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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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 Inspection

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Number and street (or P O box d mad is not delivered to street address)			P.E.O. Sisterhood OK State Chapter			
State Stat		Addre	Doing business as			}
Tax-exempt status Solicity		Name	change Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephone number	
Transcended Page		Initial	return 3700 Grand Ave		515 255 31	.53
Tensement status Satisfy Sati			City or town, state or province, country, and ZIP or foreign postal code			
Tax-exempt status \$51(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$51(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$501(c)(3) X \$501(c)(4 1 4 (meet no) 4947(s)(1) co 527 1 Tax-exempt status \$601(c)(3) X \$601(c)(3)		Amen	ded Des Moines, TA 50312-2899		G Gross receipts \$	510,721
Tox-exempt status 501(c)(3)		Applie	F Name and address of principal officer			Yes X N
Tax exempt status SO1(c)(3) X SO1(c)(4) 4 (Insert no.) 4947(s)(1) or 527 High Status all stage permutational 1. Org		pendi	ng			Yes
Websits		Tayay	empt status 501/01/2) Y 501/01/4 A (spect po) 4947/01/1) or	527		
Part Summary				321	·	
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six philanthropic projects for women. These are scholarship, grant, loan and award programs and a women's college owned by the organization. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pa					
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9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14s, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-1) 16 a Professional fundraising eyenses (Part IX, column (A), line 11e) 16 Total fundraising eyenses (Part IX, column (A), line 11e) 17 Tother expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20. 23 Vet assets or fund balances Subtract line 21 from line 20. 24 Vet assets or fund balances Subtract line 21 from line 20. 24 Vet assets or fund balances Subtract line 21 from line 20. 25 Vet assets or fund balances Subtract line 21 from line 20. 26 Vet assets or fund balances Subtract line 21 from line 20. 27 Vet assets or fund balances Subtract line 21 from line 20. 28 Vet assets or fund balances Subtract line 21 from line 20. 29 Vet assets or fund balances Subtract line 21 from line 20. 20 Total assets or fund balances Subtract line 21 from line 20. 20 Total assets or fund balances Subtract line 21 from line 20. 20 Total assets or fund balances Subtract line 21 from line 20. 20 Total assets or fund balances Subtract line 21 from line 20. 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Vet assets or fund balances Subtract line 21 from line 20. 24 Vet 30 Vet			0	<u> </u>		
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16)	2 -	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	<u>@</u>		
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16)	ŹØ,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)		16,878	16,450
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16)	i i	ь				
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Part II Signature Block Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Rathy A. Soppe, Director of Finance/Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Prim's EIN Firm's address Phone no Phone no Phone no Phone no Phone no Phone no Preparer Phone no Preparer's Print/Type			Revenue less expenses Subtract line 18 from line 12			
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Sign Here Nathy A. Soppe, Director of Finance/Treasurer	Pa	ırt II	Signature Block			
Sign Here Nathy A. Soppe, Director of Finance/Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed	Und	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements,	and to the best of my know	edge and belief, it
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Here Kathy A. Soppe, Director of Finance/Treasurer Type or print name and title Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Kathy A. Soppe, Director of Finance/Treasurer Date Check if PTIN self-employed Firm's EIN ▶ Phone no Yes N			Tating a. Impa		8/4/15	
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May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only		-		
200		. 41 *			Phone no	
						

orm 990 (2014)	-,,-,		Page 2
	atement of Program Service A	· · · · · · · · · · · · · · · · · · ·	
		esponse or note to any line in this Part	
•	cribe the organization's mission		
			lebrate the advancement of women;
			oans and stewardship of Cottey
College	; and motivate each o	other to achieve their hig	hest aspirations.
		cant program services during the yea	
prior Form !	990 or 990-EZ? scribe these new services on So	chedule O	Yes X No
Did the or	rganization cease conducting,	or make significant changes in ho	
services? If "Yes," des	scribe these changes on Sched		Yes X No
Describe the expenses	ne organization's program ser Section 501(c)(3) and 501(c)(vice accomplishments for each of its	s three largest program services, as measured by ort the amount of grants and allocations to others
- (Codo	\/F:======	7. 440 and administration of the Co.	60, 004 \/Pavana 6
a (Code			60,894)(Revenue\$) forwarding contributions to various
			d national levels; no specific
	ics are available.		
			
