# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	Fort	he 2018	calendar year, or tax year beginning	April 1	, 2018	, and ending	March 31		, 20 19	
_			C Name of organization		-		D Employer ide	ntıficatıon	number	
В	Check is	f applicable	P.E.O. Sisterhood NY	State Chapte	er					
<b>\</b> [		dress ange	Doing business as				14-6	504677	0	
ì		me change	Number and street (or P O box if mail is	not delivered to street a	address)	Room/suite	E Telephone nu	mber		
lt	$\neg$	tial return	3700 Grand Ave				515	255 3	153	
<b>!</b>	Fin	al return/	City or town, state or province, country,	and ZIP or foreign posta	al code					
ŀ	Am	minated nended	Des Moines, IA 50312	-2899			G Gross receipt	s \$	299,13	38
ŀ		plication	F Name and address of principal officer	2033			H(a) is this a gro			_
L	per	nding	  Susanna Watling - sam	e as C above	۵	1	subordinates H(b) Are all subord		<del></del>	No
ī	Tav.	exempt st	<u> </u>	4 ) <b> </b>	4947(a)(1)	or 143C	<del>                                      </del>		see instructions)	1
÷					1 4347(8)(1)	<del>"                                      </del>	H(c) Group exem	•		
			www.peointernational.		ner 🕨	L Vear of for	nation 1955 M			
_	Part		mmary	Association   Oti	lei P	L Teal Of Ion	HALION 1999 IN	State Of Ic	gar donnere 141	
			describe the organization's mission of		tuution Momon	la momboro	hin organi	7.2 t 1.01		
			•	-						_
	Governance 2 3		porting six philanthrop				are schola			
	ĒΙ		and award programs an						•	
	8 8		this box 🕨 🔝 if the organization of					1 1		_
	ຽັ  3 ∞ຢ ₄		er of voting members of the governing					3		5 5
			er of independent voting members of					4		
2019	ctivities 9 2		number of individuals employed in cal		•			5		0
<u>20</u>	ਹੁਂ  6		number of volunteers (estimate if neces					6	/	75
ဆ			unrelated business revenue from Part V					7a		
<u>~ [_</u>		b Net ur	nrelated business taxable income from	Form 990-T, line 38		· · · · · · · · ·		7b		
٦.						_	Prior Year		Current Year	_
SFL	일 8		butions and grants (Part VIII, line 1h).				275,1	4/	295,57	1
	ਜ਼ੂ 9		am service revenue (Part VIII, line 2g) .							_
	Revenue 9 10	Invest	ment income (Part VIII, column (A), lin	es 3, 4, and 7d)		<u>  </u>	1,0		64	
Ë	_   11		revenue (Part VIII, column (A), lines 5				2,8		1,40	-
SCANNED	12	Total	revenue - add lines 8 through 11 (mus	t equal Part VIII, de U			278,9		297,62	
Q.	13	Grants	s and similar amounts paid (Part IX, col	umn (A), nes 1-3) .		<b>ા</b> ⊗  ⊢	159,2	01	194,08	19
$\widetilde{\mathcal{O}}$	14	Benef	its paid to or for members (Part IX, colu	ımn (A), line (A)Δ	16-1-3-2019	.  ŏ  <u> </u>				
	တ္က 15	Saları	es, other compensation, employee ben	efits (Part 🕉 columi	(A), lines 5-10),	- 88 · ·				_
	15 16	a Profes	ssional fundraising fees (Part IX, columi	n (A), line 11e <del>) . <u>.</u> .</del>	3440000	<del></del>				
	× ×	<b>b</b> Total t	fundraising expenses (Part IX, column (	D), line 25) ▶ <u>163</u>	BUEN, U	<u> </u>				
,	<sup>ш</sup>   17	Other	expenses (Part IX, column (A), lines 11	la-11d, 11f-24e)			106,1		100,81	.3
	18	Total	expenses Add lines 13-17 (must equa	l Part IX, column (A),	line 25)		265,3		294,90	12
	19	Reven	nue less expenses Subtract line 18 from	m line 12			13,6	32	2,71	.8
ō	Fund Balances 20 72 72					Ве	ginning of Current	/ear	End of Year	
sette	[ 20	Total a	assets (Part X, line 16)				253,0	80	255,79	18
As	<b>21</b>	Total I	liabilities (Part X, line 26)				<u> </u>			
N.	[ 22	Net as	ssets or fund balances Subtract line 2	1 from line 20			253,0	80	255,79	8
F	Part II	Sig	nature Block		•					
			of perjury, I declare that I have examined th					i my knowi	ledge and belief, i	t is
	rue, cor	rect, and	complete Declaration of preparer (other that	n officer) is based on ai	I information of wh	ich preparer has an				_
_	_		Wathy a. Soppe			_	8/1	119		
	ign		Signature of officer				Date			
Н	ere		Kathy A. Soppe, Direct	or of Finan	ce					
			Type or print name and title							
_		Print/	Type preparer's name	Preparer's signature		Date	Check	If PTIN		_
	aid					1	self-employ	ed		
	reparei	Firm's	name ►	****		•	Firm's EIN			_
U	se Onl	у	address ►		-		Phone no			_
M	ay the		iscuss this return with the prepare	r shown above? (s	see instructions)			$\overline{}$	Yes	Νo
_			Reduction Act Notice, see the separat		<u> </u>				Form 990 (20:	



