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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A F	or the 2	2014 calendar year, or tax year beginning April 1 , 2014, and endir	g N	Narch 31	, 20 15
Вс	heck if ap	plicable C Name of organization	D Emp	loyer ide	ntification number
Address change		Oklahoma P.E.O. Projects Fund. Inc.		73	-6107830
	Name char	Number and street (or P O box, if mail is not delivered to street address) Room/suit	e E Tele	phone nu	
_	nıtıal retun	n ofterminated 6528 E 101st Street Ste D-1 #465		918	-645-6223
= 1	-inai returr Amended r	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exen	
=	Application			mber ▶	•
G A	ccounti	ing Method ☐ Cash ☐ Accrual Other (specify) ▶	H Check	▶ 🗸 ıf	the organization is not
	ebsite:				ch Schedule B
J Ta	ax-exem	pt status (check only one) —	•		-EZ, or 990-PF)
		organization			
L A	dd lines	5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	otal assets		· · · · · · · · · · · · · · · · · · ·
(Pari	t II, colu	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ		▶ s	<u>85,168.40</u>
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	he instru	ctions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Pa			
	1	Contributions, gifts, grants, and similar amounts received		1	82,090.25
	2	Program service revenue including government fees and contracts		2	02,030.23
	3	Membership dues and assessments		3	
	_	Investment income		4	3,078.15
-	5a	Gross amount from sale of assets other than inventory 5a		 - 	3,070.13
-		Less: cost or other basis and sales expenses		1	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0
١	6	Gaming and fundraising events		1	
	-	Gross income from gaming (attach Schedule G if greater har)			
힐	_	\$15,000)			
Revenue	b	Gross income from fundraising events (not including \$ \ of contribu	1		
<u>§</u>		from fundraising events reported on line 1) (attach Schedule G if the			
•		sum of such gross income and contributions exceeds \$15,000 .			
-	С	Less: direct expenses from gaming and fundraising events		1	
-		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1	
		line 6c)	6d	0	
İ	7a	Gross sales of inventory, less returns and allowances	•		
	ь	Less: cost of goods sold		1	
- 1	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	n
İ	8	Other revenue (describe in Schedule O)		8	
j	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	85,168.40
7	10	Grants and similar amounts paid (list in Schedule O)	· · ·	10	86,313.04
	11	Benefits paid to or for members		11	0,313.04
ဖွူ	12	Salaries, other compensation, and employee benefits		12	0
Expenses	13	Professional fees and other payments to independent contractors		13	5,150.00
ğ	14	Occupancy, rent, utilities, and maintenance		14	<u> </u>
ਕ਼	15	Printing, publications, postage, and shipping		15	944.82
	16	Other expenses (describe in Schedule O)		16	
	17	Total expenses. Add lines 10 through 16		17	150.00
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	92,557.86
ا <u>ن</u> ا	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a		"	(7,389.46)
SS		end-of-year figure reported on prior year's return)		19	464 D7C C4
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	454,976.61
5	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	0 447,587.15
_	1 ツ1				

Check if the organization used Schedule O to respond to any question in this Part II. 22 Cash, savings, and investments	Pai	t II	Balance Sheets (see the instructions	for Part II)				
22 Cash, savings, and investments 445,976.s1 22 47,587.15 23 Land and buildings 0 23 0 24 Other assets (describe in Schedule O) 924 0 25 Total assets . 455,976.s1 25 5 447,587.15 26 Total assets . 455,976.s1 25 6 447,587.15 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 454,976.s1 27 447,587.15 28 Other benefits of the organization used Schedule O to respond to any question in this Part III			Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		<u></u> . 🛘
23 24 Chier assets (describe in Schedule O) 0,24 (25 10tal assets 10tal liabilities (describe in Schedule O) 0,25 (25 10tal assets 10tal liabilities (describe in Schedule O) 0,26 (26 10tal assets 10tal liabilities (describe in Schedule O) 10tal liabilities (d						(A) Beginning of year		(B) End of year
Other assets (describe in Schedule O) 0 28 0	22	Casl	h, savings, and investments		[447,587.15
Total lassets	23		•		[-	
