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J

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

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

March 31

, 2013, and ending

Department of the Treasury Internal Revenue Service

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

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

Open to Public

, 20 14

			C Name of organization					D Employer in	dentification	number	
	Check if app	pēcable	P.E.O. Sisterhoo	od AR State Cha	apter						
	Addres		Doing Business As					71-	605553	3	
	Name	change	Number and street (or P O	box if mail is not delivered to	street address)	Room/suite		E Telephone	number		
	Initial	return	3700 Grand Ave					515	255 3	153	
	Termir	nated	City or town, state or provin	ce, country, and ZIP or foreig	n postal code	•					
	Ameno		Des Moines, IA	50312-2899				G Gross recei	pts \$	38'	7,105
	Applic	ation	F Name and address of princip	oal officer				H(a) Is this a gr		Yes	x No
		19	Earline Tripp -	same as C abov	7e			subordinate H(b) Are all subor		, Yes	□ No
	Tax-exe	empt st	' 	T	ert no) 4947(a)(1	\ or 5	27		ach a list (see		
			www.peointernat:		4547(4)(1	7 5		H(c) Group exer	,		2
			nization Corporation	Trust X Association	Other ▶	I Vear	of format	ion 1933 M			
5	art I	 -	mmary	Trust A Association	Other	Liteal	Or IOIIIIat	1011 1933 181	State of le	garuomicile	
•	_					la momb	ozabi	n organi	-ation	Gunna	
	1		y describe the organization's								
COVERNIA			philanthropic pr					p, grant	, loan	and a	ward
•	١.		grams and a women	~~ -							
,	2		this box 🕨 🔛 if the org		•				1 1		_
			er of voting members of the						3		5
	4		er of independent voting me						4		5
	5		number of individuals emplo						5		
	6	Total	number of volunteers (estimate	ate if necessary)					6		100
	7a	Total	unrelated business revenue	from Part VIII, column (C), line 12				7a		
			nrelated business taxable in						7b		
	ĺ				TOPNIED	1		Prior Year		Current Y	'ear
	8	Contr	ibutions and grants (Part VIII	. line 1h)	eceived,	501		398,	822	386	6,774
	0	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3 Eand AUG 18 2014 658 331									
	10										
	10	Other	ment income (Fait VIII, colt	(A) lines 5. 9 3 and 44	A de	68	•		-		331
			revenue (Part VIII, column			·*• 🛊 · · · ·	•	399,	400	201	7,105
	12	Total	revenue - add lines 8 through	n 11 (must equal Part VI	Incolumn (A), line 12)		+	226,			
			s and similar amounts paid (220,	304	41.	3,882
			its paid to or for members (F								
	15		es, other compensation, em								
			ssional fundraising fees (Par				•				
	þ		fundraising expenses (Part II								
	17		expenses (Part IX, column (174,			9,221
	18	Total	expenses Add lines 13-17 (must equal Part IX, colur	nn (A), line 25)			400,	689	393	3,103
_	19	Rever	nue less expenses. Subtract	line 18 from line 12				-1,	209	- !	5,998
							Begin	ning of Current	Year	End of Ye	ar
	20 21	Total	assets (Part X, line 16)					203,	814	19	7,816
	21		liabilities (Part X, line 26)								
:	: I		ssets or fund balances Sub					203,	814	19	7,816
	art II		gnature Block								
			of perjury, I declare that I have	examined this return, inclu-	ding accompanying sche	dules and state	ements, a	and to the best of	of my know	ledge and b	elief, it is
	e corre	ct, and	complete Declaration of prepare	er (other than officer) is base	ed on all information of wi	hich preparer h	has any kr	nowledge			
	gn	•	Signature of officer	ppe				Date	1/14		
-	re		- • 1	Director of F	inance/Trosco	rar					
			Type or print name and title	Director of F	THANCE/ ITEABU	TET		=			
_		Permi		Preparer's sig	nature	Data			, PTIN		
	d	Lung	Type preparer's name	Preparer's sig	nature	Date		Check	J"		
		<u> </u>						self-emplo	yed		
		Eurm'	s name					Firm's EIN			
е	parer e Only										
е	e Only		s address >					Phone no			
e	Only	Firm's	s address cuss this return with the pre	parer shown above? (see	instructions)			Phone no		Yes	No

) (Revenue \$

342,287

4d Other program services (Describe in Schedule O)

Form 990 (2013)