Part IV Checklist of Required Schedules

			res	70
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		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		Х
ī	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
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		Λ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
,	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	· · · ·		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
ŀ	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا مر ا		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ـ ـ ا		.,
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,,		.,
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		v
0.0	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
	domestic government on Part IA, Column (A), time 17 if 165, Complete Schedule I, Parts Fants I and II	1 4 1	_^_	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٠	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b></b> 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes." complete Schedule L. Part I	25b		Х
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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• • •	لــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2 h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		\ \frac{\cdots}{\cdot}
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	- <del></del> -		<del></del>
b	If "Yes," enter the name of the foreign country ▶			
e -	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		Х
	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			
0 a	solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Lab			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			<u></u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16	If "Yes," complete Form 4720, Schedule O	<del>-</del> -		
	n res, complete i dini 4720, concedio o		990	<b></b>

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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 1b 5	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official None	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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	40.		
0 4	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year	_		
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515) 255-3153	s ▶		

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VIIII	550	(20.0)	

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors										

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	<del></del>			more more	nore than one son is both an ector/trustee)		(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) Susanna Watling	10										
President		Х		Х				0	0	0	
(2) Julie Staudenmeır	10										
Vice President		X	<u> </u>	Х				0	0	0	
(3) Sue Barker	15		1			ļ					
Organizer		X		X				0	0	0	
(4) Lisa Blystone	15										
Treasurer		X		Х				0	0	0	
(5) Jamee Ard	5	1						_	_		
Secretary		X		Х				0	0	0	
(6)	<del></del>	-									
(8)											
(9)											
(10)											
(11)											
(12)						_					
(13)											
(14)					-						

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo			nd H	ligh	nest Compensate	d Employ	ees (co	ontinued	1)	
(A) Name and title	(B)  Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o is both or/trust	an tee)	(D)  Reportable compensation from	(E) Reporta compensati	on from	am	(F) timated tount o	
	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)	organiza (W-2/1099	tions	fro orga and	pensat om the anizatio i relate inizatio	on d
(15)													
(16)									!				
(17)													
(18)			_										
(19)													
(20)													
(21)		-											
(22)													
(23)													
(24)													
(25)													
1b Sub-total	Section A						<b>&gt; &gt; &gt;</b>						
Total number of individuals (including but n reportable compensation from the organization)	ot limited t		se li				wh	o received more t	han \$100,0	000 of			
3 Did the organization list any former off	icer, direct	or, o	r tr	rust	ee,	key	em	nployee, or highes	st compen	sated		Yes	No
employee on line 1a? If "Yes," complete Schell 4 For any individual listed on line 1a, is the											3		Х
organization and related organizations g	reater tha	n \$1	50,0	000	? <i> </i>	f "Ye	es, "	complete Sched	ule J for	such	4		
5 Did any person listed on line 1a receive o	r accrue c	ompe	nsat	tion	fro	m an	y u	ınrelated organızat	ion or indi		5		x
for services rendered to the organization? If " Section B. Independent Contractors											1		
Complete this table for your five highest concompensation from the organization Report year													
(A) Name and business add	dress							( <b>B)</b> Description of se	ervices	c	(C) Compens	ation	
None													
							‡						
							$\perp$		<u>.</u> .				
2 Total number of independent contractor received more than \$100,000 of compensat						ted	to	those listed abo	ve) who				

