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

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

Inspection

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

| A                     | For th          | e 2018        | calendar year, or tax year beginning                   | April l                             | , 2018, a    | nd ending    | Má          | arch 31              |                  | , 20          |             |                 |
|-----------------------|-----------------|---------------|--|-------------------------------------|--------------|--------------|-------------|----------------------|------------------|---------------|-------------|-----------------|
| ~_                    |                 |               | C Name of organization                                 |                                     |              |              |             | D Employer ider      | ıtıficatı        | on numbe      | r           |                 |
|                       | Check if a      | ppicable      | P.E.O. Sisterhood IN                                   | State Chapter                       |              |              |             |                      |                  |               |             |                 |
| 2<br>2<br>4           | Addre           |               | Doing business as                                      |                                     |              |              |             | 35-6                 | 0744             | 124           |             |                 |
| 7                     |                 | e change      | Number and street (or P O box if mail is               | not delivered to street address)    | F            | Room/suite   |             | E Telephone nur      | nber             |               |             |                 |
| و ا                   |                 | l return      | 3700 Grand Ave   |                                     |              |              |             | 515                  | 255              | 3153          |             |                 |
| <b>)</b>              | <b>—</b> i      | return/       | City or town, state or province, country,              |                                     |              |              |             |                      |                  |               |             |                 |
| ? /├                  | Lermi<br>Amer   | nated<br>nded | Des Moines, IA 50312                                   |                                     |              |              |             | G Gross receipts     | s                |               | 490.        | 948             |
| <b>/</b>  -           | returi<br>Appli | n<br>cation   | F Name and address of principal officer                | -2099                               |              |              | $\dashv$    | H(a) Is this a grou  |                  |               |             | X No            |
| -ا ب                  | pend            |               | , ,  | C -b                                |              |              |             | subordinates*        | ż                |               | Yes Z       | No              |
| i _                   |                 |               | Joan Pattison - same                                   |                                     |              |              | H           | H(b) Are all subords |                  | t (see instru | <u> </u>    |                 |
| <u> </u>              |                 | empt sta      |  |                                     | 947(a)(1) or | 1 127        | $\sqcup$    | •                    |                  | •             |             |                 |
| <u>J</u>              | Websi           | ite 🕨         |  |                                     |              | \\_\_\       |             | H(c) Group exemp     |                  |               |             |                 |
| K                     |                 | of organ      | ization Corporation Trust X                            | Association Other                   |              | L Year of    | formati     | on 1963 <b>M</b> s   | State of         | f legal dom   | icile I     | <u>A</u>        |
|                       | art I           |               | mmary  |                                     |              | _            |             |                      |                  | ·····         |             |                 |
|                       | 1               | Briefly       | describe the organization's mission of                 | or most significant activities V    | Vomen's      | s membe      | rshi        | p organi:            | <u>zati</u>      | .on           |             |                 |
| ٩                     | :               | supp          | oorting six philanthro                                 | pic projects for                    | women.       | . Thes       | e ar        | e scholar            | rshi             | p, gr         | ant,        |                 |
| 2                     |                 | loar          | and award programs and                                 | nd a women's coll                   | ege o        | wned by      | the         | organiza             | atic             | n.            |             |                 |
| 2                     | 2               | Check         | this box If the organization of                        | discontinued its operations of      | r disposed   | of more tha  | n 25%       | of its net assets    | ;                |               | •           |                 |
| ACOVINGS & Governance | 3               | Numb          | er of voting members of the governing                  | body (Part VI, line 1a)             |              |              |             |                      | 3                |               |             | 5               |
| 9                     | 4               |               | er of independent voting members of                    | • •                                 |              |              |             |                      | 4                |               |             | 5               |
| ي<br>م                | 5               |               | number of individuals employed in cal-                 | • • • •                             |              |              |             |                      | 5                |               |             | 1               |
| 2                     | 6               |               | number of volunteers (estimate if neces                |                                     |              |              |             |                      | 6                |               |             | 100             |
| 2                     | 72              |               | unrelated business revenue from Part \                 |                                     |              |              |             |                      | 7a               |               |             |                 |
| 8                     | 1 .             |               | nrelated business taxable income from                  | • • •                               |              |              |             |                      | 7b               |               |             |                 |
|                       |                 | Net ui        | metated business taxable income nom                    | Form 990-1, line 30                 |              |              | <del></del> | Prior Year           | <del>, , ,</del> | Curre         | nt Yea      | <del>; ``</del> |
| $\frac{1}{2}$         |                 | 0 1 -         | but and and areats (Dort VIII ton 4b)                  |                                     |              |              |             | 427,0                | 32               |               |             |                 |
| လ္ဆ                   | 8               |               | butions and grants (Part VIII, line 1h)                |                                     |              |              |             | 421,0                | 32  -            |               | 486;.       | 540             |
| ~ a                   | 9               |               | am service revenue (Part VIII, line 2g)                |                                     |              | 4 1          | <del></del> |                      |                  | 100           |             |                 |
| وَ لِيَا              | 10              |               | ment income (Part VIII, column (A), lin                |                                     |              |              |             | 4,1                  | 39               |               | 4,          | 102             |
| Ī                     | 11              |               | revenue (Part VIII, column (A), lines 5                |                                     |              |              |             |                      |                  |               |             |                 |
| SCANNED SEP           | 12              |               | evenue - add lines 8 through 11 (mus                   |                                     |              | <del></del>  |             | 431,1                | -                |               | 190,9       |                 |
| ζ.                    | 13              | Grants        | s and similar amounts paid (Part IX, col               | umn (A), lines 1-BXECE!.            | V.E.D        |              |             | 225,2                | 16               |               | 286,0       | <u> 065</u>     |
| $\breve{\infty}$      | 14              | Benef         | its paid to or for members (Part IX, colu              | ımn (A), ine 4)                     |              |              |             |                      |                  |               |             |                 |
| V.                    | 15              | Saları        | es, other compensation, employee ben                   |                                     | 6,3          | 64           |             | 4,2                  | <u> 269</u>      |               |             |                 |
| Expenses              | 16 a            | Profes        | sional fundraising fees (Part IX, column               | n (A), line (C)                     |              | RS-OSC       |             |                      |                  |               |             |                 |
| X                     | b               | Total f       | undraising expenses (Part IX, column (                 | D), line 25) 3341                   |              | 压            |             |                      |                  |               |             |                 |
| ш                     | 17              | Other         | expenses (Part IX, column (A), lines 11                | a-11d, 11f-24e,OGDEN                | 1, U I       |              |             | 154,9                | 16               | 171,828       |             |                 |
|                       |                 |               | expenses Add lines 13-17 (must equa                    |                                     |              | 386,4        | 96          | 4                    | 162,             | 162           |             |                 |
|                       |                 |               | ue less expenses Subtract line 18 from                 |                                     |              |              |             | 44,6                 | 75               | •             | 28,         | 786             |
| 5                     | 3               |               |  |                                     |              |              | Begin       | ning of Current Y    | ear              | End o         | f Year      |                 |
| sets or               | 20              | Total a       | assets (Part X, line 16)                               |                                     |              |              |             | 385,8                | 66               |               | 114,6       | 652             |
| ٥ پر                  | 3 24            |               | iabilities (Part X, line 26)                           |                                     |              |              |             | <del></del>          |                  | -             |             |                 |
| Set.                  | 22              |               | sets or fund balances Subtract line 2                  |                                     |              |              |             | 385,8                | 66               |               | 114,6       | 652             |
| P                     | art II          |               | Inature Block  |                                     | <del></del>  |              |             |                      |                  |               |             |                 |
| Ur                    | der per         | nalties o     | f periury. I declare that I have examined th           | is return, including accompanyi     | na schedule  | s and statem | ents, a     | nd to the best of    | my kn            | owiedge a     | nd belie    | ef. it is       |
| tru                   | e, corre        | ct, and       | complete Declaration of preparer (other than           | n officer) is based on all informat | ion of which | preparer has | any kn      | owledge              |                  |               |             |                 |
|                       |                 |               | Prathe A Sugar   |                                     |              |              |             | 81                   | 1/14             | 3             |             |                 |
| Sig                   | gn              |               | Signature of officer                                   |                                     |              |              |             | Date                 |                  | <i></i>       |             |                 |
| He                    | _               |               | Voth. A Compa Direct                                   | or of Pinanco                       |              |              |             |                      |                  |               |             |                 |
|                       |                 |               | Kathy A. Soppe, Direct<br>Type or print name and title | or of Finance                       |              |              |             |                      |                  |               |             |                 |
|                       |                 | <del> </del>  | Type preparer's name                                   | Preparer's signature                |              | Date         | <u> </u>    |                      | , PT             | IN .          |             | —               |
| Pai                   | d               |               | . 7E - F. Sparor o Hamo                                |                                     |              |              |             | Check                | "                |               |             |                 |
|                       | parer           | <u> </u>      |  | <u> </u>                            |              | <u></u>      | 1           | self-employe         | <u> </u>         |               |             |                 |
|                       | e Only          | Firm's        | name >   |                                     |              | <del></del>  |             | Firm's EIN           |                  |               |             |                 |
| _                     |                 |               | address >  |                                     |              | _            |             | Phone no             |                  |               | <del></del> | <del></del>     |
| Ma                    | y the           | IRS di        | scuss this return with the prepare                     | r snown above? (see instr           | uctions) .   |              | · · · ·     | , .                  | <u></u>          | Yes           |             | No              |
| Fo                    | Paper           | rwork l       | Reduction Act Notice, see the separa                   | te instructions.                    |              |              |             |                      |                  | Form          | 990 (       | 2018)           |