4a (Code

4b (Code

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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		_	_
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		x
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		x
С	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		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		×
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	L	x
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
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	ļ	×
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	<u> </u>	×
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	19		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	L

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	<u></u>
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		ļ	
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		×
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		ж
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	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		x
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		х
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,]		
	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
ъ	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	.,	
	19? Note. All Form 990 filers are required to complete Schedule O	38 Form	990	(2012)

Form **990** (2013)

Form	990 (2013)		ı	Page :
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country ▶			
	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?	5a		х
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	×	
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	- / !! -		<u> </u>
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	8		
	organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	j		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	and the same of th			
	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	1		
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				tions
	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	ion A. Governing Body and Management				
		ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a 5			
	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	b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with			
	any other officer, director, trustee, or key employee?	1	_2		х
3	Did the organization delegate control over management duties customarily performed by or under	r the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other p	erson?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 5		×
6	Did the organization have members or stockholders?	3	6	x	
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?	1	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by				
	stockholders, or persons other than the governing body?	I	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertain	aken during			
	the year by the following				
а	The governing body?	1	8a	x	
b	Each committee with authority to act on behalf of the governing body?	j.	8b	x	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at	_ [
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	- \	х
Secu	on B. Policies (This Section B requests information about policies not required by the Intern	iai Reveriue	Code	Yes	No
		ſ	40-	x	110
	Did the organization have local chapters, branches, or affiliates?	I	10a	^	-
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	- 1	406	x	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp	i	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	, the form?.	11a		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		IZa		
b	· · · · · · · · · · · · · · · · · · ·	- 1	12b	×	
_	rise to conflicts?	i i	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the police	•	12c	x	
13	describe in Schedule O how this was done		13		x
14	Did the organization have a written whistleblower policy?		14	х	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and		-1-		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation at				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		x
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrangement			
104	with a taxable entity during the year?	- 1	16a		×
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure	, , , , , , , , , , , , , , , , , , , 			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T (Section	501(2)(3)9	oniv)
	available for public inspection Indicate how you made these available Check all that apply Own website Another's website W Upon request Other (explain in Sched		00.(0	2,(0,0	·y,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	erest	policy	, and
	financial statements available to the public during the tax year			_	
20	State the name, physical address, and telephone number of the person who possesses the books are organization > Kathy A. Soppe. 3700 Grand Ave. Des Moines. IA 50312 (5	d records of th	ie 53		

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

Page 7											
Part VII	Compensation Independent Co		, Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
	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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (A) (B) Position (D) (E) (F) Name and Title Average (do not check more than one Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of other week (list any officer and a director/trustee) from related compensation Individual to hours for the organizations Officer Institutional trustee Highest compensated employee Key employee from the organization (W-2/1099-MISC) related organization (W-2/1099-MISC) organizations and related below dotted organizations 10 (1) Earline Tripp President 0 n 0 x x (2) Julie Gaddy 5 Vice President 0 n 0 x x (3) Elizabeth J. Dietz 5 Organizer x x 0 n O (4) Melissa Jordan Anthony 5 Treasurer 0 ٥ 0 x x (5) Jean Justice 5 Secretary 0 O 0 x x _(6)_____ _ (7)_____ <u>(8)</u> (9)_____ (10) (11) (12)_____ (13) (14)_____

JSA 3E 1050 1 000

Part VII Section A. Officers, Directors, Ti (A) Name and title	(B) Average hours per week (list any hours for	(do r box,	ot ch	Pos neck s pe	c) ition more	than c	ne an	(D) Reportable compensation	(E) Reportable compensation f		Estil	F) mated unt of	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		compo fror orgar and	ther ensation the nization related izations)
(15)													
(16)													
(17)													
(18)							ļ <u></u>						
(19)													
(20)													
(21)													
(22)		-					_						
(23)													
(24)													
(25)												-	
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A	· · ·	·	 	 	 	<u> </u>	eceived more than	\$100,000 of				
reportable compensation from the organizat	ion ►			0								Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, direct	or, o	r tr divid	ust dual	ee,	key	em	ployee, or highe	st compensate	ed .	3		×
4 For any individual listed on line 1a, is the organization and related organizations individual.	e sum of re greater tha	porta n \$1	ble 50,0	cor	npe	nsatio	on a es,"	and other comper complete Sched	nsation from tl ule J for su	ne ch	4		x
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	ompe	nsat	ion	fro	m an	y ui	nrelated organizat	tion or individu	al	5		×
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated	ınder	end	ent	CO	ntract	ors	that received mor	re than \$100.0	00 of			
compensation from the organization Report											tax		
(A) Name and business a	ddress							(B) Description of se	ervices	Com	(C) pensa	ation`	
None							1						
							+						
2 Total number of independent contractor	rs (includir	na hi	ıt r	not	lin	uted	to	those listed ah	ove) who				
received more than \$100,000 of compensa								0			om S	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	