Part VIII Statement of Revenue

	,	Check if Schedule O contains a respon	se or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants ar Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events	114,179				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations	181,392				
Cont	g h	Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f		295,571			
Service Revenue			Business Code				
eve	2a				-		
Se H	b						
Š	С						
Š	d						
Program	e f g	All other program service revenue					
	3		ds, interest,				
		and other similar amounts)	▶	646			646
	4	Income from investment of tax-exempt bond					
	5	Royalties	(ii) Personal				
		· · · · · · · · · · · · · · · · · · ·					
	6 <sub>a</sub>	Gross rents					
	b	Rental income or (loss)					
	C d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less cost or other basis				•	
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
nue	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c)					
2		See Part IV, line 18					
C th	b	Less direct expenses b					
Ī	С	Net income or (loss) from fundraising events	<u></u>				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses		-			
	10a	Gross sales of inventory, less				<del></del> -	<del>                                     </del>
		returns and allowances a	2,921 1,518				
	b	Less cost of goods sold b l Net income or (loss) from sales of inventory		1,403	1,403	<u> </u>	<del> </del>
		Miscellaneous Revenue	Business Code	=,			
	11a						
	ь						
	С						<del></del>
	d	All other revenue					
	e 12	Total. Add lines 11a-11d		297,620	1,403	<u> </u>	646
	114	TOTAL LEVELINE. OCC III SU UCUONO	· · · · · •	22.,020			

### Part IX Statement of Functional Expenses

360	Check if Schedule O contains a resp				
	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	1.55 007	1.65 003		
	and domestic governments. See Part IV, line 21	165,927	165,927	-	·
2	Grants and other assistance to domestic individuals See Part IV, line 22	28,162	28,162		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
,	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				
	Pension plan accruals and contributions (include				
٠	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	2,905		2,905	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1,121			1,121
15	Royalties				
16	Occupancy				
17	Travel	25,535	8,512	17,023	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,781	6,090	12,179	512
20	Interest				
21	Payments to affiliates	50,475	50,475		
22	Depreciation, depletion, and amortization				
23	Insurance	337		337	
24	Other expenses Itemize expenses not covered		į		
	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)				<del>.</del>
а	Operating Expense	1,659	553	1,106	
b					
С					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	294,902	259,719	33,550	1,633
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   [6] If				
	following SOP 98-2 (ASC 958-720)		l.		

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	5,632	1	5,924
	2	Savings and temporary cash investments	247,448	2	249,874
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	<del></del>	5	· · · · · · · · · · · · · · · · · · ·
60	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
As	8	Inventories for sale or use		8	·
-	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or	:		
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	.,	14	
	15	Other assets See Part IV, line 11	050 000	15	055 500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	253,080		255,798
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	·
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and		22	
Ei.		disqualified persons Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	<del></del>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances				,,	
alar	27	Unrestricted net assets		27	
Ä	28 29	Temporarily restricted net assets  Permanently restricted net assets		29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here		25	<del></del>
٥		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated income, or other funds	253,080		255,798
Net	33	Total net assets or fund balances	253,080		255,798
	34	Total liabilities and net assets/fund balances	253,080	34	255,798

Page **12** 

orm 95	00 (2018)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		297,	620
2	Total expenses (must equal Part IX, column (A), line 25)	2		294,	902
3	Revenue less expenses Subtract line 2 from line 1	3		2,	718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		253,	080
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		255,	798
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	X
			_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," e.	kplain	n		
	Schedule O			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled (	or		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			-	
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_			X
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın		
	Schedule O		ŀ		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n		,,
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>	+	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	JICS	3b	n 990	(2018)
			401		120101

#### 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

Schedule C (Form 990 or 990-EZ) 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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

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

- 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

	(see separate instructions), the		, rux, (see sopulate .		,		
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III					
	e of organization			' '	ntification number		
	E.O. Sisterhood NY	State Chapter		14-6046			
Pa		organization is exempt under					
1		organization's direct and indirect	political campaign a	ctivities in Part IV (see in	nstructions for		
	definition of "political campa	- ·					
2		xpenditures (see instructions)					
		campaign activities (see instruction					
Pai		organization is exempt under			···		
1		cise tax incurred by the organization					
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$						
3		a section 4955 tax, did it file Form					
					Yes No		
_	If "Yes," describe in Part IV	organization is exempt under	postion FO1(s) or	voont postion E01/a//2			
	<u> </u>	<del></del>		<del></del>	·]·		
1	•	expended by the filing organization					
				· ·			
2		ng organization's funds contribute					
		es		<del>-</del>			
3		enditures Add lines 1 and 2 Er					
4	Did the filing organization fil	e Form 1120-POL for this year?		<b>-</b> •	Yes No		
4 5	Enter the names addresses	and employer identification number	er (FIN) of all section		Yes No		
•		s For each organization listed, er					
	the amount of political con-	tributions received that were pron	nptly and directly de	elivered to a separate po	olitical organization, such		
	as a separate segregated fur	nd or a political action committee (	PAC) If additional sp	pace is needed, provide i			
	(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)			<del> </del>	<del> </del>			
(-)			-				
(3)							
(0)			4				
(4)				<del></del>			
.,			1				
(5)							
,			1				
(6)			<del>                                     </del>				
			1				
	<del></del>	·		<del>* , , </del>			