Form **990** (2018)

| For        | m 990 (2018) Page  |
|------------|--|
| P          | Statement of Program Service Accomplishments   |
| _          | Check if Schedule O contains a response or note to any line in this Part III   |
| 1          | Briefly describe the organization's mission  |
|            | P.E.O. is a philanthropic organization where women celebrate the advancement of  |
|            | women; educate women through scholarships, grants, awards, loans and stewardship of  |
|            | Cottey College; and motivate each other to achieve their highest aspirations.  |
| _          |  |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
| •          | ·  |
| 3          | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4          | Describe the organization's program service accomplishments for each of its three largest program services, as measured by   |
|            | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported |
| 4a         | (Code ) (Expenses \$ 415,833 including grants of \$ 286,065 ) (Revenue \$ )  |
|            | Program services are accomplished by collecting and forwarding contributions to  |
|            | various P.E.O. projects and scholarships on both the state and national levels; no   |
|            | specific statistics are available.   |
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| 4b         | (Code) (Expenses \$) (Revenue \$)  |
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|            | <del></del>  |
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| 4c         | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
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| 4d         | Other program services (Describe in Schedule O )   |
|            | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
|            | Total program service expenses ► 415,833   |
| JSA<br>8E1 | 020 1 000 Form <b>990</b> (2010  |



| Par  | t IV Checklist of Required Schedules   |     |     |          |
|------|--|-----|-----|----------|
|      |  |     | Yes | No       |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |     |     |          |
|      | complete Schedule A  | 1   |     | Χ        |
| 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   | Х   |          |
| 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   |     | Х        |
| 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   |     | Х        |
| 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,"   |     |     |          |
|      | complete Schedule D, Part VI   | 11a |     | Х        |
| t    | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more   |     |     |          |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | Х        |
| c    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more  |     |     |          |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | Х        |
| c    | 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        |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | Х        |
| f    | 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 | X.  |          |
| t    | 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  |     | <u>X</u> |
|      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | _X       |
| t    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |     |     |          |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate  | l   |     |          |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | Х        |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |     | i   |          |
|      | 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   |     |     |          |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | Х        |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |     |     | .,       |
| 4.5  | 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  |     | _X       |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 40  |     | v        |
|      | If "Yes," complete Schedule G, Part III  | 19  |     | X        |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | X        |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b |     |          |
| 21   | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | x   |          |
|      | - Gorneson Government Official Action Column (A), IIIIC 17 II 165. Combinete Scribbille I, Falts Land II   | . 4 |     |          |

| 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   |           | ľ   |     |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22        |     | X   |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   |           |     |     |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated   |           |     | ••  |
|      | employees? If "Yes," complete Schedule J  | 23        |     | _X  |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |           |     |     |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a   | 24a       |     | v   |
| L    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |     | _X  |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   | 240       | -   |     |
| C    | 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?   |           |     |     |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |           |     |     |
| 200  |   | 25a       |     | Х   |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  |           |     |     |
| ~    | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |           |     |     |
|      | If "Yes," complete Schedule L, Part 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        |     | X   |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,  |           |     |     |
|      | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |           |     |     |
|      | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27        |     | _X  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,   | ŀ         |     |     |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |           |     |     |
|      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a       |     | X   |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  | l         |     |     |
|      | Schedule L, Part IV   | 28b       |     | _X  |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)   | 202       |     | v   |
|      | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c<br>29 | _   | X   |
| 29   | Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule $M$ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 25        |     | X   |
| 30   | 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        |     | X   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   |           | -   |     |
| -    | complete Schedule N. Part II  | 32        |     | 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        |     | X   |
| 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  | 38        | ,   |     |
| Dowl | 19? Note. All Form 990 filers are required to complete Schedule O   | _36       | X   |     |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  |           |     |     |
|      | Officer if Sofficialis a response of note to any fille in this Fart V   | <u></u>   | Yes | No  |
| 1 2  | 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  |           |     |     |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and  |           |     |     |
| J    | reportable gaming (gambling) winnings to prize winners?   | 1c        | Х   |     |
|      |   |           |     |     |

| 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 1   |   |     |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Χ   |  |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |   |     |  |
| 3 a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |  |
|          | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |   |     |  |
| 74       | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.  | 4a  |     | Х  |
| h        | If "Yes," enter the name of the foreign country  |   |     |  |
| b        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |   |     |  |
| <i>-</i> | 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  |   |     |  |
| ьа       | solicit any contributions that were not tax deductible as charitable contributions?  | 6a  | Х   |  |
|          |  | <u> </u>  |     |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | 6b  | Х   |  |
| _        | gifts were not tax deductible?   | - 0.5   |     |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |   |     |  |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | 7a  |     |  |
|          | and services provided to the payor?  | 7b  |     |  |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <del>'                                   </del> |     |  |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 7c  |     |  |
|          | required to file Form 8282?  |   |     |  |
|          | If "Yes," indicate the number of Forms 8282 filed during the year  | 7e  |     |  |
| _        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7f.   |     |  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7g  |     |  |
| _        | · · · · · · · · · · · · · · · · · · ·  | 7 <u>9</u><br>7h                                |     |  |
| _        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  | <del></del>                                     |     | <del>                                     </del> |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 8   |     | 1  |
| _        | sponsoring organization have excess business holdings at any time during the year?   |   |     |  |
| 9        | Sponsoring organizations maintaining donor advised funds.  | 9a  |     |  |
|          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9b  |     |  |
|          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 35  |     | -  |
| 10       | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12  |   |     |  |
|          | Third to the depth of the depth |   |     |  |
|          | Cross receipts, included on Form 330, Fart VIII, line 12, 101 public dae of clab lacinities  |   |     |  |
|          | Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   |   |     |  |
|          | Gross modification members of shareholders in the first transfer and the first transfer and tran | 1   |     |  |
| D        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |   |     |  |
| 40-      | against amounts due or received from them )  | 12a   |     |  |
|          |  |   |     |  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |   |     |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?   | 13a   |     |  |
| а        | Note. See the instructions for additional information the organization must report on Schedule O   |   |     | -  |
|          | Enter the amount of reserves the organization is required to maintain by the states in which   |   |     |  |
| D        | the organization is licensed to issue qualified health plans   | 1   |     |  |
| _        |  |   |     |  |
|          | Enter the amount of reserves on hand   | 14a   |     | Х  |
|          |  | 14b   |     | <b>-</b> ^^                                      |
|          | 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  |   |     |  |
| 15       | excess parachute payment(s) during the year?   | 15  |     | X  |
|          | If "Yes," see instructions and file Form 4720, Schedule N  | - <del>.</del> -                                |     | <u> </u>   |
| 4.0      |  | 16  |     | x  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O   | - <u></u>                                       |     | <del></del>                                      |
|          | II 169, complete i dini 4720, ochedule O   | <u> </u>  | 000 |  |

