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Form **990** 

# **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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A	For th	ne 201	4 calendar year, or tax year beginning April 1 , 2014, a	in <u>d endin</u>	g Marc	ch 31		, 20 15					
_			C Name of organization			Employer iden	tification n	umber					
В	Check if a	pplicable	P.E.O. Sisterhood AR State Chapter		- 1								
	Addre		Doing business as			71-60	055533						
	7	e change		oom/suite		Telephone nun							
-	-1		3700 Grand Ave			•	255 31	E 2					
-		l return return/	City or town, state or province, country, and ZiP or foreign postal code			313	255 31	33					
$\vdash$		nated			١,								
-	return	n	Des Moines, IA 50312-2899			Gross receipts			3,252				
L	Pendi	cation ing	F Name and address of principal officer			(a) is this a group subordinates?		Yes	x No				
			Julie Gaddysame as C above		F	i(b) Are all subordin	nates included?	Yes	L No				
1	Tax-ex	empt st	atus 501(c)(3) x 501(c) (4 ) (insert no) 4947(a)(1) or	527	7	If "No," attach	n alist (see ir	structions)					
J	Websi	ite: 🕨	www.peointernational.org		H	i(c) Group exemp	tion number	▶ 107	2				
K	Form o	of organ	ization Corporation Trust X Association Other	L Year of	formation	1933 M s	State of lega	al domicile	IA				
	art I		mmary		-								
			describe the organization's mission or most significant activities Women's	membe	rahin	organiz	ation	gunno	rting				
4	<b>'</b>		philanthropic projects for women. These are										
a E	}					, grant,	_ TOAII	and a	ward				
Activities & Governance		programs and a women's college owned by the organization.											
Š			this box 🕨 🔲 if the organization discontinued its operations or disposed of			1	1		_				
ŏ			er of voting members of the governing body (Part VI, line 1a)				3		5				
•ර ග	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)				4		5				
Ę	5	Total i	number of individuals employed in calendar year 2014 (Part V, line 2a)				5						
Ę			number of volunteers (estimate if necessary)				6		100				
¥	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a						
			nrelated business taxable income from Form 990-T, line 34				7b						
<u> </u>	<del>                                     </del>	INCL UI	inclated business taxable income north offin 330-1, line 04			Prior Year		Current Y	 /ear				
,		0	hutura and seeds (Ded.) (III line 4b)			386,7	<del></del>		2,961				
e e	8	Contri	butions and grants (Part VIII, line 1h)	<u> </u>		1 386,7	<del>/ 1</del>	39.	2,301				
, en	9	Progra	am service revenue (Part VIII, line 2g)  ment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>)</b> ——	<del> </del>							
Revenue	10			<u> </u>	0	3	31		291				
o,	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
] ] ]	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (Ā), line(YP) 🖟 . 1	<u>1. 1.201</u>	5 0	387,1	.05	39	3,252				
<u>.</u>	13	Grant	s and similar amounts paid (Part IX, cólumn (A), lines 1-3)		38	213,8	82	20	<u>5</u> ,878				
	14	Benef	its paid to or for members (Part IX, column (A), line 4)	E.N.I. 1	7	1							
	15	Saları	es, other compensation, employee benefits (Part IX, column (A), line 4)	EN, U	$\Box$								
č 5/11√ Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)										
D §	. oa		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		<u> </u>								
'nΩ	4-0					179,2	21	10	0,945				
<del>-1</del>			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			<del></del>			_ <del></del>				
200	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			393,1			6,823				
• 1	19	Rever	nue less expenses Subtract line 18 from line 12			-5,9			6,429				
s o					Beginni	ng of Current Y	ear	End of Ye	ar				
set	20	Total a	assets (Part X, line 16)			197,8	16	20	4,245				
ag B	21	Total I	liabilities (Part X, line 26)										
t Net Assets or Fund Balances	22		ssets or fund balances Subtract line 21 from line 20			197,8	16	204	4,245				
Pa	rt II	Sig	gnature Block										
			of perjury, I declare that I have examined this return, including accompanying schedules				my knowle	dge and b	elief, it is				
tru	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on all information of which	preparer has	s any kno	wledge			_				
			Training Among			8/4	115						
Sig	ın		Signature of officer			Date	100						
He	re	[	Vother & Come Director of Figures / Wrong war										
			Kathy A. Soppe, Director of Finance/Treasurer Type or print name and title				·						
		7		15.4			D=111						
Paid	d	Liut	Type preparer's name Preparer's signature	Date		Check	If PTIN						
	parer			l		self-employe	ed						
	Only	Firm's	name >		F	ım's EIN 🕨							
J36	. Only		address >		F	hone no							
May	the II	RS dis	cuss this return with the preparer shown above? (see instructions)				[	Yes	No				
For	Paper	rwork	Reduction Act Notice, see the separate instructions.					Form 99					

