Did any person listed on line 1a receive of													
	for services rendered to the organization? If "	Yes," comple	ete So	hed	lule	J fo	r sucl	ре	rson			5	<u> </u>	х
	ion B. Independent Contractors	-												
1	Complete this table for your five highest cor compensation from the organization Report												,	
	year	compensa	(1011 10	, ,,,		aici	idai y	Cai	chaing with or wi	inin the org	janizatio	7113 tax	•	
	(A)		-	-				Т	(B)			(C)		
	Name and business add	dress							Description of se	ervices	С	ompens		
Non	e											_		
								+						
								+						
						_		+					-	
2	Total number of independent contractor	s (includir	na hi	ut 1	not	Jin	nited	to	those listed ab	ove) who	 			
_	received more than \$100,000 of compensati								0	-,				

ronn	950	(20	13)		
Par	t V	/111		Sta	ite

	990 (2	<u> </u>			<u>.</u>		Page 9
Pai	rt VIII		- 4	. I.a Abia Dark V	au		
_		Check if Schedule O contains a response or not	e to any	(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	, 042	417,575			
Program Service Revenue	2a b c d e f	All other program service revenue					
Other Revenue	d 8a b c 9a b	Investment income (including dividends, interest, and other similar amounts)		273	273		
	11a	Net income or (loss) from sales of inventory. Miscellaneous Revenue Business					
	c d e	All other revenue		417,848	273		
	12	Total revenue. See instructions	<u></u> ▶	71/,848	213		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	274,742	274,742					
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
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)							
9	Other employee benefits							
10	Payroll taxes							
	Fees for services (non-employees)							
	Management							
	Legal	2,450		2,450				
	Accounting	2,100		2,7130				
	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O)				 			
	Advertising and promotion				·			
13 14	Office expenses	800			800			
15	Information technology							
	Occupancy							
	Travel	18,138	6,046	12,092				
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
	Conferences, conventions, and meetings	32,520	10,660	21,320	540			
	Payments to affiliates	70,220	70,220					
	Depreciation, depletion, and amortization		,,,,,,,					
	Insurance	587		587				
	Other expenses Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
_	Operating Expense	6,998	2,310	4,620	68			
a b		0,330		.,020				
c								
d								
е	All other expenses							
	Total functional expenses. Add lines 1 through 24e	406,455	363,978	41,069	1,408			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)							
JSA					5 000 (0040)			

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X . . . (B) (A) Beginning of year End of year 42,573 Cash - non-interest-bearing 34,711 1 137,455 133,924 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net _______ 7 8 9 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10c 11 11 Investments - other securities See Part IV, line 11, 12 12 13 13 14 14 15 15 168,635 16 180,028 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 Grants payable 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D Total liabilities. Add lines 17 through 25. 26 26 Organizations that follow SFAS 117 (ASC 958), check here **Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔯 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 168,635 32 180,028 168,635 33 180,028 33 168,635 34 180,028 34

orm 95	0 (2013)		Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		$\perp \perp$
1	Total revenue (must equal Part VIII, column (A), line 12)		417,	
2	Total expenses (must equal Part IX, column (A), line 25)		406,	
3	Revenue less expenses Subtract line 2 from line 1			393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		168,	635
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
34	33, column (B))		180,	028
art	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			x
	Check if Schedule O contains a response of hote to any line in this Part All	••••	Yes	No
	Accounting method used to prepare the Form 990 🗷 Cash 📗 Accrual 🦳 Other		162	NO
1	Accounting method used to prepare the Form 990 X Cash Accrual Other Other, explain in			ļ
	Schedule O			i
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?	2b	×	l
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both		'	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ĺ
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		×
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			1
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
va	the Single Audit Act and OMB Circular A-133?	3a		ж
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L
		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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its

Open to Public **Inspection**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► See separate instructions.

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

► Complete if the organization is described below.