Total liabilities (describe in Schedule C) Net assets or fund balances (line 2 of column (B) must agree with line 21) Net assets or fund balances (line 2 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program ities. Required to section of the part of the persons benefited, and other relevant information for each program ities. National P.E.O. Projects Fund awarded grants to 45 women attending college for academic. Studies or technical courses. Grants vary from \$500 to \$1,000 and a recipient may receive a grant twice in her academic career. Oklahoma Continuing Education Fund awarded grants to 27 women who have experienced an interruption. In their academic career and have returned to complete their degree program. These grants vary from \$500 to \$1,000 and can be awarded once per person. (Grants \$ 24 son) If this amount includes foreign grants, check here	24		,		<i>.</i> . <u> </u>			0
Net assets or fund balances (line 27 of column (B) must agree with line 21) 454,976.51 27 447,587.15								447,587.15
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? To provide educational grants and scholarships. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Oklahoma P.E.O. Projects Fund awarded grants to 45 women attending college for academic. \$\$\frac{1}{2}\$\$ Qiklahoma Continuing Education Fund awarded grants to 15,000 and a recipient may receive a grant. \$\$\frac{1}{2}\$\$ Qiklahoma Continuing Education Fund awarded grants to 27 women who have experienced an interruption in their academic career and have returned to complete their degree program. These grants vary from \$500 to \$1,000 and can be awarded once per person. \$\$\frac{1}{2}\$\$ Qiklahoma Continuing Education Fund awarded grants to 27 women who have experienced an interruption in their academic career and have returned to complete their degree program. These grants vary from \$500 to \$1,000 and can be awarded once per person. \$\$\frac{1}{2}\$\$ Qiklahoma Cottey Scholarships committee awards scholarships to Qiklahoma women who are attending. Cottey College in Nevada, MO. Six students were awarded scholarships to Qiklahoma women who are attending. Cottey College in Nevada, MO. Six students were awarded scholarships to Ciklahoma women who are attending. Cottal program service expenses (add lines 28a through 31a). \$\$\frac{1}{2}\$\$ 18,553.04) If this amount includes foreign grants, check here \$\$\frac{1}{2}\$\$ 29a 29,250.00 Qiarants \$\$\$\$ 18,553.04) If this amount includes foreign grants, check here \$\$\frac{1}{2}\$\$ 21a \$\$\frac{1}{2}\$\$ 17a \$\$\frac{1}{2}\$\$ 29a \$\$\frac{1}{2}\$\$ 28a \$\$\frac{1}{2}\$\$ 30a \$\$\frac{1}{2}\$\$ 31a \$\$\frac{1}{2}\$\$ 60a \$\$\frac{1}{2}\$\$ 60a \$\$\frac{1}			,		<u></u>		_	
Check if the organization used Schedule O to respond to any question in this Part III							27	447,587.15
What is the organization's primary exempt purpose? To provide educational grants and scholarships. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28	Par	3 1111		•		•		Evnances
What is the Organization's primary exempts proper in the Composer of the program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Oklahoma P.E.O. Projects Fund awarded grants to 45 women attending college for academic studies or technical courses. Grants vary from \$500 to \$1,000 and a recipient may receive a grant. Wrice in her academic career. (Grants \$ 36,500) If this amount includes foreign grants, check here							/Re	•
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 8			, , , ,				501	(c)(3) and 501(c)(4)
studies or technical courses. Grants vary from \$500 to \$1,000 and a recipient may receive a grant twice in her academic career. (Grants \$ 38,500) If this amount includes foreign grants, check here	as m	easure	ed by expenses. In a clear and concise	manner, describe th				
twice in her academic career. (Grants \$ 38,500) If this amount includes foreign grants, check here	28							
Grants \$ 38,500) If this amount includes foreign grants, check here 28a 38,500.00				0 to \$1,000 and a recip	pient may receive a g	rant		
29 Oklahoma Continuing Education Fund awarded grants to 27 women who have experienced an interruption in their academic career and have returned to complete their degree program. These grants vary from \$500 to \$1,000 and can be awarded once per person.							l	
In their academic career and have returned to complete their degree program. These grants vary from \$500 to \$1,000 and can be awarded once per person. Grants \$ 24,500 If this amount includes foreign grants, check here							28	38,500.00
to \$1,000 and can be awarded once per person. Grants \$ 24,500 If this amount includes foreign grants, check here	29			·····				
Grants \$ 24,500 if this amount includes foreign grants, check here				lete their degree prog	ram. These grants v	ary from \$500		
Oklahoma Cottey Scholarships committee awards scholarships to Oklahoma women who are attending Cottey College in Nevada, MO. Six students were awarded scholarships this year. Grants \$ 18,563.04 If this amount includes foreign grants, check here				A in all rains & and an arm				