	990 (2 t VIII	Statement of Rever		non or note to	u line in this Dark V			Page S
		Check if Schedule O co	ontains a respo	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f		203,963	386,774			
Program Service Revenue	2a b c d e f	All other program service rev	enue					
	3 4 5	Investment income (includin other similar amounts) Income from investment of the Royalties	g dividends, inter	rest, and	331	331		
	6a b c d	Gross rents				-	-	
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)						
Other Revenue	8a b	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses	lising line 1c) a b					
Ö	9a b c	Net income or (loss) from full Gross income from gaming a See Part IV, line 19	activities					
	10a b c	Gross sales of invent returns and allowances Less cost of goods sold Net income or (loss) from sales.	a b les of inventory					
	-	Miscellaneous Rever	iue	Business Code	ŀ			

387,105

331

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions

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 (Section	501(c)(3) and 5	01(c)(4) organiza	ions must complete all column	s All other organizations i	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.	193,463	193,463								
2	Grants and other assistance to individuals in the United States See Part IV, line 22	20,419	20,419								
	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16										
	Benefits paid to or for members										
6	trustees, and key employees										
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
	Other employee benefits		· · · - · · · · · · · · · · · · · · · ·								
	Payroll taxes										
	Management										
_	Legal										
С	Accounting	8,765		8,765							
d	Lobbying										
	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	Office expenses	467			467						
15	Royalties										
	Occupancy										
	Travel	45,859	15,286	30,573							
	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	8,039	2,627	5,254	158						
	Interest		10- 10-								
	Payments to affiliates	108,025	108,025								
	Depreciation, depletion, and amortization	664		664							
	Insurance	004		001							
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	7,402	2,467	4,935							
b											
c											
d											
	All other expenses										
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	393,103	342,287	50,191	625						
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [Insert Costs organization column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [Insert Costs organization column (B) joint costs from a combined in the control of the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined in the column (B) joint costs from a combined educational campaign and fundraism (B) joint costs from a combined educational campaign and fundraism (B) joint costs from a combined educational campaign and fundraism (B) joint costs from a combined educational campaign and fundraism (B) joint costs from a combined educational campaign and fundraism (B) joint costs from a combined education (B) joint costs from a combined										
ISA		<u></u>			Farm 990 (2012)						

Form 990 (2013)

Part X Balance Sheet

Part X				
	Check if Schedule O contains a response or note to any line in this Part	X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	8,603	1	
2	Savings and temporary cash investments	195,211	2	197,81
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees			
	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			
- 1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary			
	organizations (see instructions) Complete Part II of Schedule L		6	
를 7	Notes and loans receivable, net	·, ,,,	7	
Assets 2 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 8	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a		1	
1	Less accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	· · -	12	
13	Investments - program-related See Part IV, line 11	·	13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	203,814	16	197,816
17	Accounts payable and appropriate average		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 23	Loans and other payables to current and former officers, directors,			
jabi	trustees, key employees, highest compensated employees, and	•		
<u> </u>	disqualified persons Complete Part II of Schedule L	•	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	_		
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
S	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			27	
e 28	Temporarily restricted net assets		28	
D 29	Permanently restricted net assets		29	
. <u>5 </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
2	complete lines 30 through 34.			
£ 30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds	203,814		197,816
33 33	Total net assets or fund balances	203,814		197,816
34	Total liabilities and net assets/fund balances	203,814		197,816
				Form 990 (2013)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

x

3a

3b

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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	e of organization			Employer identi	fication number
Р.	E.O. Sisterhood AR			71-60555	
Pa	rt I-A Complete if the o	organization is exempt under	section 501(c) or i	is a section 527 orgai	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				
	Commission if the				· · · · · · · · · · · · · · · · · · ·
		organization is exempt under s			
1	-	cise tax incurred by the organization			
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).
1	· · ·	expended by the filing organization			,
2	Enter the amount of the fill	ng organization's funds contributed	to other organizati	ons for section	
	527 exempt function activit	es		▶\$	
3		enditures Add lines 1 and 2 Ent			
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		ts For each organization listed, ent 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
	(a) Hamo	(5) / (65)	(0) =::1	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)		<u> </u>			
(2)			,		
(2)					
(3)					
1-7					
(4)					
_					
(5)	<u> </u>				
(6)					