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) orga	anizations Complete Part III			
Name	of organization			Employer identi	fication number
	E.O. Sisterhood NC			56-60881	
Par	t I-A Complete if the o	rganization 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				
Par		organization is exempt under s			
1		ise tax incurred by the organization			
2		ise tax incurred by organization ma			
3	•	a section 4955 tax, did it file Form	•		
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV				
Par		organization is exempt under).
1		xpended by the filing organization			
2		ng organization's funds contributed			
	*	es			
3		enditures Add lines 1 and 2 En			
		e Form 1120-POL for this year?			
4 5	Enter the names addresses	and employer identification numb	er (FIN) of all section	n 527 political organiz	•• —
3	organization made payment	s For each organization listed, en	ter the amount paid	I from the filing organiz	ation's funds. Also enter
	the amount of political cont	ributions received that were prom	ptly and directly de	livered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee (F	PAC) If additional sp	ace is needed, provide i	nformation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					-
(' '					
(2)					
. _,					
(3)					
(4)					
(5)					
					_
(6)					
			1	1	1

Sch	nedule C (Fo	m 990 or 990-EZ) 2013					Page 2
Ρ	art II-A	Complete if the organiz section 501(h)).	ation is exer	npt under section	501(c)(3) and	filed Form 5768 (ele	ection under
A	Check ▶	if the filing organiza name, address, EIN,	tion belongs to expenses, and	o an affiliated group I share of excess lo	(and list in Pa bbying expend	art IV each affiliated (litures)	group member's
В	Check ▶	If the filing organiza	tion checked	box A and "limited o	control" provisi	ons apply	
		 	obbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total l	obbying expenditures to influ					
		obbying expenditures to influ		,-		-	·
		obbying expenditures (add li	_		- ·		
		exempt purpose expenditure					
		exempt purpose expenditure					
		ng nontaxable amount En			17		*
	columi	•		g			
	If the am	ount on line 1e, column (a) or (I) is: The lobby	ng nontaxable amount is	s:		
		\$500,000	·	amount on line 1e			
	Over \$50	0,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess of	over \$500,000		
	Over \$1,0	000,000 but not over \$1,500,00	0 \$175,000 p	lus 10% of the excess of	over \$1,000,000		
	Over \$1,5	500,000 but not over \$17,000,0	00 \$225,000 p	lus 5% of the excess ov	er \$1,500,000		
	Over \$17	,000,000	\$1,000,000				
	g Grass	roots nontaxable amount (er	nter 25% of line	1f)			
	h Subtra	ct line 1g from line 1a If zei	o or less, enter	-0			
	i Subtra	ct line 1f from line 1c If zer	o or less, enter -	-0			
	j If ther	e is an amount other than	zero on either	r line 1h or line 1i,	did the organiz	cation file Form 4720	
	report	ng section 4911 tax for this	year ^{>}			<u> </u>	Yes No
			4-Year Ave	raging Period Under	Section 501(h)		
		(Some organizations	that made a so	ection 501(h) election	n do not have t	o complete all of the f	ive
		columns	below. See the	e instructions for line	es 2a through 2	f on page 4.)	
_		l	obbying Expe	nditures During 4-Ye	ar Averaging Pe	riod	
						<u> </u>	1

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column (e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	