Cottey College in Nevada, MO. Six students were awarded scholarships this year. (Grants \$ 18,563.04) If this amount includes foreign grants, check here	-00						298	29,250.00
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30							
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		(Grant	ts \$ 19.563.04) If this amoun	t includes foreign ar	ants check here	▶ [7]	30:	19 562 0
Grants \$ If this amount includes foreign grants, check here	31						100.	10,505.04
Total program service expenses (add lines 28a through 31a). Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (fr not paid, enter -0-) (g) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (g) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (g) Average hours Hour	01						31:	a '
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Reportable compensation (finot paid, enter -0-) (if) not paid, en	32	Total	program service expenses (add lines 28a	through 31a)		· · · · · · · ·	-	
Check if the organization used Schedule O to respond to any question in this Part IV			List of Officers, Directors, Trustees, and K	ey Employees (list eac	h one even if not com	pensated-see the		
(a) Name and title (b) Average hours per week devoted to position (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) Linda Miller, Chairman/Director 1 0 0 0 0 (Compensation (Compensation (Control plans, and deferred compensation (Control plans, and deferred compensat								🗀
1			(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		
1	Lind	Miller	, Chairman/Director					
1				1		<u> </u>	0	0
Loretta Simpson, Director	Kath	erine G	reenfield, Director					
The state of the				1)	0	0
Pam Crowder, Director 1 0 0 0 Jean VanDelinder, Director 1 0 0 0 Diane Reed, Director 1 0 0 0 Patty Almen, Director 0 0 0	Lore	ta Sim	pson, Director		ļ			
1				1		<u> </u>	0	0
Jean VanDelinder, Director 1 0 0 0 Diane Reed, Director 1 0 0 0 Patty Almen, Director 0 0 0	Pam	Crowd	er, Director					
1			<u> </u>	1		<u> </u>	0	0
Diane Reed, Director 1 0 0 0 Patty Almen, Director 0 0 0 0	Jean	VanDe	elinder, Director					
Patty Almen, Director				1		<u> </u>	0	0
Patty Almen, Director	Dian	e Reed	, Director					
			<u> </u>	1		<u> </u>	0	0
	Patty	Almer	n, Director					
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	 	_
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			┢
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			L
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee cr were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
L		38a		-
b b	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨ 。		
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	i		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
•	on organization managers or disqualified persons during the year under sections 4912,	i		
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization	ŀ		
е	transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ▶ Oklahoma	400		
42a		918-64	5-622	3
724	Located at ► 6528 E 101st Street Ste D-1 #465 Tulsa, OK 74133 ZIP + 4 ►			<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	,	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1	İ	
	Financial Accounts (FBAR).			ļ
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	✓
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	TNI
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
440	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770	\vdash	+ *
D	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	†	17
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	Ť
\	explanation in Schedule O	44d	1	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		ļ	<u> </u>
	Form 990-F7 (see instructions)	45h	.1	1./

Form 990-	EZ (2014)	 					_	Page 4
46` D	Did the organization engage, directly or in	odirectly in political o	rampaign activities on	hobalf of a	r in oppositi	on 🐼	Yes	No
40 L	o candidates for public office? If "Yes," o	complete Schedule C	. Part I			46	يمشم	
Part VI	Section 501 (c)(3) organizations All section 501 (c)(3) organization 50 and 51.	only s must answer que	stions 47–49b and	52, and co	omplete the		or lin	es
	Check if the organization used Sci	nedule O to respond	to any question in t	nis Part VI		· · · ·	T	
	Did the organization engage in lobbying rear? If "Yes," complete Schedule C, Par		section 501(h) election				Yes	No
•	s the organization a school as described in					47	 	1
	Did the organization make any transfers to					49a	<u>. </u>	1
	f "Yes," was the related organization a se	•				49b		V
	Complete this table for the organization's							
e	employees) who each received more than	1 \$100,000 of compe	nsation from the organ			e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	h benefits, s to employee , and deferred ensation	(e) Estimate other con		
N _c	one.							