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b (Code) (Expenses \$	including grants of \$) (Revenue \$
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c (Code) (Expenses \$	including grants of \$) (Revenue \$)
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1.00	<u> </u>		····
utner progr	am services (Describe in Sched	iule O)	

427,442

Form **990** (2014)

Part	Checklist of Required Schedules		···	T
			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		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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4		4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
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	ļ
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	1		ļ
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
8	· · · · · · · · · · · · · · · · · · ·			
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ļ
	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			′.'
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	12		
а		110		×
	complete Schedule D, Part VI	11a		
þ	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		х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			ŀ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		ж
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•		445		×
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
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	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		ж
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	ж
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
	· · · · · · · · · · · · · · · · · · ·	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	×
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		×
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		×
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	···		† <u></u>
19		40		-
	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> </u>	×
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

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 2º If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	-	23		×
	employees? If "Yes," complete Schedule J	- 23		
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	· · · · · · · · · · · · · · · · · · ·	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		ж
	in you, domptote contrated 2, and you are a second and 2, and 2, and 3,	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	• • • • • • • • • • • • • • • • • • • •	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
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
С	·	28c		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	-		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
U -V	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		×
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000	ļ —	
b		35b	1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		 -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	<u> </u>
		Form	990	(2014)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Yes	No
4.	Enter the number consisted in Box 2 of Form 1006. Enter 0 if not applicable.	$\overline{}$	165	NO
	Enter the number reported in Box 3 of Form 1096 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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 1	· ,49-,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	^ _ T	×
þ	If "Yes," enter the name of the foreign country	7		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5.2	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	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	×	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	~-¥	<u>:</u>	
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	"		ļ
·	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>*</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter		126	
	Initiation fees and capital contributions included on Part VIII, line 12	100 mg	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	100		120
11	Section 501(c)(12) organizations. Enter		1	, ».
а	Gross income from members or shareholders	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.4.	٠
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		Į
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134	 	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans	2.30	· · · ·	
С	Enter the amount of reserves on hand	1 '		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2014) "No" Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No Yes 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with x Did the organization delegate control over management duties customarily performed by or under the direct x supervision of officers, directors, or trustees, or key employees to a management company or other person? . . x 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... x 5 Did the organization become aware during the year of a significant diversion of the organization's assets?. . . . 5 x 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a x Are any governance decisions of the organization reserved to (or subject to approval by) members, ж 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a × 8b x 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........ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, x 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give x 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," x 12c 13 x 13 x 14 Did the organization have a written document retention and destruction policy?...... 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a x b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma

• •	2.01 (110 0.02.00 11.11) 11.110 1 0 0 10 10 10 10 10 10 10 10 10 10
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only
	available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records > 20 Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-3153

•		•	
orm	990	(2014)	

Done	

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 VII.....................

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

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

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

Check this box if neither the organization nor	any related	orgai	nıza	tion	CO	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	iot ci	Pos heck ss pe	ition more	n both Highest compensated en or employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) De Ann Bohl	20							0	o	0
President (2) Pam Guffey	20	×		ж						
Vice President	20	×		×				o	o	0
(3) Susan Pratt	20							-		
Organizer		x		x			ļ	0	o	0
(4) Patricia Bitsko	20							1.2		
Treasurer		×		×				10,400	0	0
(5) Ann Peterson Bryant	20									
Secretary		×		х				0	0	0
_(6)	 -									
_(9)										
(10)										
(11)										
(12)					_					,
(13)		_								
(14)										