Schedule C (Form 990 or 990-EZ) 2013

description o		(a)		(b)			
_	Yes," response to lines 1a through 1: below, provide in Part IV a detailed f the lobbying activity	Yes	es No An		Amo	unt	
referer	the year, did the filing organization attempt to influence foreign, national, state or local ion, including any attempt to influence public opinion on a legislative matter or dum, through the use of						
a Volunte	ers? If or management (include compensation in expenses reported on lines 1c through 1)?						
	· [
	advertisements? s to members, legislators, or the public?						
	tions, or published or broadcast statements?				· ·		
	to other organizations for lobbying purposes?						
	contact with legislators, their staffs, government officials, or a legislative body?						
	demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	ctivities?						
j Total A	dd lines 1c through 1i						
a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	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						
	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part 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	N
	ubstantially all (90% or more) dues received nondeductible by members?				1	x	╄
	organization make only in-house lobbying expenditures of \$2,000 or less?	1	lone		2	х	_
3 Did the	organization agree to carry over lobbying and political expenditures from the prior year?				3	<u> </u>	13
_	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3, is	i
Part III-B 1 Dues, a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." ssessments and similar amounts from members	OR (b) Pa			3, is	i
Part III-B 1 Dues, a 2 Section politica	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." ssessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amoul expenses for which the section 527(f) tax was paid).	OR (b) Pa	rt III-/		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amou lexpenses for which the section 527(f) tax was paid). year	OR (b) Pa	1 2a		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amoul expenses for which the section 527(f) tax was paid). syear ver from last year	OR (b) Pa	1 2a 2b		3, is	
Part III-B Dues, a Section politica a Curren b Carryo c Total	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amoul expenses for which the section 527(f) tax was paid). syear ver from last year	OR (b) Pa	1 2a 2b 2c		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo c Total 3 Aggreg	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). syear ere from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	OR (b) Pa	1 2a 2b		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo c Total 3 Aggreg 4 If notice	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due to see were sent and the amount on line 2c exceeds the amount on line 3, what portion	OR (b) Pa	1 2a 2b 2c		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo c Total 3 Aggreg 4 If note excess	sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). I see amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due to see were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible locations.	OR (b) Pa	2a 2b 2c 3		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo c Total 3 Aggreg 4 If note excess and po	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year wer from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due to see were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible loutical expenditure next year?	OR (b) Pa	2a 2b 2c 3		3, is	
Part III-B 1 Dues, a 2 Section politica a Curren b Carryo c Total 3 Aggreg 4 If note excess and po	sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). I see amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due to see were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible locations.	OR (b) Pa	2a 2b 2c 3		3, is	

Schedule C (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	Form 990 or 990-EZ) 2013 Supplemental Information (continued)	
		
		· · · · · · · · · · · · · · · · · · ·
		
		·

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization 56-6088161 P.E.O. Sisterhood NC State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) Preservation of an 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 easement on the last day of the tax year Held at the End of the Tax Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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) 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

Par	III Organizations Maintaining Colle	ections of	Art, Hist	orical T	reasur	es, e	or Oth	ier Simila	ar Asse	ts (conti	nuea)
3	Using the organization's acquisition, acces collection items (check all that apply)	ssion, and of	ther recor	ds, check	any o	f the	follow	ing that a	re a sign	ificant us	se of its
а	Public exhibition		d	Loand	or excha	ange	prograr	ns			
b	Scholarly research		е [Other						~ 	
С	Preservation for future generations										
4	Provide a description of the organization's	collections	and expla	ain how t	hey fur	ther	the org	anization's	s exempt	purpose	ın Part
	XIII										
5	During the year, did the organization solicit of	or receive do	onations o	f art, histo	orical tr	easur	res, or o	other simil	ar		
	assets to be sold to raise funds rather than to	o be mainta	ined as pa	rt of the o	organiza	ation'	s collec	tion?		Yes	No
Par	t IV Escrow and Custodial Arrangement or reported an amount on Form 9			ne organ	ızatıon	ansv	wered	"Yes" to F	orm 990), Part I\	/, line 9,
	Is the organization an agent, trustee, custod included on Form 990, Part X?									Yes	No
								A	mount		
С	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					-					
f	Ending balance					1f					1 1
	Did the organization include an amount on F									Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII						•				
Par	·										
		rrent year	(b) Prid	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Foury	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses						-				
g	End of year balance				<u> </u>				·		
2	Provide the estimated percentage of the cur	rrent year er		e (line 1g,	column	ı (a))	held as				
a	Board designated or quasi-endowment		_% _								
	Permanent endowment \(\bigs\)	0/									
С	Temporarily restricted endowment ▶	% ::::::::::::::::::::::::::::::::::::	200/								
_	The percentages in lines 2a, 2b, and 2c sho	•		ation that	ara bal	d 000	d odmir	natorad for	tho		
3a	Are there endowment funds not in the poss	ession or th	ie organiza	ation that	are nei	u and	a aumin	iisterea ioi	uie	15	/ NI-
	organization by										'es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii) 3b	
	Describe in Part XIII the intended uses of the									30	
4									···		
Par	t VI Land, Buildings, and Equipment. Complete if the organization ans	wered "Ye	s" to Forr	n 990, P	art IV,	line 1	11a Se	ee Form 9	990, Par	t X, line	10
	Description of property	(a) Cost or	other basis	(b) Cost	or other ba		(c) Acc	cumulated eciation		i) Book valu	
1a	Land	(invest	епц	"	ther)	-	aepi	COIGNOIT			
b	Buildings					+					
C	Leasehold improvements					-	-				
d	Equipment	·									
	Other					-+					
	I. Add lines 1a through 1e (Column (d) musi	t equal Form	1990 Part	X colum	n (B) Iir	ne 10	(c))				
- 014	arias miss is anough to (column (d) mus	. 54561 0///	. 555, 7 4/1	, 55/0/1/	. (2), "		. ~, /				