		· · · · · · · · · · · · · · · · · · ·						

		A100 000	<u> </u>	·		•		
51 C	Total number of other employees paid ove Complete this table for the organization' 6100,000 of compensation from the orga	s five highest comp	ensated independent	contractor	s who each	received	more	thar
	(a) Name and business address of each independ	······	(b) Type of serv	ice	(c)	Compensati	on	
	tone.							
			<u> </u>		ļ			
			1					
				٠.				,
		,						
			1		<u> </u>			
	Total number of other independent contra	_						
	Did the organization complete Scheducompleted Schedule A	IIE A? Note . All se	ection 501(c)(3) orga			a ▶ ∀ Yes	. 🗆 .	No
Under pen	nalties of perjury, I declare that I have examined this				e best of my kn			
true, corre	ct, and complete Declaration of preparer lotter than	n officer) to based on all info	ormation of which preparer h	as any knowl	edge.			
Sico	Wallend Xhilv	guld	,		8-10-	15		
Sign Here	► Katherine Greenfield, Chairman/D	Signature of officer Date						
	Type or print name and title	-						
Paid	Print/Type preparer's name	Prepare 's signature	Da	垮几 1.	Check 🗹	PTIN		
Prepai	rer Amy Connor	1 Chy	who !	0/14/15	Self-employ	ed		
Use O	nly Firm's name ▶	<u> </u>		Fi	m's EIN ▶			
	Firm's address ➤ 8904 S Joplin Avenue		inetructions	Ph	one no.	918-645		
iviay the	IRS discuss this return with the prepare	Shown above? See	instructions		<u> </u>	Yes \		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Okla	homa P.E.O. Projects Fund, Inc.					73-610	07830
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The	organization is not a private foundat		`	· · · · · · · · · · · · · · · · · · ·	•	•	
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	☐ A school described in section		•				
3	A hospital or a cooperative hos					· · · · ·	
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
_			collogo or university			d by a sayaramant	al unit described in
5	section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	ai unit described in
6	A federal, state, or local govern						
7	,			port from	a gover	nmental unit or from	the general public
	described in section 170(b)(1)(•				
8	A community trust described in			-			
9	☐ An organization that normally r						
	receipts from activities related support from gross investmer						
	acquired by the organization af						k) IIOIII Dusiilesses
10			-		•	•	
11		•	•	•			out the nurnoses of
••	one or more publicly supported						
	the box in lines 11a through 11c	-					
á	Type I. A supporting organization the supported organization(s) organization. You must com	the power to re	gularly appoint or ele				
	_ •	•			بينم مدا طداد		n(a) bu bauina
	Type II. A supporting organiz control or management of the	•				•	
	organization(s). You must co			c sume p	,0130113 (1	iat control of manag	je tile supported
	Type III functionally integra	=		ted in cor	nection v	with, and functionall	v integrated with.
	its supported organization(s)						,g,
	d Type III non-functionally int	egrated. A supr	oorting organization o	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integra			•		• •	• , ,
	requirement (see instructions). You must cor	nplete Part IV, Secti	ons A an	d D, and	Part V.	