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ľ		
	complete Schedule A	1	<u> </u>	x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		ж
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,	1		ļ
^	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			
7	"Yes," complete Schedule D, Part I	6		x
•	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? <i>If "Yes,"</i>	-		
_	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		×
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		_ <u>x</u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		x
u	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			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		×
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a	x	
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		ж
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		ж
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	,		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	l	~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		×
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
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		×
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		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	ĺ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			·
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20		
21	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	Ì	×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	282		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b		206		~
_		28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		•
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <b>x</b> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
0.4	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا م		
20	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ŀ	
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
	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		<u> </u>
35 a		35a		<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	
		35b		
	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		
	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		<u> </u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	×	

rai	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		<del>:</del>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	×	ļ
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		<u> </u>
	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		×
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		×
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	x	
	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		L
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	}		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	]	ĺ	
. ⊅ ∣1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
		14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			×
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   !	5	-	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 1b	;	l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		×
6	Did the organization have members or stockholders?	6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	İ		
	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body?	_8a	×	
þ	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code	لــــا	
	and a second production and the second policies for required by the internal revenue	0000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	-iva		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u>×</u>
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ĺ	
h	with a taxable entity during the year?	16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	466		
Sect	ion C. Disclosure	16b	!	
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 990-T (Section	501/6		onlvl
	available for public inspection. Indicate how you made these available. Check all that apply	20110	,,(0)0	J.113)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretable to the second of the	erest p	oolicy,	and
20	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515) 255-31	3 <b>▶</b> 53		

OHI 330 (2014)											
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part \/II										

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

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

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

x Check this box if neither the organization nor	any related	lorga	nıza	ation	co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director		Officer Institutional trustee		Former Highest compensated employee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Julie Gaddy President	10				İ					
(2) Elizabeth J. Dietz	5	x		x			-	0	0	0
Vice President	†	×		×				0	o	o
(3) Melissa Jordan Anthony	5		1							
Organizer		x		×				0	0	0
(4) Jean Justice	5									
Treasurer		x		x				0.	0	0
(5) Tracey Ritchey	5							_	_	
Secretary _(6)		x		x				0	0	0
_(7)										
_(8)										
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2014)										<del></del>		Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo		es, C)	and F	lig	hest Compensat	ed Emplo	yees (co	ontinued	)
(A) Name and title	(B) Average hours per	box,	Position not check more tha , unless person is bo er and a director/tri			ıs both	an	(D) Reportable compensation	(E) Reporta compensati	able ion from	Estir amo	F) nated unt of
	week (list any hours for related organizations below dotted line)	10 =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	tions	compe from organ and r	her ensation in the eization related izations
(15)												
(16)												
(17)	 										_	
(18)												
(19)		-										
(20)												
(21)									<del></del>			
(22)											_	
(23)												
(24)				i								
(25)												
1b Sub-total	Section A						<b>*</b> * *					
Total number of individuals (including but no reportable compensation from the organization)	t limited to		e lis				vho	received more th	an \$100,0	00 of		
											Y	es No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete School	lule J for su	ich ind	divid	lual							3	x_
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater thar	າ \$1	50,0	0007	? //	f "Ye	s, "	complete Schedu	ıle J for	such	4	×
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\)	accrue co	mpei	nsat	ion	fror	n any	ur/	related organizati	on or indiv	vidual	5	×
Section B. Independent Contractors	00, 00	0.00	<i>,,,</i> ,,,		<del>5 .0</del>	7 3407	, po		<u> </u>	· • •	1 0 1	
Complete this table for your five highest concompensation from the organization. Report year												
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) ompensat	ion
None					••		<u> </u>					
							-					
		<del></del>										
2 Total number of independent contractors received more than \$100,000 of compensation						ted t	0	those listed abo <sup>r</sup> <b>0</b>	ve) who			

Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII........... (D) (A) Revenue Related or Unrelated Total revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . . . . . . 1a 184,973 1 b С Fundraising events . . . . . . . . . \_1c 1d d Related organizations . . . . . . . e Government grants (contributions). . 1e All other contributions, gifts, grants, 207,988 and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f \$ \_ 392,961 Total. Add lines 1a-1f . . . . . . . . . . Program Service Revenue **Business Code** f All other program service revenue . . . . Investment income (including dividends, interest, 291 291 Income from investment of tax-exempt bond proceeds . (i) Real (II) Personal 6a Gross rents . . . . . . . b Less, rental expenses . . . c Rental income or (loss) . . d Net rental income or (loss) . . . . . . . . . . . . . . . ▶ (ı) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . . Gain or (loss) . . . . . . . . Net gain or (loss) . . . . . . . . . . . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . a b Less direct expenses . . . . . . . . b c Net income or (loss) from fundraising events. . . . . . . ▶ 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a b Less direct expenses . . . . . . . b c Net income or (loss) from gaming activities. . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a **b** Less cost of goods sold . . . . . . . . Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 

393,252

291

11a ь

# 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)

	Officer in Confedence of Confedence at 105p	onse of note to any line	sirting rate ix		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 ,	197,068	197,068		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	8,810	8,810		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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	İ			
	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)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	8,788		8,788	
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
1	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1,857			1,857
	Royalties				
16	Occupancy				
	Travel	41,529	13,843	27,686	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,628	3,053	6,105	470
	Interest				
	Payments to affiliates	109,701	109,701		
	Depreciation, depletion, and amortization				
23	Insurance	657		657	
4					
	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 (A)				
а	Operating Expense	8,785	2,928	5,857	
þ					<del></del> -
С					
_					
	All other expenses	205 000	207 405		
	Total functional expenses. Add lines 1 through 24e	386,823	335,403	49,093	2,327
	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				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	197,816	2	204,245
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	*** · · · · · · · · · · · · · · · · · ·	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	• •	9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	. <del> ,</del>	11	
	12	Investments - other securities See Part IV, line 11	- <del></del>	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)	197,816	<del></del>	204,245
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	<del> </del>
Liabilities	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,		21	<u>-</u> .
ï	22	trustees, key employees, highest compensated employees, and		İ	
Ë	İ	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	
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  x and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds	197,816	32	204,245
Š	33	Total net assets or fund balances	197,816		204,245
	34	Total liabilities and net assets/fund balances	197,816	34	204,245

Form **990** (2014)

Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			393	, 252
2	Total expenses (must equal Part IX, column (A), line 25)	2			386	,823
3	Revenue less expenses Subtract line 2 from line 1	3			6	,429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			197	,816
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9_				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			204	,245
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • • •	• • •		<b>x</b>
	A				Yes	No
1	Accounting method used to prepare the Form 990 🗷 Cash Accrual Other	1				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plair	ווו וו			
0-	Schedule O					
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both	pilea	Or			
	Separate basis Consolidated basis Both consolidated and separate basis			ا م	×	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both.	ea o	n a			
	x Separate basis Consolidated basis Both consolidated and separate basis					
_			الماس			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c		_	2c		×
	of the audit, review, or compilation of its financial statements and selection of an independent acc. If the organization changed either its oversight process or selection process during the tax year, e.					
	Schedule O.	кріан	1 1111			
3-2	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	חום			
Jd	the Single Audit Act and OMB Circular A-133?	ioiti	1 111	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	•	0	3b		

Form **990** (2014)