Schedule D (Form 990) 2013

JSA 3E1270 1 000

	Complete it the organization answered	"Ves" to Form 990	Part IV, line 11b See Form 990, Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book value	Cost or end-of-year market	
	al derivatives	"		
	-held equity interests			
(3) Other				
(A)				
<u>(b)</u>				
(0)				
(D) (E)				
(E)		_		
<u>(F)</u> (G)				
<u>(G)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII			<u>.</u>	
I alt VIII	Complete if the organization answered	"Yes" to 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	•
(1)			Cost of end-of-year market	value
(2)	*	······································		· ······
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d See Form 990, Pa	art X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
				·-···
(3)		· · · · · · · · · · · · · · · · · · ·		
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)			,	
(3) (4) (5) (6) (7) (8)			,	
(3) (4) (5) (6) (7) (8) (9)	tumn (h) must oqual Form 000. Part V. col. (R) (ine 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col (B) I	ıne 15), , , , , , , , , , , , , , , , , , ,		
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			990 Part X
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	Other Liabilities. Complete if the organization answered			990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Col.	Other Liabilities. Complete if the organization answered line 25	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Coll	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability		, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	Other Liabilities. Complete if the organization answered line 25	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X) 1. (1) Feder (2) (3)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Coli Part X 1. (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colored Colored Co	Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	i "Yes" to Form 990	, Part IV, line 11e or 11f See Form s	990, Part X,

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	1	417,848
2		· ' -	717,070
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	-	
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIII) 2d	_	
	Add lines 2a through 2d	. <u>2e</u>	
3	Subtract line 2e from line 1	. 3	417,848
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII) 4b	4	
С	Add lines 4a and 4b	. 4c	
. 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		417,848
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	turn.	
1	Total expenses and losses per audited financial statements	. 1	406,455
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 2c	7	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	406,455
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		
	Other (Describe in Part XIII)	7	
b			
	Add lines 4a and 4b	4c	
	· · · · · · · · · · · · · · · · · · ·		406,455
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	406,455 4, Part X, line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	· · · · · · · · · · · · · · · · · · ·
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	· · · · · · · · · · · · · · · · · · ·
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part V, line	

Schedule D (For	n 990) 2013 Pag	je J
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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	tion shout Schedule I (Form 990) and its instructions is at www.irs.gov/form990
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OMB No 1545-0047

Open to Public

Employer identification number

▶ Information

Ą	P.E.O. Sisterhood NC State Chapter	56-6088161	
مّ	Part General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?	Yes	ջ
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
	Office of the property of the state of the s	To For	000

Part II 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

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin Nevada, MO 64772	440545271	501(c)(3)	80,406	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund Des Moines, IA 50312	426078059	501(c) (3)	21,088	0			Educ. Loans
1 Peace Scholarshp 50312	426078058	501(c)(3)	17,188	0			Scholarships
ram for Contin Ed 50312	237405311	501(c) (3)	64,345	0			Educ. Grants
ards	421379026	501(c)(3)	23,247	0			Educ. Awards
Scholarship 50312	300583651	501(c)(3)	27,589	0			Scholarships
dation 50312	426094564	501(c)(3)	40,879	0			Schol/Grants
(8)							
(6)							
(10)							
(11)							
(12)	:						
2 Enter total number of section 501(c)(3) and government ord	overnment o	roanizations liste	anizations listed in the line 1 table			•	7