Schedule	С	(Form	990	or	990-	EZ۱	2013	

Sche	edule C (Form 990 or 990-EZ) 2013					Page 2
Pa	rt II-A Complete if the orga section 501(h)).	nization is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	name, address, EI	V, expenses, an	d share of excess	lobbying expend	•	roup member's
В	Check ▶ If the filing organi	zation checked	box A and "limited	l control" provisi	ons apply	
	Limits or	Lobbying Expe	nditures		(a) Filing	(b) Affiliated
	(The term "expenditur	es" means amol	ints paid or incurred	1.)	organization's totals	group totals
1a	Total lobbying expenditures to ii	nfluence public o	pinion (grass roots l	obbying)		
b	Total lobbying expenditures to ii					
С	Total lobbying expenditures (ad-	d lines 1a and 1b) . <i></i>			<u> </u>
d	Other exempt purpose expendit	ures		[
е	Total exempt purpose expenditu	ires (add lines 1d	and 1d)			·
f	Lobbying nontaxable amount	Enter the amour	nt from the followin	g table in both		
	columns					
ļ	If the amount on line 1e, column (a) o	r (b) is: The lobby	ing nontaxable amount	is:		
ļ	Not over \$500,000	20% of the	amount on line 1e			
ļ	Over \$500,000 but not over \$1,000,0	00 \$100,000	olus 15% of the excess	over \$500,000		
ļ	Over \$1,000,000 but not over \$1,500		olus 10% of the excess			
	Over \$1,500,000 but not over \$17,00	0,000 \$225,000	olus 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,00				
g	Grassroots nontaxable amount					· · · · · · · · · · · · · · · · · · ·
h	Subtract line 1g from line 1a If					
i	Subtract line 1f from line 1c If z					
j	If there is an amount other the					
	reporting section 4911 tax for the	nis year?	<u></u>	· · · · · · · · · · · · · · · · · · ·	 	Yes No
		4-Year Ave	eraging Period Unde	er Section 501(h)		
	(Some organization	ns that made a s	ection 501(h) electi	on do not have to	complete all of the fiv	'e
	column	ns below. See th	e instructions for li	nes 2a through 2	f on page 4.)	
		Lobbying Expe	enditures 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

For	(election under section 501(h)).	(8	1)		(b)	
	h "Yes," response to lines 1a through 1i below, provide in Part IV a detailed on of the lobbying activity	Yes	No		Amo	unt	
leg	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of						
a Vo	d staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	• •						
d Ma	ilings to members, legislators, or the public?						
e Pu	olications, or published or broadcast statements? ants to other organizations for lobbying purposes? ect contact with legislators, their staffs, government officials, or a legislative body?						
f Gra	ants to other organizations for lobbying purposes?						
9 0"	oct contact with logiciators, then stand, government emotics, or a logiciative body						
	lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	ner activities?						
j To	al Add lines 1c through 1i						
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	Yes," enter the amount of any tax incurred under section 4912						_
	ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			_		-	_
	-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	Or S	ectio	n		
	501(c)(6).	, 0 ,(0 ,	, 0. 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
						Yes	N
	re substantially all (90% or more) dues received nondeductible by members?				1	х	
	the organization make only in-house lobbying expenditures of \$2,000 or less?	1	Vone		2	x	1
3 Did Part III	the organization agree to carry over lobbying and political expenditures from the prior year? B Complete if the organization is exempt under section 501(c)(4), section 501(<u> </u>	3
1 Du	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." es, assessments and similar amounts from members			rt III-/	A, line	3, is	
	ction 162(e) nondeductible lobbying and political expenditures (do not include amou			·			
	itical expenses for which the section 527(f) tax was paid).						
a Cu	rent year			2a			
	rryover from last year			2b			
c To	al			2c			
3 Ag	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s .		3			
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	ess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng				
	I political expenditure next year?			5			
5 Ta:	· · · · · · · · · · · · · · · · · · ·	• •		3			
	the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	roup	list) F	Part II-	A line	2 and	
	, line 1. Also, complete this part for any additional information	,.oup		u	, i, iii i	_,	•
i ait ii-b	, line 1 Also, complete this part for any additional information						
 -	·						- - -
							- - -