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

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) org	ganizations Complete Part III			
Nam	ne of organization			Employer ide	entification number
P.	E.O. Sisterhood AR	State Chapter		71-6055	533
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV	
2	Political expenditures			▶\$	
3					
Pa		organization is exempt under			
1	Enter the amount of any ex	cise tax incurred by the organization	on under section 495	55 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the	organization is exempt under	section 501(c), ex	xcept section 501(c)(3	<u>)).                                   </u>
1		expended by the filing organizatio			
2		ng organization's funds contribute			
		es,			<del></del>
3		enditures. Add lines 1 and 2. Er			
	line 17b			▶\$	
4 5	Did the filing organization file	e Form 1120-POL for this year?			Yes No
o	organization made payment	s and employer identification numb ts. For each organization listed, er	per (EIN) of all section	on 527 political organiza	ations to which the filing
	the amount of political con	tributions received that were pron	notly and directly de	elivered to a separate no	allon's funds. Also enter
	as a separate segregated fu	nd or a political action committee (	PAC) If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •	(.,,	(0, =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)	- · · · · · · · · · · · · · · · · · · ·				
• • •			-		
(2)					
-,			1		
(3)					
-,			1		
4)	······································				
•			1		
5)			1		
•			1		
6)					
•			1	1	İ

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

Schedule C (Form 990 or 990-EZ) 2014

Sch	edule C (Form 990 or 990-EZ) 2014						Page 2
Pa	art II-A Complete if the org section 501(h)).	anizati	on is exer	npt under sectio	on 501(c)(3) and	filed Form 5768 (elec	ction under
A	Check ► If the filing organame, address, E	nizatıon IN, exp	belongs t enses, and	o an affiliated gro d share of excess	up (and list in Pa lobbying expend	art IV each affiliated gi ditures).	roup member's
В	Check ▶ if the filing orga	nizatior	checked	box A and "limited	d control" provisi	ons apply.	
			ying Expen			(a) Filing	(b) Affiliated
	(The term "expendit	ures" m	eans amou	nts paid or incurred	d.)	organization's totals	group totals
1 a	Total lobbying expenditures to i	nfluence	public opin	ion (grass roots lot	obying)		
t	Total lobbying expenditures to i	nfluence	a legislativ	e body (direct lobb	yıng) [		
c	: Total lobbying expenditures (ad	d lines 1	a and 1b) .		[		
c	1 Other exempt purpose expendit	ures					
	<ul> <li>Total exempt purpose expenditure</li> </ul>						
f	Lobbying nontaxable amount	Enter th	e amount t	from the following	table in both		
	columns		,				· · · · · · · · · · · · · · · · · · ·
	If the amount on line 1e, column (a	) or (b) is:	The lobbying	ng nontaxable amoun	t is:		
	Not over \$500,000		20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000	,000	\$100,000 p	lus 15% of the exces	s over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 p	lus 10% of the exces	s over \$1,000,000		
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 p	lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000		\$1,000,000				
	Grassroots nontaxable amount						
	Subtract line 1g from line 1a If						
	Subtract line 1f from line 1c If z						
j	If there is an amount other th				_		
	reporting section 4911 tax for the	ns year?	· · · · · ·				Yes No
				raging Period Und			
	(Some organizations that			11(h) election do n te instructions for	= = = = = = = = = = = = = = = = = = = =		ins below.
		Lobb	ying Expe	nditures During 4-	Year Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
c	Total lobbying expenditures					,	
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

	peak IIVas II response to lines de Abreviek de Kalaire manual in Dad IIV e defenda	(a	1)		(b)		
1esc	each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					-	
а	Valuate and						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
	Total Add lines 1c through 1i		-				
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912		-				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					_	
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						1
	Mars substantially all (000), as mass disas recovered as a deducable by assessment					Yes	N
l 2	Were substantially all (90% or more) dues received nondeductible by members?				1	<u></u> _	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		, No	one .	3	×	x
	t III-B 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,"		-				
	answered "Yes."	- (1	b) Pa	rt III-A	, line	3, is	
	Dues, assessments and similar amounts from members			rt III-A	, line	3, is	
2					, line	3, is	
2 a	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year	ints (	of		, line	3, is	
a b	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ints (	of	1	, line	3, is	
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	ints (	of	1 2a	, line	3, is	
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	ints o	of	1 2a 2b	, line	3, is	
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	ints of	of	1 2a 2b 2c	, line	3, is	
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	ints of	of  	2a 2b 2c 3	, line	3, is	
a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?	onts of	of  le	2a 2b 2c 3	, line	3, is	
a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	onts of	of  le	2a 2b 2c 3	, line	3, is	
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c B	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c B	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c B	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c 3 4 Pari	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c 3 4	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			
a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following section 162(e) due of the f	of the	of 	2a 2b 2c 3			