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

Schedule I (Form 990) (2013)

Schedule 1 (Fo	Schedule I (Form 990) (2013)					Page 2	اي
Part III	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	dividuals in the U space is needed	e United States ded	. Complete if the	e organization answerec	I "Yes" to Form 990, Part IV, line 22	I
	(a) Type of grant or assistance	(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
-							1
8							
က							ļ
4							1
2							I
9							1
7							
Part IV	Supplemental Information. Provide the inform		on required in Pa	art I, line 2, Part I	II, column (b), and any c	ation required in Part I, line 2, Part III, column (b), and any other additional information	
Part I,	Part I, Line 2Contributions were forward	forwarded	to philanth	ropies of th	e International C	led to philanthropies of the International Chapter of the P.E.O.	1
Sisterb	Sisterhood and to P.E.O. Foundation in Des Moines,	n in Des Mc	Y.	be used to	further the educa	to be used to further the educational mission of the P.E.O.	1
Sisterhood.	ood. Reports of these organization	αj	are availabl	e to all mem	available to all members of P.E.O.		1
Part II	Part II, Line 1(a)With the exception of	!	Cottey College,		all other organizations share	re a mailing address of	
3700 Gr	3700 Grand Ave, Des Moines, IA 50	50312.					I I
 							į.
							-
 		# 					1
 							1
							1
						Schedule I (Form 990) (2013)	3

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

P.E.O. Sisterhood NC State Chapter

Employer identification number

P.E.O. Sisterhood NC State Chapter	56-6088161
Part VI, Lines 6-7b: The organization's members consist of the act	ive, 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 p	oresent. 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 e	each member of the
executive board of North Carolina 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 page	ges are distributed each
year to all executive board members and to any committee members h	naving influence over
financial transactions. Signature pages are collected by the state	e president and
monitored for completion. Any conflicts of interest that arise ar	re to be reported
immediately to the affected committee/board, and the remaining mem	mbers 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 are	e not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were au	
accountant on a cash basis.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

P.E.O. Sisterhood NC State Chapter

Part I

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Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

See separate instructions. ▶ Information about Schedule R (Form

www.irs.gov/form990.
at
<u>.83</u>
Instructions
₹2
and
990)

Open to Public

OMB No 1545-0047

Employer identification number

26-6088161

(g) Section 512(b)(13) controlled entity? (f) Direct controlling ž entity Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. X filing org. Direct controlling (e) End-of-year assets entity Public chanty status (if section 501(c)(3)) (d) Total income **e** 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(c)(3) Carolina Legal domicile (state or foreign country) (b) Primary activity ż Educ. Schol. Primary activity 11617 Midlavian DR, Raleigh, NC 27614-6948 (1) North Carolina Cottey College Schol. Fund (a)
 Name, address, and EIN (f applicable) of disregarded entity Name, address, and EIN of related organization

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

58-1797069

(2) EIN

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Part II

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Schedule R (Form 990) 2013

JSA 3E1307 1 000

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(k) Percentage ownership									(h) (t) Percen- Section tage controllec controllec	Yes								Schedule R (Form 990) 2013
General or managing partner?								art IV,										R (Forn
Code V-UBI Code V-UBI of Schedule K-1 (Form 1065)								n Form 990, Pa	(g) Share of end-of-year assets							:		Schedule
(h) Disproportorials altocatorials APES NO								d "Yes" o	(f) Share of total income									
(g) Share of end-of- year assets								nization answere the tax year	(e) Type of entity (C corp. S corp. or trust)									
(f) Share of total income								lete if the orga or trust during	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								r Trust Compl a corporation o	(C) Legal domicile (state or foreign country)									
(d) Direct controlling entity s								a Corporation o	(b) Primary activity			1						
Legal Dii domicile (state or foreign								axable as										
(b) Primary activity								ed Organizations T	of related organization									
(a) Name, address, and EIN of related organization	(1) N/A	(2)	(3)	(4)	(5)	(9)	(7)	Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization		(1) N/A	(2)	(3)	<u>[4</u>]	(5)	(9)	(7)	JSA 351308 1 000