Schedule C (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
	•	
	and the state of t	
		-
	· · · · · · · · · · · · · · · · · · ·	
•	·	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

► 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 ► Informa
Name of the organization

Employer identification number

P.E	.0.	Sisterhood AR State Chapter	71-6055533
Par		Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year	
2	Aggre	egate contributions to (during year)	
3	Aggre	egate grants from (during year)	
4	Aggre	egate value at end of year	
5	Did t	ne organization inform all donors and donor advisors in writing that the assets held in d	1 1 1 1
		are the organization's property, subject to the organization's exclusive legal control ${\bf ?}$	
6		ne organization inform all grantees, donors, and donor advisors in writing that grant funds	
	_	or charitable purposes and not for the benefit of the donor or donor advisor, or for any c	
	confe	rring impermissible private benefit?	Yes No
		Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7
1		ose(s) of conservation easements held by the organization (check all that apply)	
	1		an historically important land area
			a certified historic structure
		Preservation of open space	
2		plete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
	ease	ment on the last day of the tax year	Held at the End of the Tax Year
	-	<u> </u>	
a			2a
b		• • • • • • • • • • • • • • • • • • • •	2b
C		(-,	2c
d		per of conservation easements included in (c) acquired after 8/17/06, and not on a	2d
3		ric structure listed in the National Register	
3		per of conservation easements modified, transferred, released, extinguished, or terminate $lacksquare$	ted by the organization during the
4		per of states where property subject to conservation easement is located ▶	
5		the organization have a written policy regarding the periodic monitoring, inspection, hand	
3		ions, and enforcement of the conservation easements it holds?	
6		and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
•			monto during the your
7		 unt of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during the year
•			- Cannig and , Can
8		each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
		d section 170(h)(4)(B)(ii)?	
9	In Pa	rt XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balar	ice sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
		nization's accounting for conservation easements	
Pai	rt III	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the	organization elected, as permitted under SFAS 116 (ASC 958), not to report in its residual of art, historical treasures, or other similar assets held for public exhibition, educations.	evenue statement and balance sheet
	publi	s of art, historical treasures, or other similar assets held for public exhibition, educa- c service, provide, in Part XIII, the text of the footnote to its financial statements that desci	ribes these items
b		e organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
	work publi	s of art, historical treasures, or other similar assets held for public exhibition, educate service, provide the following amounts relating to these items	ation, or research in furtherance of
		evenues included in Form 990, Part VIII, line 1	
		ssets included in Form 990, Part X	
2		e organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
		ving amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a		nues included in Form 990, Part VIII, line 1	
b	Asse	ts included in Form 990, Part X	<u></u> ▶\$

Par	Organizations Maintaining Colle	ections of Art,	Historical	reasur	es, o	or Oth	ier Simila	ar Assei	s (cont	inue	<u>a)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other i		•			_	re a sign	ificant u	se o	fits
а	Public exhibition	d	Loan	or excha	ange	prograr	ns				
b	Scholarly research	е	Other							- - -	
C	Preservation for future generations										
4	Provide a description of the organization's	collections and	explain how	they fur	ther	the org	anization's	s exempt	purpos	e in	Part
	XIII										
5	During the year, did the organization solicit	or receive donation	ons of art, hist	orical tr	easu	es, or o	other simila	ar _			_
	assets to be sold to raise funds rather than t	to be maintained	as part of the	organiza	ation'	s collec	tion?		Yes		No
Par	or reported an amount on Form 9	•		ization	ansv	wered	"Yes" to F	orm 990), Part I	V, lin	ie 9,
	Is the organization an agent, trustee, custod included on Form 990, Part X?								Yes] No
_		5 5p					A	mount			
С	Beginning balance				1c						
	Additions during the year				\rightarrow						
e	Distributions during the year									-	
f	Ending balance										
2a	Did the organization include an amount on	Form 990, Part X	, line 21?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if th									
Par	V Endowment Funds. Complete if	the organization	n answered '	'Yes" to	For	m 990	, Part IV, I	ine 10			
		ırrent year (I	b) Prior year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities			ļ							
	and programs			1							
	Administrative expenses			ļ				-			
_	End of year balance			<u> </u>						-	
	Provide the estimated percentage of the cu	•	lance (line 1g	, columr	ı (a))	heid as					
a	Board designated or quasi-endowment ► Permanent endowment ► \[\bar{\pi} \]										
	Temporarily restricted endowment	%									
C	The percentages in lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the poss		anization that	are hel	d and	d admir	ustered for	the			
Ju	organization by	occomen or the org	ornzation that						Ī	/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIII the intended uses of th										
Par	Land, Buildings, and Equipment. Complete if the organization and	swered "Yes" to	Form 990, F	art IV,	line 1	11a S	ee Form_9	90, Parl	t X, line	10	
	Description of property	(a) Cost or other b (investment)		or other bother)	asıs		cumulated eciation	(c	d) Book val	ue	
1a	Land	(mresument)	<u>'</u>		$\neg \uparrow$						
b	Buildings										
c	Leasehold improvements										
d	Equipment										
	Other										
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990,	Part X, colum	n (B), lır	ne 10	(c))	<u> ▶</u>				