| Pari     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C   | See ır  | struc        | tions                                 |  |  |  |  |  |
|----------|--|---------|--------------|---------------------------------------|--|--|--|--|--|
|          | Check if Schedule O contains a response or note to any line in this Part VI  | · · · · | · · ·        |                                       |  |  |  |  |  |
| Sect     | ion A. Governing Body and Management   |         | T            | T                                     |  |  |  |  |  |
| 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                         | 5       | Yes          | No                                    |  |  |  |  |  |
| h        | committee, explain in Schedule O   | 5       |              |                                       |  |  |  |  |  |
|          | Effet the number of voting members included in line 18, above, who are independent   | _       |              |                                       |  |  |  |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2       |              | X                                     |  |  |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  | :       | 1            |                                       |  |  |  |  |  |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3_      | <u> </u>     | X                                     |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |              | X                                     |  |  |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |              | X                                     |  |  |  |  |  |
| 6        | Did the organization have members or stockholders?   | 6       | Х            |                                       |  |  |  |  |  |
| 7a       |  |         |              |                                       |  |  |  |  |  |
|          | one or more members of the governing body?   | 7a      | Х            |                                       |  |  |  |  |  |
| h        | Are any governance decisions of the organization reserved to (or subject to approval by) members   |         |              | ľ                                     |  |  |  |  |  |
|          | stockholders, or persons other than the governing body?  | 7b      | Х            |                                       |  |  |  |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |         |              |                                       |  |  |  |  |  |
| J        | the year by the following  |         | ,,           |                                       |  |  |  |  |  |
| а        | The governing body?  | 8a      | X            | <del> </del>                          |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b      | X            | <del> </del>                          |  |  |  |  |  |
| 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       |              | Х                                     |  |  |  |  |  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Revenue  | e Code  | <del>)</del> |                                       |  |  |  |  |  |
| -        |  |         | Yes          | No                                    |  |  |  |  |  |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a     | Х            |                                       |  |  |  |  |  |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters  |         |              |                                       |  |  |  |  |  |
| D        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10ь     | Х            |                                       |  |  |  |  |  |
| 110      |  | 11a     | Х            |                                       |  |  |  |  |  |
| 11a      | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |         |              |                                       |  |  |  |  |  |
| b        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | Х            |                                       |  |  |  |  |  |
| 12a      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give   | -       |              |                                       |  |  |  |  |  |
| D        |  | 12b     | Х            |                                       |  |  |  |  |  |
|          | rise to conflicts?   |         |              |                                       |  |  |  |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,   | 12c     | Х            |                                       |  |  |  |  |  |
|          | describe in Schedule O how this was done   | 13      | 111          | X                                     |  |  |  |  |  |
| 13       | Did the organization have a written whistleblower policy?  | 14      | х            | <del>  -:`-</del>                     |  |  |  |  |  |
| 14       | Did the organization have a written document retention and destruction policy?   |         |              | <del> </del>                          |  |  |  |  |  |
| 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?  | 15a     |              | x                                     |  |  |  |  |  |
| <b>a</b> | The organization's CEO, Executive Director, or top management official   | 15a     |              | $\frac{\Lambda}{X}$                   |  |  |  |  |  |
| b        | Other officers or key employees of the organization  | 130     |              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |  |  |  |
| 16a      | 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                                     |  |  |  |  |  |
| Ь        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b     |              |                                       |  |  |  |  |  |
| Secti    | on C. Disclosure   |         |              |                                       |  |  |  |  |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶ Indiana   |         |              |                                       |  |  |  |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  | -T (Sed | tion 5       | 501(c)                                |  |  |  |  |  |
|          | 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 infinancial statements available to the public during the tax year  | nterest | policy       | y, and                                |  |  |  |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and reco Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153  | rds ►   |              |                                       |  |  |  |  |  |
|          |  |         |              |                                       |  |  |  |  |  |

|      | ~ |
|------|---|
| Dage | • |
|      |   |

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| Part VII | Compensation   | of   | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and               |  |  |  |  |  |
|----------|----------------|------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-------------------|--|--|--|--|--|
|          | Independent Co | ontr | actors    |            |           |     |            |         |             |            | nployees, and<br> |  |  |  |  |  |

| •   |                             |
|---|-----------------------------|
| 01 1 60 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1               | or long on Abric Don't VIII |
| Check it Schedule O contains a response or note to an | ıy line in this Part VII    |
|   |                             |