Schedule C (	Form 990 or 990-EZ) 2014						Page 4
Part IV	Supplemental Informatio	n (continued)					
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## SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Italii	4 Ol nie oraguization	Employer identification number
P.1	E.O. Sisterhood AR State Chapter	71-6055533
Pa	organizations Maintaining Donor Advised Fur	ds 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
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors	in writing that the accepts hold in denor advised
5	funds are the organization's property, subject to the organization	
c	Did the organization inform all grantees, donors, and donor	
6	only for charitable purposes and not for the benefit of the	
	· · ·	· · · · · · · · · · · · · · · · · · ·
- D	conferring impermissible private benefit?	
F	Conservation Easements.  Complete if the organization answered "Yes" to	Form 990 Part IV line 7
_		········
1	Purpose(s) of conservation easements held by the organiza	
	Preservation of land for public use (e g , recreation or	· ·
	Protection of natural habitat	Preservation of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qua	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	1 1
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic s	, ,
d	Number of conservation easements included in (c) acquire	
	historic structure listed in the National Register	
3		eleased, extinguished, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation ea	
5	Does the organization have a written policy regarding t	
	violations, and enforcement of the conservation easements i	
6	Staff and volunteer hours devoted to monitoring, inspecting	and enforcing conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) ab-	
	and section 170(h)(4)(B)(II)?	Yes No
9	in Part Ain, describe now the organization reports conserva	ion easements in its revenue and expense statement, and
		note to the organization's financial statements that describes the
	organization's accounting for conservation easements	<del>.</del>
Pa	organizations Maintaining Collections of Art, I	
	Complete if the organization answered "Yes" to	<del></del>
1a	If the organization elected, as permitted under SFAS 116	ASC 958), not to report in its revenue statement and balance sheet held for public exhibition, education, or research in furtherance of its financial statements that describes these items
	public service provide in Part XIII the text of the footnote to	neid for public exhibition, education, or research in furtherance of its financial statements that describes these items.
b		(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 the	e items
		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historic	al treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116	
а		· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	<u></u> ▶\$

Sche	iule D (Form 990) 2014											Page 2
Par	t III Organizations Maintaini	ng Colle	ections of	f Art, His	orical T	reasur	res,	or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition											-
	collection items (check all that app	ly).										
а	Public exhibition	• .		d [	ا Loan ر	or exch	ande	program	ns			
b	Scholarly research			e –								
	Preservation for future gene	rotiono		• _				<b></b>				
C	<del>-</del>											
4	Provide a description of the orga XIII.										t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rational assets.	her than t	to be maint	ained as pa	irt of the o	organiz	ation'	s collec	tion?	. <u></u> . [	Yes	No
Par	t IV Escrow and Custodial An or reported an amount o				ne organ	ization	ans	wered ———	"Yes" to	Form 99 	0, Part IV ———	', line 9,
1a	Is the organization an agent, truste				•					_		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tab	ole:					<del></del>	
	•				•				Α	mount		
С	Beginning balance						10					
d	Additions during the year											
_							_					<del></del>
e	Distributions during the year											
f	Ending balance							<del></del>		<del></del> T	1	T 1
	Did the organization include an am										Yes	No
	If "Yes," explain the arrangement i										<del></del>	
Par	t V Endowment Funds. Com	plete if	the organ	ization ans	swered "	Yes" to	For	m 990	, Part IV,	<u>line 10.</u>		
		(a) Cu	rrent year	(b) Pric	r year	(c) Tw	o year	s back	(d) Three	ears back	(e) Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains,		. <u>-</u>									
	and losses			ļ								
А	Grants or scholarships											
	Other expenditures for facilities											
е												
_	and programs											
T	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		•		(line 1g,	column	ı (a)) l	held as				
а	Board designated or quasi-endown	nent 🕨		%								
b	Permanent endowment ▶	%	<b></b>	_								
С	Temporarily restricted endowment	<b>•</b>	%									
	The percentages in lines 2a, 2b, a	nd 2c sho	ould equal 1	00%								
3a	Are there endowment funds not in				tion that	are hel	d and	ladmın	istered for	the		
-	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	
											<del></del>	
	(ii) related organizations			required on	Cabadula		• • •	• • • •	• • • • •		3a(ii)	
	If "Yes" to 3a(II), are the related or							• • • •	• • • • •		3b	
4	Describe in Part XIII the intended i		ie organiza	ition's endo	wment fur	nds		· · · · · · · · · · · · · · · · · · ·				
Par	Land, Buildings, and Equ Complete if the organiza	ipment.	warad "Ve	e" to Forn	000 P	ort IV / I	lina 1	10 80	o Form (	OO Bor	V line 1	0
	Description of property	tion and		other basis	(b) Cost o				umulated		) Book value	
	=			tment)		ther)	.5,5		eciation		., Dook value	<u> </u>
1a	Land											
b	Buildings											
c	Leasehold improvements		<del></del>	······································			$\dashv$					
d	Equipment											
<u>e</u>	Other	<u></u>	<u> </u>								<del></del>	
Tota	. Add lines 1a through 1e (Column	(d) must	equal Forn	n 990, Part	X, column	(B), <u>I</u> In	0 10(	c))	<u> , ,</u> ▶			