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

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Parts II, III, or IV of this schedule engage in any of the following transactions with one or more related organizations listed in Parts II-IV? alties or (iv) rent from a controlled entity. ed organization(s) lated organization(s) incation(s) incation(s). ion(s) item(s) item(ty is listed in	organization	nuties (iii) roy	oution to relat	intion from re	or for related	י י י י י י	y related orga	nization(s)	inization(s).	ated organizat	ated organizat	ated organization		nt, or otner as	nt, or otner as membership	nt, or otner as membership membership	nt, or otner as membership membership ent, mailing li	nt, or otner as membership membership membership ent, mailing li with related o	nt, or otner ar membership membership ent, mailing li with related o	nt, or otner ar membership membership ent, mailing li with related o sted organizat	nt, or otner ar membership membership ent, mailing li with related o sted organizat ated organizat	nt, or otner as membership membership ent, mailing li with related o with related organizat ated organizat operty to rela operty from n	nt, or otner at membership membership ent, mailing li with related o with related organizat ated organizat operty to rela operty from relations in versions in ver	nt, or otner ar membership membership ent, mailing li with related o sted organizat ated organizat operty to rela operty from ri sbove is "Yes	nt, or otner at membership membership ent, mailing li with related or ated organizat ated organizat operty to rela operty from relation in above is "Yes.	nt, or otner at membership membership ent, mailing li with related or ated organizat ated organizat operty to rela operty from relative is "Yes above is "Ye	nt, or otner at membership membership ent, mailing li with related organizat ated organizat operty to rela operty from relatove is "Yes above	nt, or otner at membership membership ent, mailing li with related organizat ated organizat operty from respone is "Yes above is	nt, or otner at membership membership ent, mailing li with related organizat ated organizat ated organizat operty to rela operty from nobove is "Yes shove is "Yes above i	membership membership ent, mailing li with related o uperty to rela operty from rabove is "Yes above
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e 1 if any entity is listed in Parts II, III, or IV of this schedule year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? iterest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	Complete line	uring the tax	eceipt of (i) in	iff, grant, or c	iff grant or c	int, graint, or v	Calls of IOall	oans or loan	mode from	ale of assets	are or assers	change of a	Acriange of a		sase of facilit	erformance c	sase of facility erformance c	esse of facility enformance of enformance conformance	sase of facility enformance of enformance charing of facility	sase of racility arformance o arformance o haring of faci haring of pair	sase of racility arformance of a paring of fact haring of pair eimbursemeit	sase of racing arformance of arformance of baring of facily haring of paid haring of paid elimbursement ther transfer	sase of racinity and particularity artiformance of the charing of facily haring of pair embursementer transfer ther transfer	sase of racing serion actions are of action and of action actions of particular actions are the transfer the answer to action actions and actions are actions and actions are actions and actions are actions are actions are actions are actions are actions are actions actions are actions are actions and actions are actions are actions actions are actions actions are actions and actions are actions actions are actions actions are actions actions are actions actions actions are actions actions are actions actions actions actions actions are actions actions actions actions are actions actions	sase of racing arformance o arformance o haring of faci haring of paic embursemer embursemer ther transfer the answer the	ase of racing afformance o arformance o baring of facily haring of paic haring of paic embursemer embursemer ther transfer the answer the answe	ase of racing afformance o arformance o baring of facily haring of paic haring of paic haring of paic ther transfer the answer to the answer t	ase of racing stormance of arrormance of arrormance of haring of facily haring of parcentaring	ase of racing stormance o arformance o arformance o haring of faci haring of paic embursemer ther transfer the answer to the ans	erformance o arformance o arformance o arformance o naring of facil haring of paic ther transfer the answer to the	embursemer the answer to the a
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

Ves No	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(t) Code V-UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
				from tax under section 512-514)	Yes No						
											. <u>-</u>

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