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

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

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

| X Check this box if neither the organization no | r any related  | orga   | nıza                  | tion    | co           | mpen                         | sate   | ed any current offic                  | er, director, or trus                                      | stee  |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------|--|---|
| (A) Name and Title                              |  | (C) Position (do not check more than one box, unless person is both an |                       |         |              |                              |        | (D) Reportable compensation from the  | (E)  Reportable  compensation from  related  organizations | (F) Estimated amount of other compensation      |
|   | hours for<br>related<br>organizations<br>below dotted<br>line) |  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization<br>(W-2/1099-MISC)       | (W-2/1099-MISC)  | from the organization and related organizations |
| (1) Joan Pattison                               | 36   |  |                       |         |              |                              |        |                                       |  |   |
| President                                       |  | x  |                       | Х       |              |                              |        | 0                                     | 0  | 0   |
| (2) Karen Fritz                                 | 20   |  |                       |         |              |                              |        |                                       |  |   |
| Vice President                                  |  | x  |                       | Х       |              |                              |        | 0                                     | 0  | 0   |
| (3) Martha Ramsey                               | 15   |  |                       |         |              | ,                            |        |                                       |  |   |
| Organizer                                       |  | x  |                       | Х       |              | , '                          |        | 0                                     | 0.   | 0   |
| (4) Julia Moll                                  | 20   |  |                       |         |              |                              |        |                                       |  |   |
| Treasurer                                       |  | X  |                       | Х       |              |                              |        | 0                                     | 0  | 0   |
| (5) Carol Flora                                 | 20   |  |                       |         |              |                              |        |                                       |  | -   |
| Secretary                                       |  | Х  |                       | Х       |              |                              |        | 0                                     | 0  | 0   |
| (6)   |  |  |                       |         |              |                              |        |                                       |  |   |
| (7)   |  |  |                       |         |              |                              |        |                                       |  |   |
| (8)   |  |  |                       |         |              |                              |        | <u>-</u>                              |  |   |
| (9)   |  |  |                       |         |              |                              |        |                                       |  |   |
| (10)  |  |  |                       |         |              |                              |        |                                       |  |   |
| (11)  |  |  |                       |         |              |                              |        |                                       |  |   |
| (12)  |  |  |                       |         |              |                              |        |                                       |  | <u> </u>  |
| (13)  |  |  |                       |         |              |                              |        | · · · · · · · · · · · · · · · · · · · |  |   |
| (14)  |  |  |                       |         |              |                              |        | · · · · · · · · · · · · · · · · · · · |  |   |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|---|---|--------------------------------|---------------|----------------|--------------|------------------------------|-------------------------|-----------------------|-------------|--------|------------------|---------------------|----------|
|   | (C)   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (A)   | (do r   | not ci                         |               | sition<br>more | e than o     | ne                           | (D)                     | (E)                   | ,blo        |        | (F)<br>mated     |                     |          |
| Name and title  |   |                                |               |                | is both a    |                              | Reportable compensation | Reporta<br>compensati |             |        | ount of          |                     |          |
|   |   | 1                              |               |                |              |                              | from<br>the             | relate<br>organiza    | -           |        | ther<br>ensation |                     |          |
|   | hours for related                                       | Individual or director         | stitu         | Officer        | y en         | ghes                         | Former                  | organization          | (W-2/1099   |        | fro              | m the               |          |
|   | organizations<br>below dotted                           | ctor t                         | Institutional | '              | Key employee | e d co                       | _                       | (W-2/1099-MISC)       |             |        | -                | nization<br>related |          |
|   | line)   | Individual trustee or director | l trust       |                | ě            | nper                         |                         |                       |             | 1      | orgai            | nizations           |          |
|   |   | Ö                              | itee          |                |              | Highest compensated employee |                         |                       |             |        |                  |                     |          |
| (45)  |   |                                |               |                |              | ä                            |                         |                       |             |        |                  |                     |          |
| (15)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (16)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|   |   | 1                              |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (17)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     | -        |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (18)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|   | ļ <u>-</u>  |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (19)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (20)  |   |                                |               |                |              |                              |                         | <del> </del>          |             |        |                  |                     |          |
| (20)  |   | 1                              | ļ             |                | ļ            |                              |                         |                       |             |        |                  |                     |          |
| (21)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (22)  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (23)  |   | -                              |               |                |              |                              |                         |                       |             |        |                  |                     | _        |
| (24)  |   |                                | <u> </u>      |                | <del> </del> |                              |                         |                       |             |        | -                |                     | —        |
| (24)  |   | ł                              |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (25)  |   |                                |               |                |              |                              |                         |                       |             |        | _                |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| 1b Sub-total  |   |                                |               |                |              |                              | <b>•</b>                |                       |             |        | <del></del>      | _                   |          |
| c Total from continuation sheets to Part VII,   | Section A .   |                                |               |                |              |                              | <b>&gt;</b>             |                       |             |        |                  |                     |          |
| d Total (add lines 1b and 1c)   |   |                                |               |                |              |                              | <u> </u>                |                       | 0400        |        |                  |                     |          |
| 2 Total number of individuals (including but no<br>reportable compensation from the organization                |   | o tho                          |               | _              | d at         | oove) v                      | wn                      | o received more t     | nan \$100,0 | 000 01 | -                |                     |          |
| Teportable compensation from the organization   |   |                                |               | 0              |              |                              |                         |                       |             |        |                  | Yes                 | No.      |
| 3 Did the organization list any former offi   | cer direct  | or o                           | r tr          | ust            | 66           | kev i                        | em                      | nlovee or higher      | st compen   | sated  |                  |                     | 1        |
| employee on line 1a? If "Yes," complete Sched   |   |                                |               |                |              |                              |                         |                       |             |        | 3                |                     | Х        |
| 4 For any individual listed on line 1a, is the  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     | -        |
| organization and related organizations g  | reater thai   | า \$1                          | 50,0          | 000            | 7 /          | f "Ye                        | s, "                    | complete Sched        | ule J for   | such   |                  | _                   |          |
| ındıvıdual  |   |                                |               |                |              |                              |                         |                       |             |        | 4                |                     | <u> </u> |
|   | 5 Did any person listed on line 1a receive or accrue co |                                |               |                |              |                              |                         |                       |             |        | 5                | -                   | '<br>X   |
| for services rendered to the organization? If " Section B. Independent Contractors                              | eie Si  | nec                            | luie          | JIC            | i Suci       | ıρε                          | 915011                  | <u> </u>              |             | 1.5    | 1                | Δ                   |          |
| Complete this table for your five highest cor   | npensated   | ındep                          | end           | ent            | COI          | ntracto                      | ors                     | that received mor     | e than \$10 | 0.000  | of               |                     |          |
| compensation from the organization Report   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| year  |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| (A) (B)   |   |                                |               |                |              |                              |                         |                       | (C)         | -4     |                  |                     |          |
| Name and business add   | uress   |                                |               |                |              |                              | -                       | Description of se     | rivices     |        | ompens           | ation               |          |
| None  |   |                                |               |                |              |                              | +                       |                       | <u></u>     |        |                  |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        | -                |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
|   |   |                                |               |                |              |                              |                         |                       |             |        |                  |                     |          |
| 2 Total number of independent contractors   |   |                                |               |                |              | ited t                       | 0                       | those listed abo      | ve) who     |        |                  |                     | Ī        |
| received more than \$100,000 of compensati  | on from the   | orga                           | nıza          | ation          | 1            |                              |                         | 0                     |             |        |                  |                     | ļ        |

| Pai                             | t VIII                      | <del>-</del>  |          |                   |  |   |   |
|---------------------------------|-----------------------------|---|----------|-------------------|--|---|---|
|                                 |                             | Check if Schedule O contains a response or note   | e to any | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from ta under sections 512-514 |
| venue and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f | Fundraising events  |          | 486,846           |  |   |   |
| Program Service Revenue         | b<br>c<br>d<br>e<br>f<br>g  | All other program service revenue   | . •      |                   |  |   |   |
|                                 | 3<br>4<br>5                 |   | rest, .  | 4,102             |  |   | 4,102   |
|                                 | 6a<br>b<br>c<br>d<br>7a     | Gross rents   |          |                   |  |   | ,   |
|                                 | b<br>c<br>d                 | assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)                          | . •      |                   |  | ,                                       |   |
| Other Revenue                   |                             | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 |          |                   |  |   |   |
| ŏ                               | С                           | Net income or (loss) from fundraising events  Gross income from gaming activities  See Part IV, line 19           | . ▶      |                   |  |   |   |
|                                 | b<br>c                      | Less direct expenses  | . ▶      |                   | ·                                      |   |   |
|                                 | b                           | Gross sales of inventory, less returns and allowances   |          |                   |  |   | ,   |
|                                 | 11a<br>b<br>c               |   |          |                   |  |   |   |
|                                 | d<br>e                      | Total Add lines 11a-11d   | . •      | 190 918           |  |   | 4 102   |