J C I	11cddie C (F0111 990 01 990-LZ) 2016					raye .
P	art II-A Complete if the organization 501(h)).	anization is ex	empt under section	n 501(c)(3) and	filed Form 5768 (ele	
A			an affiliated group (are of excess lobbying exp		ich affiliated group men	nber's name,
В	Check ▶ if the filing organiza	ation checked bo	ox A and "limited contr	ol" provisions app	ly	
	Limits	n Lobbying Exp	enditures		(a) Filing	(b) Affiliated
	(The term "expenditu	res" means am	ounts paid or incurred	1.)	organization's totals	group totals
18	a Total lobbying expenditures to in	fluence public of	pinion (grass roots lob	obying)		
t	b Total lobbying expenditures to in	fluence a legisla	tive body (direct lobby	/ing)		
	c Total lobbying expenditures (add					. <u></u> -
	d Other exempt purpose expenditu					
	e Total exempt purpose expenditu				····	
f	f Lobbying nontaxable amount E	Enter the amour	nt from the following	table in both		
	columns					
	If the amount on line 1e, column (a)			: is:		
	Not over \$500,000		he amount on line 1e			
	Over \$500,000 but not over \$1,000,		0 plus 15% of the excess			
	Over \$1,000,000 but not over \$1,50		0 plus 10% of the excess			
	Over \$1,500,000 but not over \$17,0		O plus 5% of the excess	over \$1,500,000		
	Over \$17,000,000  g Grassroots nontaxable amount (	\$1,000,0			<u></u>	
	h Subtract line 1g from line 1a If z		•	_		
	i Subtract line 15 from line 1a 1f ze					
	i If there is an amount other tha				ion file Form 4720	!. <u></u>
J	reporting section 4911 tax for th					Yes No
	reporting section 45 ff tax for the	4-Year A	veraging Period Unde	er Section 501(h)		
	(Some organizations that				te all of the five colun	nns below.
	(2000)		arate instructions for			. , ,
		Lobbying Ex	penditures During 4-Y	ear Averaging Per	riod	<del></del>
	Calendar year (or fiscal year beginning in)	(a) 2015	( <b>b</b> ) 2016	(c) 2017	(d) 2018	(e) Total
2 <i>a</i>	a Lobbying nontaxable amount					•
t	b Lobbying ceiling amount (150% of line 2a, column (e))	= <u></u>				
	C Total lobbying expenditures					
	d Grassroots nontaxable amount					
E	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part IV a detailed reption of the lobbying activity  During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of 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?	Yes	No		Amou	int
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?					
Volunteers?					
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
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?					
		<u> </u>			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	.	<b></b>			
Other activities?	.	<b></b>			
Total Add lines 1c through 1i		-			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		$\vdash$			
If "Yes," enter the amount of any tax incurred under section 4912		l			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5)	, or se	ction		
			-		Yes
Were substantially all (90% or more) dues received nondeductible by members?			ſ	1	Х
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Χ
Did the organization agree to carry over lobbying and political campaign activity expenditures fr				3	
answered "Yes."  Dues, assessments and similar amounts from members			1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amo		1			
political expenses for which the section 527(f) tax was paid).					
Current year,		📙	2a		
Carryover from last year		🖵	2b		
Total		$\cdots \vdash$	2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ues		3		
nggregate amount reported in Section 6033(e)( 1)(A) notices of nondeductible section 162(e) of		$\cdots \vdash$			
f notices were sent and the amount on line 2c exceeds the amount on line 3, what portic		T I			
f notices were sent and the amount on line 2c exceeds the amount on line 3, what porticexcess does the organization agree to carryover to the reasonable estimate of nondeductible	on of th	ne			
f notices were sent and the amount on line 2c exceeds the amount on line 3, what portic	on of the	ne	4 5		

Schedule C (Fr	-orm 990 or 990-EZ) 2018	Page =
Part IV	Supplemental Information (continued)	
Laitty	Supplemental information (community)	<del></del>
		••
<del> =</del>		
		·
		<del> </del>

### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990.