(A) Name and title	(B) Average hours per week (list any	box, office	not ch unles er and	s pe la d	ition more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportab compensatio related	n from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
(15)											
(16)											
17)				-			\ <u></u>				
18)											
19)			H		<u> </u>	-					
20)		_					-				
21)											
22)											
23)	ļ								- -		<u> </u>
24)	ļ										
25)						1					<u>.</u>
1b Sub-total c Total from continuation sheets to Part VII,	Section A						>	10,400			
d Total (add lines 1b and 1c)	ot limited to		se lis				who		· · · · · · · · · · · · · · · · · · ·)0 of	
 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the organization and related organizations gindividual	icer, direct dule J for so sum of re reater tha	<i>uch in</i> eporta n \$1	or tr divid ble 50,0	rusto dual cor 000	npe ? /	 ensation	 on a es,"	and other comper		the such	Yes No
for services rendered to the organization? If " Section B. Independent Contractors	Yes," compi	ete S	chec	lule	J fo	or suc	h pe	erson		•••	5 ×
Complete this table for your five highest co- compensation from the organization Report year	mpensated compensa	indep	end or th	ent e c	co	ntract ndar y	ors	that received mor ending with or wi	e than \$100 thin the org	0,000 d anizatio	of on's tax
(A) Name and business ad	dress				•			(B) Description of se	ervices	С	(C) ompensation
None											
Total number of independent contractor received more than \$100,000 of compensate.							to	those listed abo	ove) who		
SA E1050 1 000	ion nom the	orge	411146							_	Form 990 (20

Form	990 (2	014)					Page 9
Par	t VIII						
1		Check if Schedule O contains a response or n	ote to any	Ine in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	50,817	499,172			
Program Service Revenue	2a b c d		ess Code		j.		
Prog	f g	All other program service revenue Land Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, in and other similar amounts)	nterest,	4,956	4,956		
	6a b c	Gross rents					
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
oth	b C	Less direct expenses b Net income or (loss) from fundraising events	, >				
•	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	10a	Gross sales of inventory, less returns and allowances	6,593	, ,		· · · · · · · · · · · · · · · · · · ·	
	b	Less cost of goods sold b Net income or (loss) from sales of inventory	2,840	3,753	3,753	- ·····	
			ess Code	- , ,			
	11a						
	b						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	507 881	8 709		

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	254,457	254,457		
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,437	6,437		
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 persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,217	5,072	10,145	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	, , , , , , , , , , , , , , , , , , , ,	1,233	411	822	
	Management				
	Legal	4,000		4,000	
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	2,227			2,227
15	Royalties				
16	Occupancy	200		200	
17	Travel	36,911	12,304	24,607	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		0.150	4 257	210
	Conferences, conventions, and meetings	6,746	2,179	4,357	210
20	Interest	145,485	145,485		
21		143,405	143,403		
22 23	Insurance	924		924	
	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Operating Expense	3,290	1,097	2,193	
b	·				
c				-	
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If	477,127	427,442	47,248	2,437
1.5	following SOP 98-2 (ASC 958-720)				
JSA					Form 990 (2014)

Balance Sheet Part X Beginning of year End of year 97,884 1 128,570 351,716 2 351,784 2 Savings and temporary cash investments....... 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net ______. Inventories for sale or use ______. 8 9 10 a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 449,600 480,354 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 5 Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 480,354 449,600 32 32 Net

480,354

480,354

449,600 33

449,600 34

33

34

If the organization changed either its oversight process or selection process during the tax year, explain in