## Part IX Statement of Functional Expenses

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

|    | Check if Schedule O contains a response   | onse or note to any line              | e in this Part IX                  | <u> </u>                                  | <u> </u>                       |
|----|---|---------------------------------------|------------------------------------|---|--------------------------------|
|    | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.  | (A)<br>Total expenses                 | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations   |                                       | ·                                  |   | ¥ -                            |
|    | and domestic governments See Part IV, line 21   | 286,065                               | 286,065                            |   | <u> </u>                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22  |                                       |                                    | -   | 1-4                            |
| 3  | Grants and other assistance to foreign  |                                       | · <del>-</del>                     |   | •                              |
|    | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                                       |                                    |   | m •                            |
| 4  | Benefits paid to or for members   |                                       |                                    |   | -                              |
|    | Compensation of current officers, directors,  |                                       |                                    |   |                                |
|    | trustees, and key employees   |                                       |                                    |   |                                |
| 6  | Compensation not included above, to disqualified  |                                       |                                    |   | <del></del>                    |
|    | persons (as defined under section 4958(f)(1)) and   |                                       |                                    |   |                                |
|    | persons described in section 4958(c)(3)(B)  |                                       |                                    |   |                                |
| 7  | Other salaries and wages  | 4,020                                 | 1,340                              | 2,680                                     |                                |
| 8  | Pension plan accruals and contributions (include  |                                       |                                    |   |                                |
|    | section 401(k) and 403(b) employer contributions)   |                                       |                                    |   |                                |
| 9  | Other employee benefits   |                                       |                                    |   |                                |
| 10 | Payroll taxes   | 249                                   | 83                                 | 166                                       |                                |
| 11 | Fees for services (non-employees)   |                                       |                                    |   |                                |
| а  | Management  |                                       |                                    |   |                                |
| b  | Legal   | 5 070                                 |                                    | r 070                                     |                                |
|    | Accounting  | 5,279                                 |                                    | 5,279                                     |                                |
|    | Lobbying  | · ·                                   |                                    |   |                                |
|    | Professional fundraising services See Part IV, line 17.   | 692                                   |                                    | 692                                       |                                |
|    | Investment management fees  | 092                                   |                                    | 092                                       |                                |
| g  | Other (If line 11g amount exceeds 10% of line 25, column  |                                       |                                    |   |                                |
| 12 | (A) amount, list line 11g expenses on Schedule O)   |                                       |                                    |   |                                |
|    | Office expenses   |                                       |                                    |   |                                |
|    | Information technology  | 3,285                                 |                                    | - ;;;;                                    | 3,285                          |
|    | Royalties   | · · · · · · · · · · · · · · · · · · · |                                    |   | <del></del>                    |
|    | Occupancy   |                                       |                                    |   |                                |
|    | Travel  | 39,155                                | 13,052                             | 26,103                                    |                                |
|    | Payments of travel or entertainment expenses  |                                       |                                    |   |                                |
|    | for any federal, state, or local public officials   |                                       |                                    |   |                                |
| 19 | Conferences, conventions, and meetings  | 10,443                                | 3,462                              | 6,925                                     | 56                             |
| 20 | Interest  |                                       |                                    |   |                                |
| 21 | Payments to affiliates  | 111,486                               | 111,486                            |   |                                |
| 22 |   |                                       |                                    |   |                                |
|    | Insurance   | 452                                   |                                    | 452                                       |                                |
| 24 | Other expenses Itemize expenses not covered   |                                       |                                    |   |                                |
|    | above (List miscellaneous expenses in line 24e If   |                                       |                                    |   |                                |
|    | Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)   | 4                                     |                                    |   |                                |
|    | · · · · · · · · · · · · · · · · · · ·   | 1,036                                 | 345                                | 691                                       |                                |
|    | Operating Expense   | 1,030                                 | 343                                | 091                                       |                                |
|    |   |                                       |                                    |   |                                |
| d  |   |                                       |                                    |   | ····                           |
|    | All other expenses  |                                       |                                    |   |                                |
|    | Total functional expenses. Add lines 1 through 24e  | 462,162                               | 415,833                            | 42,988                                    | 3,341                          |
|    | 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 | 702,102                               | 713,033                            | 12,500                                    | 3,341                          |
|    | following SOP 98-2 (ASC 958-720)  | <u> </u>                              |                                    | <u> </u>                                  |                                |

### Part X Balance Sheet

|                  |      | Check if Schedule O contains a response or note to any line in this Pa   | art X                    |        |                    |
|------------------|------|--|--------------------------|--------|--------------------|
|                  |      |  | (A)<br>Beginning of year |        | (B)<br>End of year |
|                  | 1    | Cash - non-interest-bearing  | 254,907                  | 1      | 239,914            |
|                  | 2    | Savings and temporary cash investments   | 1,328                    | 2      | 860                |
|                  | 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 Loans and other receivables from other disqualified persons (as defined under section   |                          | 5_     | -                  |
| s                | 6    | 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 | ne v t de retere         | <br>6_ | - <u>-</u> .       |
| 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   | 129,631                  |        | 173,878            |
|                  | 12   | Investments - other securities See Part IV, line 11  |                          | 12     | <del></del> .      |
|                  | 13   | Investments - program-related See Part IV, line 11   |                          | 13     |                    |
|                  | 14   | Intangible assets  |                          | 14     |                    |
|                  | 15   | Other assets See Part IV, line 11  | <u></u>                  | 15     |                    |
|                  | 16   | Total assets. Add lines 1 through 15 (must equal line 34)  | 385,866                  |        | 414,652            |
|                  | 17   | Accounts payable and accrued expenses  |                          | 17     |                    |
| -                | 18   | Grants payable   |                          | 18     |                    |
| ,                | 19   | Deferred revenue   | <del></del>              | 19     |                    |
|                  | 20   | Tax-exempt bond liabilities  |                          | 20     |                    |
|                  | 21   | Escrow or custodial account liability Complete Part IV of Schedule D   |                          | 21     |                    |
| es.              | 22   | Loans and other payables to current and former officers, directors,  | 1                        |        | -                  |
| Liabilities      |      | trustees, key employees, highest compensated employees, and  | <b></b>                  | -      |                    |
| iab              |      | disqualified persons Complete Part II of Schedule L  |                          | 22     |                    |
| _                | 23   | Secured mortgages and notes payable to unrelated third parties   |                          | 23     |                    |
|                  | 24   | Unsecured notes and loans payable to unrelated third parties   |                          | 24     |                    |
|                  | 25   | Other liabilities (including federal income tax, payables to related third   |                          |        |                    |
|                  |      | parties, and other liabilities not included on lines 17-24) Complete Part X  |                          |        |                    |
|                  |      | of Schedule D  |                          | 25     |                    |
|                  | 26   | Total liabilities. Add lines 17 through 25   |                          | 26     |                    |
| sə               |      | Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.   |                          | • •    |                    |
| ğ                | 27   | Unrestricted net assets  |                          | 27     |                    |
| Ba               | 28   | Temporarily restricted net assets  |                          | _28    |                    |
| pu               | 29   | Permanently restricted net assets  |                          | 29     |                    |
| or Fund Balances |      | Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.  |                          |        |                    |
| ţ                | 30   | Capital stock or trust principal, or current funds   |                          | 30     |                    |
| ssets            | 31   | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31     |                    |
| ⋖                | 32   | Retained earnings, endowment, accumulated income, or other funds [   | 385,866                  | 32     | 414,652            |
| Net              | 33   | Total net assets or fund balances  | 385,866                  | 33     | 414,652            |
|                  | 34   | Total liabilities and net assets/fund balances   | 385,866                  |        | 414,652            |
|                  |      |  |                          |        | Form 990 (2018)    |