Schedule D (Form 990) 2013

JSA 3E1270 1 000

Part VII	Investments - Other Securities. Complete if the organization answered	L"Yes" to Form 990	, Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(1, 500), talae	Cost or end-of-year market value
	al derivatives		
	r-held equity interests		
			
(C)			
(D)			
(F)			
<u>\</u>			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		. "	
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		D 10/1 4410 5 000 D 17/1 45
		·	, Part IV, line 11d See Form 990, Part X, line 15
	(a)	Description	(b) Book value
(1)		····	
(2)			
(3)			
<u>(4)</u> (5)			
	······································		
(6) (7)			
(8)			
(9)			······································
	lumn (b) must equal Form 990, Part X, col (B) i	ine 15)	
Part X	Other Liabilities.		
		d "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book valu	Je
_(1) Fede	ral income taxes		
_(2)			
(3)			
_(4)			
(5)			
(6)			
		- -	
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) line 25)		
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to the	ne organization's financial statements that reports the

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 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	387,105
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• -	30,7203
	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	1	
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	387,105
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII)	1	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	387,105
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ırn.	
1	Total expenses and leaves nor audited financial statements	1	393,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	'	
	Denoted convince and use of facilities		
	Progressor education to	1	
c	Other losses 2c	1	
d	Other (Describe in Part XIII) Add lines 23 through 2d	1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	393,103
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		
b	Other (Describe in Part XIII)]	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	393,103
	XIII Supplemental Information.		
2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b Also complete this part to provide any additional inform	mation	
- .			
	·		
			

Schedule D (F	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		
- 		
		
· - -		

SCHEDULEI (Form 990)

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. ► Attach to Form 990.

OMB No 1545-0047

Open to Public

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

Employer identification number 71-6055533 ž

	sistance
Chapter	ints and As
State	on on Gra
Sisterhood AR	General Information on Grants and Assistance
.E.O.	1 1 1 1

Department of the Treasury Internal Revenue Service Name of the organization

x Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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)	69, 517	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund Des Moines, IA 50312	426078059	501(c)(3)	16,128	0			Educ. Loans
(3) P.E.O. Int'l Peace Scholarshp Des Moines, IA 50312	426078058	501(c)(3)	18,477	0			Scholarships
(4) P.E.O. Program for Contin Ed Des Moines, IA 50312	237405311	501(c)(3)	28,161	0			Educ. Grants
(5) P.E.O. Scholar Awards Des Moines, IA 50312	421379026	501(c)(3)	21,242	0			Educ. Awards
(6) P.E.O. STAR Scholarship Des Moines, IA 50312	300583651	501(c)(3)	23,669	0			Scholarships
(7) P.E.O. Foundation Des Moines, IA 50312	426094564	501(c)(3)	16,269	0			Schol/Grants
[8]							
(6)							
(10)							
(11)						·	
(12)							
2 Enter total primber of section 501(c)(3) and government org	overnment o	roanizations lists	anizations listed in the line 1 table				7

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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)

	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	il space is needed
Schedule I (Form 990) (2013)	Grants and Other Assistance to Individuals in the United St	Part III can be duplicated if additional space is needed
Schedul	Part	

	(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 Scho	1 Scholarships to Cottey College	9	20,419	0	0 N/A	N/A
2						
m						
4						
v.						
9					-	
7						
Part IV	Part IV Supplemental Information. Provide the inform	the informati	ion required in P	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, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2013
Open to Public Inspection

Name of the organization

P.E.O. Sisterhood AR State Chapter

71-6055533

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 Arkansas 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.

Schedule O (Form 990 or 990-EZ) (2013)		Page Z
Name of the organization	Employer identification number	
P.E.O. Sisterhood AR State Chapter	71-6055533	
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