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 O

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

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ 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-R. Do not complete Part II-A.

	````	that have 1407 filed I offir 5700 (elec	,	•	
	e organization answered "Yes," (see separate instructions), ther	to Form 990, Part IV, line 5 (Prox	y Tax) (see separate i	instructions) or Form 990-	EZ, Part V, line 35c (Prox)
•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Nam	e of organization	·		Employer ide	ntification number
P.	E.O. Sisterhood OK	State Chapter		73-60972	282
Pai	rt I-A Complete if the c	organization is exempt unde	r section 501(c) or	r is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	activities in Part IV	
2	Political expenditures			▶ \$	
3					
				·	
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 49	55 ▶ \$	· · · · · ·
2	Enter the amount of any exc	cise tax incurred by the organization r cise tax incurred by organization r a section 4955 tax, did it file Forn	nanagers under sec	tion 4955 ▶ \$	
3					
					Yes No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the c	organization is exempt unde	r section 501(c), e	except section 501(c)(3	5).
1		expended by the filing organization			
	activities				
2		ng organization's funds contribute			
		es			
3		enditures Add lines 1 and 2 E			
	line 17b				1 1 1 1
4 5	Did the filing organization file	e Form 1120-POL for this year? . and employer identification num	bor (FIN) of all cost		Yes No
5		s For each organization listed, e			
		tributions received that were pro			
	as a separate segregated fur	nd or a political action committee	(PAC) If additional s	space is needed, provide i	nformation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
'',					
(2)	•				
-,					
(3)					
٠,					
4)					
,			1		1
(5)					
-,			7		
(6)					
,			7		

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

Schedule C (Form 990 or 990-EZ) 2014

Pa	cart II-A Complete if the org	anization is exer	npt under sectior	1 501(c)(3) and file	ed Form 5768 (elec	ction under		
A	Check ▶ if the filing organiame, address, E	nization belongs to IN, expenses, and	o an affiliated grou I share of excess le	p (and list in Part obbying expenditu	IV each affiliated gi res).	oup member's		
В	Check ▶ If the filing organ	nization checked	box A and "limited	control" provisions	s apply	<del></del>		
	Limits (The term "expendite	on Lobbying Expenures" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a	Total lobbying expenditures to ii	nfluence public opin	ion (grass roots lobb	oying)				
	Total lobbying expenditures to ii		••					
	: Total lobbying expenditures (ad	_						
	Other exempt purpose expendit							
			lines 1c and 1d)					
	Lobbying nontaxable amount							
columns								
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:								
	Not over \$500,000		amount on line 1e					
	Over \$500,000 but not over \$1,000	<u> </u>	lus 15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,50		lus 10% of the excess					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000								
Over \$17,000,000 \$1,000,000								
g Grassroots nontaxable amount (enter 25% of line 1f)								
ł	Subtract line 1g from line 1a If	zero or less, enter -0						
	Subtract line 1f from line 1c If z							
j	If there is an amount other th	an zero on either l	line 1h or line 1i, c	lid the organization	n file Form 4720			
	reporting section 4911 tax for the		<u> </u>		· · · · · · · · · · · · · · · · · · ·	Yes No		
			raging Period Unde					
	(Some organizations that					ins below.		
		See the separa	te instructions for I	ines 2a through 2f.	)			
		Lobbying Expe	nditures During 4-Yo	ear Averaging Perio	d	1		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total		
2a	Lobbying nontaxable amount							
t	Lobbying ceiling amount (150% of line 2a, column (e))							
·	Total lobbying expenditures							
	Grassroots nontaxable amount							
e	Grassroots ceiling amount							
	(150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2014

legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i		Amou	unt
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  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?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  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?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			
a Volunteers? 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? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i			
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? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i			
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? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i			
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i			
p Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i			
i Other activities? j Total Add lines 1c through 1i			
j Total Add lines 1c through 1i			
J Total Add lines To through the control of the con			
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?		-	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6), and the section 501(c)(6), and the section 501(c)(6), or section 501(c)(6), and the section 501(c)(	ection		
501(c)(6).			
			Yes
1 Were substantially all (90% or more) dues received nondeductible by members?		1	x
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? None.		2	x