| orm 99 | 90 (2018)  |        |         |    | Pa           | ge 1 Z   |
|--------|--|--------|---------|----|--------------|----------|
| 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      |         |    | 490,         | 948      |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2      |         |    | 462,         | 162      |
| 3      | Revenue less expenses Subtract line 2 from line 1  | 3      |         |    | 28,          | 786      |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4      |         |    | 385 <u>,</u> | 866      |
| 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     |         |    | 414,         | 652      |
| Part   | ·  |        |         |    |              |          |
|        | Check if Schedule O contains a response or note to any line in this Part XII   |        | <u></u> |    |              | X        |
|        |  |        | 1       |    | Yes          | No       |
| 1      | Accounting method used to prepare the Form 990 X Cash Accrual Other  |        |         |    |              |          |
|        | If the organization changed its method of accounting from a prior year or checked "Other," e   | xpıaın | ın      |    |              |          |
|        | Schedule O   |        |         |    |              | .,       |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?  |        |         | 2a |              | <u> </u> |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were con   | ipiled | or      |    |              |          |
|        | reviewed on a separate basis, consolidated basis, or both  |        |         |    |              |          |
|        | Separate basis Consolidated basis Both consolidated and separate basis   |        |         | 2b | Х            |          |
| þ      | Were the organization's financial statements audited by an independent accountant?   |        |         | 20 |              |          |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audi  | tea oi | па      |    |              |          |
|        | separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis  |        |         |    |              |          |
|        |  |        | 4       |    |              |          |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or   |        | -       | 2c |              | х        |
|        | of the audit, review, or compilation of its financial statements and selection of an independent acciling the organization changed either its oversight process or selection process during the tax year, expenses of the organization changed either its oversight process or selection process during the tax year, expenses of the organization changed either its oversight process or selection process during the tax year, expenses or selection process. |        |         |    |              |          |
|        | Schedule O   | xpiaii | 1 111   | •  |              |          |
| 2-     |  | forth  |         |    |              |          |
| зa     | As a result of a federal award, was the organization required to undergo an audit or audits as se the Single Audit Act and OMB Circular A-133?   |        |         | 3a |              | Х        |
| h      | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   |        |         |    |              |          |
| IJ     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au  |        | .,,,    | 3b |              |          |
|        |  |        |         |    | 990          | (2018)   |

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

# Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-E2.

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 comp   | lete Part I-C   |  |  |
|--------|---|--|---|--|--|
| •      | Section 501(c) (other than secti  | on 501(c)(3)) organizations Complete   | Parts I-A and C below   | Do not complete Part I-B   |  |
|        | Section 527 organizations Com   |  |   |  | - ` .  |
|        |   | on Form 990, Part IV, line 4, or Form  |   |  |  |
|        |   | that have filed Form 5768 (election ur   |   |  |  |
|        |   | that have NOT filed Form 5768 (election  |   |  |  |
| Tax)   | e organization answered "Yes,"<br>(see separate instructions), thei<br>Section 501(c)(4), (5), or (6) org |  | Tax) (see separate  | instructions) or Form 990-   | EZ, Part V, line 350 (Proxy  |
|        | e of organization   | anizations Complete Fait in  |   | Employer ide   | intification number  |
|        | ū   |  |   | 1  |  |
|        | E.O. Sisterhood IN  | organization is exempt under   | section 501(c) or   | 35-6074  |  |
|        |   | organization's direct and indirect   |   |  |  |
| 1      | •   | _  | bolitical campaign a  |  | Hatractions ion  |
| 2      | definition of "political campa  | xpenditures (see instructions)   |   |  |  |
| 2      | Valuations house for political  | xperialtures (see instructions)  |   |  | المساكات مدونيسا مراد  |
| _      | t I-B Complete if the   | campaign activities (see instruction organization is exempt under  | section 501(c)(3)   | ·····  |  |
|        | Enter the amount of any ex  | cise tax incurred by the organization  | on under section 49   | 55 <b>\</b> '\$  |  |
| 1<br>2 | Enter the amount of any exc   | cise tax incurred by the organization m  | anagers under sec   | tion 4955  | · · · · · · · · · · · · · · · · · · ·  |
| 3      |   | a section 4955 tax, did it file Form   |   |  |  |
| _      | _   | a section 4900 tax, did it life i offi   | · · · · · · · · · · · · · · · · · · ·                               |  |  |
|        | If "Yes," describe in Part IV   |  |   |  | · · · · [] [es     wo  |
|        |   | organization is exempt under   | section 501(c) e  | xcent section 501(c)(3   | 3).  |
|        | · · · · · · · · · · · · · · · · · · ·   | <del></del>  |   |  | 7.   |
| 1      | activities  | expended by the filing organization  |   | ▶\$  |  |
| 2      |   | ng organization's funds contributed  |   |  | !  |
| 3      | ·   | enditures Add lines 1 and 2 Er   |   |  | 1  |
| 4      | Did the filing organization file  | e Form 1120-POL for this year?   |   |  | Yes No   |
| 5      | Enter the names, addresses organization made payment the amount of political continuous                   | and employer identification numb<br>is For each organization listed, er<br>tributions received that were prom<br>and or a political action committee ( | per (EIN) of all sect<br>ater the amount pa<br>aptly and directly d | ion 527 political organiz<br>id from the filing organiz<br>elivered to a separate po<br>pace is needed, provide. | zation's funds Also enter plitical organization, such information in Part IV   |
|        | (a) Name  | (b) Address  | (c) EIN   | (d) Amount paid from filing organization's funds If none, enter -0-  | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1)    |   |  |   |  |  |
| (2)    |   |  |   |  |  |
| (3)    |   |  |   |  |  |
|        |   |  |   | 1  | <u> </u>   |
| (4)    |   |  |   |  |  |
| (5)    |   |  |   |  |  |
| (6)    |   |  |   |  |  |

| chedule C (Form 990 or 990-EZ) 2018                          |   |                        |                                  | Page Z   |
|--|---|------------------------|----------------------------------|--|
| Part II-A Complete if the organizati section 501(h)).        | on is exempt under sec                                    | tion 501(c)(3) and     | filed Form 5768 (ele             | ction under  |
|  | longs to an affiliated group and share of excess lobbying |                        | ich affiliated group men         | nber's name,   |
| 3 Check ▶  if the filing organization ch                     | ecked box A and "limited co                               | introl" provisions app | ly                               |  |
| Limits on Lobb<br>(The term "expenditures" m                 | ying Expenditures<br>eans amounts paid or incur           | red.)                  | (a) Filing organization's totals | (b) Affiliated group totals  |
| 1a Total lobbying expenditures to influence                  | public opinion (grass roots                               | lobbying)              |                                  | Wa   |
| b Total lobbying expenditures to influence                   |   |                        |                                  |  |
| c Total lobbying expenditures (add lines 1                   | _   | · · ·                  |                                  |  |
| d Other exempt purpose expenditures                          |   |                        |                                  |  |
| e Total exempt purpose expenditures (ad-                     |   |                        | -                                |  |
| f Lobbying nontaxable amount Enter th                        |   |                        |                                  |  |
| columns  |   |                        |                                  | e, i   |
| If the amount on line 1e, column (a) or (b) is:              | The lobbying nontaxable amo                               | ount is:               |                                  | 1  |
| Not over \$500,000   | 20% of the amount on line 1e                              |                        |                                  | 7-3-   |
| Over \$500,000 but not over \$1,000,000                      | \$100,000 plus 15% of the exc                             | cess over \$500,000    |                                  |  |
| Over \$1,000,000 but not over \$1,500,000                    | \$175,000 plus 10% of the exc                             | cess over \$1,000,000  |                                  |  |
| Over \$1,500,000 but not over \$17,000,000                   | \$225,000 plus 5% of the exce                             | ess over \$1,500,000   |                                  |  |
| Over \$17,000,000  | \$1,000,000   |                        |                                  |  |
| g Grassroots nontaxable amount (enter 25                     |   |                        |                                  |  |
| h Subtract line 1g from line 1a. If zero or le               |   | _                      |                                  |  |
| Subtract line 1f from line 1c If zero or le                  |   |                        | •                                |  |
| J If there is an amount other than zero                      |   |                        |                                  | <u> </u>   |
| reporting section 4911 tax for this year?                    |   |                        | <del> </del>                     | Yes No   |
|  | 4-Year Averaging Period U                                 |                        |                                  |  |
| (Some organizations that made a                              | the separate instructions f                               |                        |                                  | nns below.   |
|  | the separate instructions i                               |                        | . د ب ر                          | 190 67 500 Ex  |
| Lobi   | bying Expenditures During                                 | 4-Year Averaging Pe    | riod                             | <del>; ;</del>   |
| Calendar year (or fiscal year (a beginning in)               | (b) 2016  | (c) 2017               | (d) 2018                         | (e) Total  |
| 2a Lobbying nontaxable amount                                |   |                        |                                  | to the second se |
| b Lobbying ceiling amount<br>(150% of line 2a, column (e))   |   |                        |                                  |  |
| c Total lobbying expenditures                                |   |                        |                                  |  |
| d Grassroots nontaxable amount                               |   |                        |                                  |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |   |                        |                                  |  |
| f Grassroots lobbying expenditures                           |   |                        |                                  |  |
|  |   |                        | Schedule C                       | Form 990 or 990-EZ) 2018   |