•	 Check this box if the organization functionally integrated, or Type 						I, Type III
1	f Enter the number of supported o						
9	g Provide the following information	-	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization		(vi) Amount of
			(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11100 000101107
				Yes	No		
(A)		i			ļ		
					ļ		
(B)							
(C)							
	<u>- </u>				ļ		
(D) 							
(E)							
							-
	<u>.</u>			1		[l

Part	Support Schedule for Organization (Complete only if you checked the control of						
	Part III. If the organization fails to				•	•	any under
Secti	on A. Public Support	7		, , ,			·
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,415.00	62,431.00	105,193.00	123,939.00	82,090.00	465,068.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0
4	Total. Add lines 1 through 3	91,415.00	62,431.00	105,193.00	123,939.00	82,090.00	465,068.00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				,		
6	Public support. Subtract line 5 from line 4.						465,068.00
	on B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	91,415.00	62,431.00	105,193.00	123,939.00	82,090.00	465,068.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,900.00	7,342.00	6,070.00	3,396.00	3,078.00	27,786.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0	0	0		
11	Total support. Add lines 7 through 10	<u> </u>					492,854.00
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section	
	ion C. Computation of Public Suppor			1 solumn (6)			
14 15 16a	Public support percentage for 2014 (line of Public support percentage from 2013 Sci 331/3% support test—2014. If the organition box and stop here. The organization quarters are supported by the support test—2014 in the organization quarters are supported by the support test—2014 in the organization quarters are supported by the support test—2014 in the organization quarters are supported by the support test—2014 in the organization quarters are supported by the support test—2014 in the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization quarters are supported by the organization or supported by the organization	hedule A, Part l zation did not d	I, line 14 . check the box	on line 13, and	 I line 14 is 33¹		94.4 % 92.7 % neck this . • •
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-a	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplaın in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization m	tion meets the	"facts-and-ci	rcumstances"	test, check th	nis box and st	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III ` Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 Schedule A, Part III, line 17 18 18 all 331-% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 331-3%, and line 17 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization possible supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifies as a publicly supported organization business and stop here. The organization qualifie	Secti	on A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 Ciffs grants, contributions, and membeship fees received (bond include any hursupal grants.") 2 Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's tax-elampt purpose. 3 Gross receipts from activities that are not an unrelated frace or business under section 513 4 Tax revenues levided for the organization in the companization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). 9 Public support (Subtract line 7c from line 6). 9 Amounts from line 6 100 Gross income from interest, dividends, payments eceived on securities loans, rents, royalize and income from sumities sucres. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)[3]. 15 Public support percentage for 2013 Schedule A, Part III, line 17. 16 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage for 2013 Schedule A, Part III, line 17. 17 Investment income percentage for 2013 Schedule A, Part III, line 17. 18 Investment income percentage for 2013 Schedule A, Part III, line 17. 18 Investment income percentage for 201	Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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c Add lines 10a and 10b		•		-				
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	_	·						
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	• • •							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					İ	}		
loss from the sale of capital assets (Explain in Part VI.)	12					-	-	
(Explain in Part VI.)		•						
and 12.)		(Explain in Part VI.)						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13	Total support. (Add lines 9, 10c, 11,						
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))		•						
Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	14			n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)					· · · · ·			▶ 🗆
Public support percentage from 2013 Schedule A, Part III, line 15								
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2013 Schedule A, Part III, line 17								<u>%</u>
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2013 Schedule A, Part III, line 17					<u>· · · · · · · · · · · · · · · · · · · </u>		16	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17					vilina 10. nalivi	(6)	1471	
19a 33¹n% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33¹n%, and line 17 is not more than 33¹n%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ b 33¹n% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹n%, and line 18 is not more than 33¹n%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶								% %
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . b 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization		•		•				
b 33¹x% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹x%, and line 18 is not more than 33¹x%, check this box and stop here. The organization qualifies as a publicly supported organization ▶	134							•
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b			-			_	_
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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.

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

value of the organization	Employer identification number
Oklahoma P.E.O. Projects Fund, Inc.	
Form 990 EZ Pt 1 #16 - Directors are reimbursed at the rate of \$.34 per mile for mileage to and from boa	ard meetings. Bonding for
reasurer (paid executive assistant.	
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