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	i
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	1		
political expenses for which the section 527(f) tax was paid).			
a Current year	2a		
a Current year			
b Carryover from last year	2b		
b Carryover from last year c Total	2c		
b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
b Carryover from last year c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	2c		
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	2c 3		
b Carryover from last year c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	2c		

Schedule C (F	Form 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
		·
		<del> </del>

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

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

OMB No 1545-0047

Inspection

Name	of the organization		Employer identification number
P.E	O. Sisterhood OK State Chapter		73-6097282
Pa			r Accounts.
	Complete if the organization answered	d "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 dono	r advisors in writing that the assets held	
	funds are the organization's property, subject to th	e organization's exclusive legal control?.	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant f	funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa			
	Complete if the organization answered		<del></del>
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., re-	- I	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution i	
	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (		I I
2	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	insterred, released, extinguished, or termi	nated by the organization during the
	tax year >		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea	- · ·	- 1 1 1
6	Staff and volunteer hours devoted to monitoring,		
U	Stan and volunteer hours devoted to monitoring,	inspecting, and emorcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easeme	ents during the year
•		oung, and emoroning conservation caseme	onto during the year
8	Does each conservation easement reported on lii	ne 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		·
	organization's accounting for conservation easem		
Pai	t III Organizations Maintaining Collection	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simi	SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simili public service, provide, in Part XIII, the text of the f	lar assets held for public exhibition, edi	ucation, or research in furtherance of
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simi		
	public service, provide the following amounts rela		,
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		· ▶ \$
2	If the organization received or held works of a		
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these iten	ns
a	Revenue included in Form 990, Part VIII, line 1		· · · · · · · · ▶ \$
b	Assets included in Form 990, Part X	<u> </u>	· · · · · · · · <b>▶</b> \$

Par	Organizations Maintaining Col	lections of	Art, Hist	oricai i	reasur	res,	or Oth	ier Simil	ar Asse	ts (con	unue	<i>30)</i>
3	Using the organization's acquisition, acce	ession, and o	other recor	ds, chec	k any c	of the	follow	ing that a	re a sigr	uficant i	ıse c	of its
	collection items (check all that apply)		_									
а	Public exhibition		d	-1	or exch		_					
b	Scholarly research		е	Other			<del></del>					
С	Preservation for future generations											
4	Provide a description of the organization	's collections	and expla	ain how	they fu	rther	the org	ganızatıon	s exemp	t purpos	e in	Part
	XIII											
5	During the year, did the organization solici	t or receive o	ionations o	f art, hist	orical tr	easu	es, or o	other simil	ar			_
_	assets to be sold to raise funds rather than	to be mainta	ained as pa	rt of the	organiz	atıon'	s collec	tion?	[	Yes		No
Par	IV Escrow and Custodial Arranger	nents. Com	plete if th	ne organ	ization	ansv	wered	"Yes" to I	orm 99	0, Part	V, İır	ne 9,
	or reported an amount on Form	990, Part X	(, line 21.	_								_
			•									
1 a	Is the organization an agent, trustee, cust	odian or othe	er intermed	ary for c	ontribu	tions	or othe	r assets no	t			
	included on Form 990, Part X?							,	[	Yes		No
b	If "Yes," explain the arrangement in Part >								<b>-</b>			_
	, ,	•		•					mount			
С	Beginning balance					1c		<del></del> ,				
	Additions during the year											
e	Distributions during the year											
f	Ending balance								_	<del></del>		
-	Did the organization include an amount or		 Part X line	 21 for e	escrow	Or CU	stodial	account lia	bility?	Yes		No
	If "Yes," explain the arrangement in Part								_		-	1
Par										<del></del>		
ı aı		Current year	(b) Prio		7		s back	(d) Three		(e) Four	vears	back
1 a	Beginning of year balance	Juneau year	(5) / 110	. , , ,	(0,	, , , , ,		(4) 11100	Caro Daoix	(0) . 00.	,00.0	
b												
	Contributions				1							
C	= = =				1							
А	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs				<del> </del>							
f	Administrative expenses											
	End of year balance				<u> </u>							
2	Provide the estimated percentage of the c	•		(line 1g	, columr	า (a))	held as					
а	Board designated or quasi-endowment		_%									
b	Permanent endowment											
С	Temporarily restricted endowment ▶	<del>-</del> %										
	The percentages in lines 2a, 2b, and 2c s	•										
3 a	Are there endowment funds not in the pos	session of th	ne organiza	ition that	are hel	ld and	d admır	nistered for	the	-		,