| descriptio   |   | (a                                    | 1)                                    |                         | (b  | )                   |
|--|---|---------------------------------------|---------------------------------------|-------------------------|---|---------------------|
| 1 Duri   | n "Yes," response on lines 1a through 1i below, provide in Part IV a detailed on of the lobbying activity   | Yes                                   | No                                    | •                       | Amo   | unt                 |
|  | ing the year, did the filing organization attempt to influence foreign, national, state, or local   |                                       |                                       |                         | ٠,  |                     |
| refe   | slation, including any attempt to influence public opinion on a legislative matter or rendum, through the use of  | •                                     |                                       |                         | •   | 212                 |
| b Paid   | unteers?  |                                       |                                       |                         | .j  |                     |
|  | dia advertisements?   |                                       |                                       |                         |   | <b>.</b> .          |
|  | lings to members, legislators, or the public?   |                                       |                                       |                         | •   |                     |
|  | nts to other organizations for lobbying purposes?   |                                       |                                       |                         | ** ***  | •                   |
| _  | ect contact with legislators, their staffs, government officials, or a legislative body?  |                                       | -                                     |                         |   |                     |
| _  | les, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                                       |                                       |                         |   |                     |
|  | er activities?  |                                       |                                       |                         |   |                     |
| <b>-</b>   | al Add lines 1c through 1i  |                                       |                                       |                         |   |                     |
|  | the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                                       |                                       |                         |   |                     |
|  | es," enter the amount of any tax incurred under section 4912  |                                       |                                       |                         |   |                     |
| c If "Y  | es," enter the amount of any tax incurred by organization managers under section 4912 e filing organization incurred a section 4912 tax, did it file Form 4720 for this year? |                                       |                                       |                         |   |                     |
| Part III-  | A Complete if the organization is exempt under section 501(c)(4), section 501   | c)(5)                                 | , or s                                | ectio                   | n   |                     |
|  | 501(c)(6).  |                                       |                                       |                         |   | Yes                 |
|  | Land Hall (2004)  |                                       |                                       |                         | 1 ,   | Yes                 |
|  | re substantially all (90% or more) dues received nondeductible by members?  |                                       |                                       |                         | 2   | $\frac{\lambda}{x}$ |
| 2 Did<br>3 Did   | the organization make only in-house lobbying expenditures of \$2,000 or less?   | n the                                 | urior<br>Te                           | vear?                   | 3   |                     |
| Part III-E   |   |                                       |                                       |                         |   | <del></del>         |
| a c  | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"  |                                       |                                       |                         |   | 3, is               |
|  | answered "Yes."   | ,                                     | ,                                     |                         | - man   | - · · · · ·         |
| l Due:   | s, assessments and similar amounts from members   |                                       |                                       | 1                       |   |                     |
|  |   |                                       |                                       |                         | <del>, , , , , , , , , , , , , , , , , , , </del> |                     |
|  | tion 162(a) nondeductible lobbying and political expenditures (do not include amou  | nts (                                 | of I                                  |                         |   |                     |
| 2 Sect   | tion 162(e) nondeductible lobbying and political expenditures (do not include amou  | nts                                   | of                                    | _                       |   |                     |
| Sector 2 Sec | tical expenses for which the section 527(f) tax was paid).  | nts                                   | of<br>                                | -<br>2a                 |   |                     |
| Section Section Section 2 Political Section Se | tical expenses for which the section 527(f) tax was paid).<br>rent year....................................   |                                       |                                       | 2a<br>2b                |   |                     |
| Section Political Current Political Current Political Po | tical expenses for which the section 527(f) tax was paid).<br>Tent year   |                                       |                                       |                         |   |                     |
| Section political Current Curr | tical expenses for which the section 527(f) tax was paid). Tent year  |                                       |                                       | 2b                      |   |                     |
| Section political Current box Carrent control Agg  | tical expenses for which the section 527(f) tax was paid).  Tent year   | · · · · · · · · · · · · · · · · · · · |                                       | 2b<br>2c                |   |                     |
| Section Politics  a Curr b Carr c Tota Aggs If no  | tical expenses for which the section 527(f) tax was paid).  Tent year   | <br><br><br>of th                     | <br><br>                              | 2b<br>2c                |   |                     |
| Section political Current Carrent Carr | tical expenses for which the section 527(f) tax was paid).  The ent year  | of the                                | e e                                   | 2b<br>2c                |   |                     |
| Section political Current both Carrent Control Total Agging If no excess and Taxa  | rent year   | of the                                | e e                                   | 2b<br>2c<br>3           |   |                     |
| Section political Current both Carrent Total Agging 1 If no excess and Taxa  | rent year   | of the                                | o o o o o o o o o o o o o o o o o o o | 2b<br>2c<br>3<br>4<br>5 |   |                     |
| Section political politica | rent year   | of the                                | o o o o o o o o o o o o o o o o o o o | 2b<br>2c<br>3<br>4<br>5 | II-A, Iı  | nes 1               |
| Section political politica | rent year   | of the                                | o o o o o o o o o o o o o o o o o o o | 2b<br>2c<br>3<br>4<br>5 | II-A, II  | nes 1               |
| 2 Section political politi | rent year   | of the                                | o o o o o o o o o o o o o o o o o o o | 2b<br>2c<br>3<br>4<br>5 | II-A, Iı  | nes 1               |

| Schedule C (Form 990 or 990-EZ) 2018  |                                       | Page 4   |
|---------------------------------------|---------------------------------------|--|
| Part IV Supplemental Information      | on (continued)                        |  |
|                                       |                                       | •  |
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### SCHĖDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