Part VII	Investments - Other Securities.  Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives ,		
	-held equity interests		
(3) Other			
( <u>A</u> )			
(B)			
(C)			
(D)			
\			
<u>(F)</u>			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII		d "Ves" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		<del> </del>	
(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.		
			, Part IV, line 11d. See Form 990, Part X, line 15
	(a) De	escription	(b) Book value
(1)			
(2)			
(3)			
(4)			- · · · · · · · · · · · · · · · · · · ·
(5)			
(6)		<del></del>	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
(8)			
(9)	umn (b) must equal Form 990, Part X, col (B)	line 15.)	
Part X	Other Liabilities.	<i>mie (5)</i> ,	
raitA		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	ie
	al income taxes	(.,, = 0, 0	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the 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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	393,252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>-                                     </del>	3337232
_			
a	Net unrealized gains (losses) on investments  2a	}	
b	Donated services and use of facilities 2b	}	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	202 252
3	Subtract line 2e from line 1	3	393,252
4			
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII ) Add lines 4a and 4b	4.	
С 5	Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c 5	393,252
Part			333,232
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	11 11.	
1	Total expenses and losses per audited financial statements	1	386,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		······································
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other leader		
d	Other (Describe in Part XIII )  Add Inner 3a through 3d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	386,823
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	386,823
Part :	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, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
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		<b>-</b>	

Schedule D (Fo	orm 990) 2014	Page \$
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. ► Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

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

Employer identification number 71-6055533

	c and Accietance
Chapter	ż
AR State	nation on Gr
Sisterbood	General Inform
P.E.O.	Dom:

x Yes 1 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nevada, MO 64772	440545271	501(c) (3)	54,833	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	14,983	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarshp							
Des Moines, IA 50312	426078058	501(c)(3	22,147	0			Scholarships
(4) P.E.O. Program for Contin Ed							
Des Moines, IA 50312	237405311	501(c) (3	32,677	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3	23,347	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3	26,014	0			Scholarships
(7) P.E.O. Foundation							4
Des Moines, IA 50312	426094564	501(c)(3	23,067	0			Schol/Grants
(8)							
			•				
(6)							
(10)							
(11)							
(12)							
İ							
	d government	corganizations li	rganizations listed in the line 1 table	ble		<b>A</b>	7
3 Enter total number of other organizations listed in the line	sted in the lin	le 1 table					0

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) (2014)

SA

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

Ì	ו מוניוון כמון בכ ממקווכמוכם זו מממווניון כאמכר וא ווככמכם:	שאויה בישלה וי				
	(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	3	8,810		0 N/A	N/A
2						
က						
4						
5						
9						
2						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the informati	ion required in F	art I, line 2, Part	II, column (b), and any o	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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number 71-6055533 P.E.O. Sisterhood AR State Chapter 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 exectuive 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) (2014)  Name of the organization  Employer identification number									Page 2
									nber
P.E.O.	Sisterho	d AR	State	Chapter				71-6055533	
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		-							