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ons listed as	required on	Schedul	eR?.					3b		
4	Describe in Part XIII the intended uses of	the organiza	tion's endo	wment fu	nds							
Par	t VI Land, Buildings, and Equipment	t		000 5				_	200 5		40	
	Complete if the organization ar											
	Description of property	(a) Cost or (invest	other basis tment)	( <b>b)</b> Cost (0	or other ba other)	asis		umulated eciation	(6	i) Book va	iue	
1a	Land	<del></del>					*:-		-			
b	Buildings								-			
С	Leasehold improvements				-							
d	Equipment									<del></del>		
е	Other							<del></del>		<del></del>		
	. Add lines 1a through 1e (Column (d) mu	st equal Form	n 990 Part	X. colum	n (B) Jir	10 10	(c) )					
	(u) // (u) // (u) // (u)		, ,	. ,	1-77	•	-//					

Schedule D (Form 990) 2014

JSA 4E1270 1 000

Part VII	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 9	90, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation
(1) Financia	al derivatives			
	-held equity interests	· <del></del>		
( <u>A)</u>				
(B)				<del></del>
<u>(C)</u>				
(D)	<b>_</b>			
<u> (</u> E)				
<u>(F)</u>				
(G)		·		
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)			<del></del>
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of v. Cost or end-of-year i	
(1)				
(2)		· · · · · · · · · · · · · · · · · · ·		
_(3)				
_(4)				
_(5)				
(6)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13 )		<u> </u>	
Part IX	Other Assets.  Complete if the organization answered	l "Vec" to Form 990	Part IV line 11d See Form 9	190 Part X line 15
			, Fait IV, line TTu. See Form 5	(b) Book value
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
		<del> </del>		
(6) (7)		<del></del>		
(8)		<del></del>		
(9)				
	lumn (b) must equal Form 990, Part X, col (B) li	ine 15 )		<b>•</b>
Part X	Other Liabilities.			
	Complete if the organization answered line 25	I "Yes" to Form 990	, Part IV, line 11e or 11f. See l	Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie ,	
	eral income taxes		;	
(2)			2mi - ,	v 1
(3)			Market 1	
(4)				
(5)				4 · · · · · · · ·
(6)			10 10 10 10 10 10	
(7)			Section of the second	
(8)				
(9)				
<del></del>	mn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	1	
	for uncertain tax positions. In Part XIII, provide the		the organization's financial statemen	nts 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	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	n.	
	· · · · · · · · · · · · · · · · · · ·		E07 001
1	Total revenue, gains, and other support per audited financial statements	1	507,881
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	) ]	
а	Net unrealized gains (losses) on investments	1 1	
b	Donated services and use of facilities	<b>↓</b>	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII )	<u> </u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	507,881
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	] [	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	507,881
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	477,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c	]	
d	Other (Describe in Part XIII )  Add lines 2a through 2d	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	477,127
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	ł	
b	Other (Describe in Part XIII )  4b	1	
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	477,127
Part			
2, Par	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	
		<b></b>	
			<b></b>

Schedule D (Fo	orm 990) 2014	Page 3
Bort VIII	Supplemental Information (continued)	
Part Alli	Supplemental information (continued)	
		<del>-</del>
		· · · · · · · · · · · · · · · · · · ·
•		
		<del> </del>
		·

SCHEDULEI (Form 990) Department of the Treasury

Internal Revenue Service

Part I

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.

	rm 990.	
	► Attach to Form 990.	1000
,		
•		

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www.irs.gov/form990.
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) and its instructions
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chedule I
about §
► Information
-

Yes Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 73-6097282 General Information on Grants and Assistance P.E.O. Sisterhood OK State Chapter Name of the organization

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

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

the selection criteria used to award the grants or assistance? . . .

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin	440545271	501 (2) (3)	909				Lodos/ aaris aeo
		101 101	000100				TOTTO /ddpgtop
, IA 50312	426078059	501(c)(3)	16,819	0			Educ Loans
Des Moines, IA 50312	426078058	501(c) (3	18,296	0			Scholarships
(4) P.E.O. Program for Contin Ed							
Des Moines, IA 50312	237405311	501(c)(3	16,717	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3	17,755	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3	18,502	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c) (3	3,694	0			Schol/Grants
(8) Oklahoma P.E.O. Projects Fd							
POB 153, Leonard, OK 74043-0153	736107830	501(c)(3)	103,168	0			Schol/Grants
(6)							
(10)							
(11)							
(12)							
			t coll odt ci boto				æ
<ul> <li>Enter total number of section 50 (c)(s) and government organizations listed in the line i lable</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	sted in the lii	t organizations i ne 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 9	190.				Sch	Schedule I (Form 990) (2014)