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e or the organization			Employer identification number
P.I	E.O. Sisterhood NY State Chapter			14-6046770
Pa	organizations Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 6	
		(a) Donor advised fu	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that th	e assets held	in donor advised
5	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a	_		
0	only for charitable purposes and not for the bene		-	
	• • • • • • • • • • • • • • • • • • • •			
	conferring impermissible private benefit? irt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
F	Complete if the organization answered	"Ves" on Form 990 Part	IV line 7	
1	Purpose(s) of conservation easements held by the			
				of a historically important land area
	Preservation of land for public use (e.g., rec	reation of education)		of a historically important land area
	<del></del>	لــــا	Preservation	of a certified historic structure
_	Preservation of open space			the form of a consequent
2	Complete lines 2a through 2d if the organization h	eid a qualified conservation	contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year			<del></del>
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement			2b
С	Number of conservation easements on a certified			2c
d	Number of conservation easements included in (d	•		
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tran	isferred, released, extinguis	hed, or termin	ated by the organization during the
	tax year ▶		_	
4	Number of states where property subject to conse			
5	Does the organization have a written policy reg			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, an	id enforcing con	servation easements during the year
	<u> </u>		_	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, a	ind enforcing co	onservation easements during the year
_	<b>S</b>			
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of	_	zation's financi	al statements that describes the
D.	organization's accounting for conservation easeme		uran or Othor	- Cimilar Aparta
Pe	Organizations Maintaining Collections Complete if the organization answered			r Similar Assets.
1a	If the organization elected, as permitted under Si	FAS 116 (ASC 958), not to	report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ootnote to its financial state	ments that des	cribes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to i	report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar	ir assets held for public e		
	public service, provide the following amounts relati			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			<del>-</del> .
	following amounts required to be reported under S			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
h.	Assets included in Form 000 Bort V			•

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	easures	, or Other	Similar Assets (	continu	ed)	
3	Using the organization's acquisition	n, acces	sion, and	other reco	rds, chec	k any o	f the follow	ving that are a sig	nificant	use (	of its
	collection items (check all that apply)										
а	Public exhibition	• •		d [	Loan	or excha	ange progra	ms			
b	Scholarly research			e –	Other		0 , 0				
C	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
•	XIII										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
J	assets to be sold to raise funds rath								Yes		No
0.	rt IV Escrow and Custodial A			allieu as pe	art Or the	organiza	ation's cone	Clion,	163		1140
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
_	990, Part X, line 21										
1 a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not										
	included on Form 990, Part X?								Yes		_ No
b	If "Yes," explain the arrangement i	n Part XII	I and com	plete the fo	llowing tal	ole					
								Amoun	<u>t                                      </u>		_
С	Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					[	1f				
2 a	Did the organization include an am	ount on f	Form 990,	Part X, line	21, for e	escrow o	or custodial	account liability?	Yes		_ No
b	If "Yes," explain the arrangement i	n Part XII	I Check h	ere if the e	xplanation	has bee	en provided	on Part XIII	<del></del>		
Pa	rt V Endowment Funds.	-								-	•
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line 10				
	***	(a) Cui	rrent year	(b) Prid	r year	(c) Two	years back	(d) Three years back	(e) Fou	r years	back
1 a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains,										
·	and losses										
d	Grants or scholarships										
_											
е	Other expenditures for facilities								1		
	and programs										
f	Administrative expenses					<del></del>			<del> </del>		
9	End of year balance			L		l		<u> </u>	<u> </u>		
2	Provide the estimated percentage				e (line 1g,	column	(a)) held as	<b>;</b>			
a	•			_%							
b	Permanent endowment >	%	0/								
С	Temporarily restricted endowment		%	4000/							
	The percentages on lines 2a, 2b, a										
За	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are neig	and admi	histered for the	í	V	NI.
	organization by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	-					?		3b		
4	Describe in Part XIII the intended in			tion's endo	wment fu	nds				_	
Pa	rt VI Land, Buildings, and Equ Complete if the organize	lipment.	wared "V	es" on Fo	rm 990	Part IV	line 11e	See Form 990 D	art Y lin	10 م	1
	Description of property	ation and		other basis	(b) Cost				d) Book v		*
				tment)		ther)		reciation	,		
1 a	Land										
b	Buildings	[									
С	Leasehold improvements	[									
d	Equipment	1									
е	Other										
	II. Add lines 1a through 1e (Column		equal Forr	n 990, Part	X, columi	n (B), lın	e 10c)	▶		_	