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

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 Scho	1 Scholarships to Cottey College	9	6,437	0	N/A	N/A
8						
ო						
4						
ro.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the informati	on required in P	art I, line 2, Part I	II, column (b), and any c	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 and Oklahoma P.E.O. Projects Fund, 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

P.E.O. Sisterhood OK State Chapter

73-6097282

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 Oklahoma 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	)			Page <b>2</b>
Name of the	organizatio	on .		<u>,                                     </u>		Employer identification number	
			ОК	State	Chapter	73-6097282	
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# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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Open to Public

Employer Identification number 73-6097282 Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. P.E.O. Sisterhood OK State Chapter Name of the organization Department of the Treasury Internal Revenue Servoe Part I

	(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(r) Direct controlling entity
<b>(1)</b>						
(2)						
(3)						
(4)						
(2)						
(9)						
Part II	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax vear	e organization answ	vered "Yes" on Fo	rm 990, Part IV	line 34 because	it had

one or more related tax-exempt organizations during the	the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
						Yes	°Z
(1) Oklahoma P.E.O. Projects Fund					į		
POB 153, Leonard, OK 74043 EIN 73-61076830	Grants/Schol	Oklahoma	501(c)(3)	7	N/A		×
(2)							
(3)							
(4)							
(5)						_	
(9)							
(7)							

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

Schedule R (Form 990) 2014

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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year	ited Organizations more related org	s Taxable anization	as a Partners s treated as a p	hip Compartnershi	plete if the	e organizatior he tax year	answered "Yes	" on Form	990, Part IV, II	ine 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Pred income university exclusi	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportorate allocatora?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership	age dir
		(Anuma)			2			Yes No		Yes No		
(1) N/A												
(2)												
(3)								_				
(4)												
(5)												-
(9)												
												-
(2)				<u> </u>								
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ated Organization	s Taxable ated orga	e as a Corpora Inizations treat	tion or Tr ed as a co	rust Comporporation	olete if the org	janization answe	ered "Yes"	on Form 990,	Part IV,		
(a) Name, address, and EIN of related organization	a) N of related organization	i	(b) Primary activity		(c) Legal domicile (state or foreign	(d) Durect controlling entity	(e) Type of entry (C corp, S corp, or	(f) Share of total income	(g) Share of end-of-year assets		Percentage Sac ownership cont	Section 512(b)(13) controlled
					/famos		6				Yes	Yes No
(1) N/A									ļ . <u> </u>			
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Transactions
Part V

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes	Z
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				<b>1</b> a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b x	
c Gift, grant, or capital contribution from related organization(s)			:	10	×
d Loans or loan guarantees to or for related organization(s)			:	1d	×
e Loans or loan guarantees by related organization(s)			:	1e	×
f Dividends from related organization(s)			1.	1 +	X
a Sale of assets to related organization(s)				10	×
				1 t	×
i Exchange of assets with related organization(s)				11	×
j Lease of facilities, equipment, or other assets to related organization(s).				1j	×
				, ,	į
k Lease of facilities, equipment, or other assets from related organization(s)			<u>`</u> : :	<del>1</del>	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				×	
m Performance of services or membership or fundraising solicitations by related organization(s),			:	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			:	1 x	_
o Sharing of paid employees with related organization(s)			· 1	10 X	
			7.1		1
p Reimbursement paid to related organization(s) for expenses,			<u>:</u> : :	10	×
q Reimbursement paid by related organization(s) for expenses			:	19	~
				18:	
r Other transfer of cash or property to related organization(s)			<u>- 1</u> : :	+	<u>*</u>
				18	<u>~</u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cove	red relationships and transa	action thresh	splou	ļ
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	(d) f determinir	5
	type (a-s)		amount	amount involved	,
(1) Oklahoma P.E.O. Projects Fund	ą	103,168	Cash-FMV	2	
			_		İ
(5)					
(9)		138	Schedule R (Form 990) 20	(066 ma	20

# Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (g) Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Shar	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year æssets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)				<u> </u>						
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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