Schedule D (Form 990) 2018

JSA 8E1270 1 000

Part VII	Complete if the organization answered	"Yes" on Form 990	. Part IV.	line 11b. See Form 990	. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mark	tion
				Cost of end-of-year main	Net value
	al derivatives				<del></del> :
	-held equity interests				
(3) Other_ (A)					·
(B)					
(C)			<del>.</del>		
(D)				<del> </del>	
(E)				<del></del> · · · · · · · · · · · · · · · · · ·	
(F)					
(G) (H)				<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 12 )				
	1				
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	Part IV.	line 11c See Form 990	. Part X. line 13
	(a) Description of investment	(b) Book value		(c) Method of valua	
	(a) Description of investment	(b) Book value		Cost or end-of-year mark	ket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) must sound Form 000 Part V and (D) into 12 )			<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets.  Complete if the organization answered	"Ves" on Form 990	Part IV	line 11d See Form 990	Dart Y line 15
-			, raitiv,	ille I lu See i Oilli 550	
	(a) Des	scription			(b) Book value
(1)					
(2)	***				
(3)				•	
(4)					
(5)			<del></del>	*	
(6)			<del></del>		
(7)					
(8)					
(9) T-1-1-(C-1	was (b) must sound form 000. Bort V and (B) li	uno 15 \			
	umn (b) must equal Form 990, Part X, col (B) li	ne 15)	<u></u>	<u>,,,,,,,,,,,,</u>	J
Part X	Other Liabilities. Complete if the organization answered	l "Ves" on Form 990	Part IV	line 11e or 11f See For	m 990 Part Y
	line 25	1 162 011 500	, raitiv,	ille He of Th See For	111 990, Fait A,
		(b) Dealinetic			
1. (1) Fodo	(a) Description of liability	(b) Book valu	=		
	ral income taxes				
(2)					
(3)					
(4) (5) (6)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 25)				
2 Liability for	or uncertain tax positions. In Part XIII, provide the t	text of the footnote to the	e organizatio	on's financial statements that re	eports 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

Page	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	297,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<del></del>
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	297,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	]	
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	297,620
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	<u> </u>
1	Total expenses and losses per audited financial statements	1	294,902
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	1 1	
d	Other (Describe in Part XIII )	4	
е	Add lines 2a through 2d	2e	221 222
3	Subtract line 2e from line 1	3	294,902
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 4a	1	
b	Other (Describe in Part XIII )	1	
_	Add lines 4a and 4b	4c	294,902
5 Part	XIII Supplemental Information.	1 3 1	234,302
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
**			
-			
_			

Schedule D (F	orm 990) 2018	Page 3
Part XIII	Supplemental Information (continued)	
		•
		<del></del>
		<del></del>
		•

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 14-6046770

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P.E.O. Sisterhood NY State Chapter

Part | General Information on Grants and Assistance

× 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . .

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	33,396	0	-		Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	12,143	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	14,848	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	20,802	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	18,757	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	12,397	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	53,584	0			Schol/Grants
(8)							
(6)						:	
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	rganizations list	ted in the line 1 tab	<u>e</u>		•	7
	•	,					

3 Enter total number of other organizations listed in the line 1 table....

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

Schedule I (Form 990) (2018)

Part I, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

9

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood NY State Chapter	14-6046770
Part VI, Lines 6-7b: The organization's members consist of the	he active, dues-paying
members of P.E.O. chapters within the state. Delegates from e	each chapter attend
annual state conventions where new officers are elected by the	he voting members present.
In addition, certain proposed amendments to the bylaws are proposed amendments to the bylaws are proposed amendments.	resented and voted upon.
Part VI, Line 11b: copies of the final Form 990 were provided	d to each member of the
executive board of New York State Chapter prior to filing I	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 signatur	re pages are distributed
each year to all executive board members and to any committee	e members having influence
over financial transactions. Signature pages are collected by	by the state president and
monitored for completion. Any conflicts of interest that are	ise are to be reported
immediately to the affected committee/board, and the remaining	ng 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 iter	ms are not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements we	ere audited by an
independent accountant on a cash basis.	<del></del> .