35-6074424 P.E.O. Sisterhood IN State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts .. .. ... Total number at end of year . . . . . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a البعد أزالها والجراجين 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

|       | Tale D (Folin 990) 2016                  | na Callantiana of      | Art Linto     | rical Tra    |                         | or Othor       | Similar A    | scoto //  |                                | rage Z      |
|-------|--|------------------------|---------------|--------------|-------------------------|----------------|--------------|-----------|--------------------------------|-------------|
|       | rt    Organizations Maintaini            |                        |               |              |                         |                |              |           |                                | - ( ) -     |
| 3     | Using the organization's acquisition     |                        | otner recor   | as, cneci    | k any of                | tne follow     | ing that a   | re a sigr | nificant use o                 | or its      |
|       | collection items (check all that app     | y)                     | _             | _            |                         |                |              |           |                                |             |
| а     | Public exhibition                        |                        | d             | Loan         | or exchar               | nge progra     | ms           |           |                                |             |
| b     | Scholarly research                       |                        | e             | Other        |                         |                |              |           |                                |             |
| C     | Preservation for future gene             | rations                |               |              |                         |                |              |           |                                |             |
| 4     | Provide a description of the organ       | nization's collections | and expla     | ain how t    | they furth              | ner the or     | ganization's | s exemp   | t purpose in                   | Part        |
|       | XIII                                     |                        |               |              |                         |                |              |           |                                |             |
| 5     | During the year, did the organization    | n solicit or receive o | ionations o   | f art, histo | orical trea             | asures, or     | other simila | ar        |                                |             |
|       | assets to be sold to raise funds rath    |                        |               |              |                         |                |              |           | Yes                            | No          |
| Pa    | rt IV Escrow and Custodial A             |                        | ··········    |              |                         |                |              |           |                                |             |
|       | Complete if the organiza                 | tion answered "Ye      | s" on For     | m 990. F     | Part IV. II             | ne 9. or r     | eported a    | n amour   | nt on Form                     |             |
|       | 990, Part X, line 21                     |                        |               | , .          |                         | ,              |              |           |                                |             |
| 1 2   | Is the organization an agent, truste     | e custodian or othe    | er intermed   | liary for c  | ontributio              | ons or othe    | r assets no  | †         |                                |             |
| ıa    | included on Form 990, Part X?            |                        |               |              |                         |                |              |           | Yes                            | No          |
| L     | If "Yes," explain the arrangement in     |                        |               |              |                         |                |              | · · · · L | آ ,ea                          | ,,          |
| D     | ir res, explain the arrangement          | Trait Aill and Comp    | JIELE LIIE IO | ilowing tat  | lie L                   |                |              | Amount    |                                |             |
|       |  |                        |               |              | -                       | <del>  </del>  |              | Amount    |                                |             |
| C     | Beginning balance                        |                        |               |              |                         |                |              |           | <del></del> .                  |             |
| d     | Additions during the year                |                        |               |              |                         |                | ******       |           | -                              |             |
| е     | Distributions during the year            |                        |               |              |                         |                |              |           |                                |             |
| f     | Ending balance                           |                        |               |              |                         | 1f             |              |           |                                | <del></del> |
| 2 a   | •  |                        |               |              |                         |                |              |           | Yes                            | No          |
| b     | If "Yes," explain the arrangement in     | n Part XIII Check he   | ere if the e  | xplanation   | has beer                | n provided     | on Part XIII | <u></u>   | <u> </u>                       |             |
| Pa    | rt V Endowment Funds.                    |                        |               |              |                         |                |              |           |                                |             |
|       | Complete if the organiza                 | ition answered "Ye     | es" on For    | m 990, F     | <sup>p</sup> art IV, li | ne 10          |              |           |                                |             |
|       |  | (a) Current year       | (b) Prio      | r year       | (c) Two                 | years back     | (d) Three y  | ears back | (e) Four years                 | back        |
| 1 a   | Beginning of year balance                |                        |               |              |                         |                |              |           |                                |             |
| b     | Contributions                            |                        | ••            |              |                         |                |              |           |                                |             |
|       | Net investment earnings, gains,          |                        |               |              |                         |                |              |           |                                |             |
| ·     | and losses                               |                        |               |              |                         |                |              |           | _                              |             |
|       |  |                        |               |              |                         |                |              |           |                                |             |
|       | Grants or scholarships                   |                        | •             |              |                         |                |              |           | <u> </u>                       |             |
| е     | Other expenditures for facilities        |                        |               |              |                         |                |              | :         |                                |             |
| _     | and programs                             |                        |               |              |                         |                |              |           |                                |             |
| t     | Administrative expenses                  |                        | ******        |              |                         |                |              |           |                                |             |
| g     | End of year balance                      |                        |               |              |                         |                | L            |           |                                |             |
| 2     | Provide the estimated percentage         |                        |               | e (line 1g,  | column (                | a)) held as    |              |           |                                |             |
| а     | Board designated or quasi-endown         |                        | _%            |              |                         |                |              |           |                                |             |
| b     | Permanent endowment >                    |                        |               |              |                         |                |              |           |                                |             |
| С     | Temporarily restricted endowment         |                        |               |              |                         |                |              |           |                                |             |
|       | The percentages on lines 2a, 2b, a       |                        |               |              |                         |                |              |           |                                |             |
| 3 a   | Are there endowment funds not in         | the possession of th   | ne organiza   | ation that   | are held                | and admir      | nistered for | tne       | Vac                            | T N =       |
|       | organization by                          |                        |               |              |                         |                |              |           | Yes                            | No          |
|       | (i) unrelated organizations              |                        |               |              |                         |                |              |           | 3a(i)                          | ļ           |
|       | (ii) related organizations               |                        |               |              |                         |                |              |           | 3a(ii)                         | <b></b>     |
| b     | If "Yes" on line 3a(ii), are the relate  | -                      |               |              |                         |                |              |           | 3b                             |             |
| 4     | Describe in Part XIII the intended u     |                        | tion's endo   | wment fur    | nds                     |                |              |           |                                |             |
| Pa    | rt VI Land, Buildings, and Equ           | ipment.                | !! <b>-</b>   | 000 1        | D = + 1\ / 1            | 11- 1          | Caa Cassa    | 000 0-    |                                | ,           |
|       | Complete if the organization of property | (a) Cost or            |               |              | or other basi           |                | cumulated    |           | IT A, IITE TO<br>I) Book value |             |
|       | Description of property                  | (a) Cost of            |               |              | ther)                   |                | eciation     | ļū        | ) Book value                   |             |
| 1a    | Land                                     |                        |               |              |                         |                |              |           |                                |             |
| b     | Buildings                                |                        |               |              |                         |                |              |           | 1                              |             |
| c     | Leasehold improvements                   |                        |               |              |                         |                |              |           |                                |             |
| d     | Equipment                                |                        |               |              |                         |                |              |           |                                |             |
|       | Other                                    |                        |               |              |                         |                |              |           |                                |             |
|       | I. Add lines 1a through 1e (Column       |                        | n 990 Part    | X. colum     | n (B) line              | 10c )          |              |           |                                |             |
| · Old | . Add intes to through te (Column        | (a) mast oqual i om    | 556, r art    | A, Joiuilli  | . ر <i>ی</i> ر, ۱۱۱۱۵   | <i>,</i> ,,,,, | · · · · •    |           | ·                              |             |

| (a) Description of security or category (including name of security)  (1) Financial derivatives   | 2) ▶             | (b) Book value  'es" on Form 990 (b) Book value | D, Part IV                               | line 11c Se   | ethod of valund-of-year ma            | O, Part X, line 13    |
|---|------------------|---|--|---------------|---------------------------------------|-----------------------|
| (2) Closely-held equity interests   | 2) ▶             |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (2) Closely-held equity interests   | 2) ▶             |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (A) (B) (C) (D) (E) (F) (G) (H)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25  Complete if the organization at line 25  (a) Description of liability  | 2) >             |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (A) (B) (C) (D) (E) (F) (G) (H)  Total (Column (b) must equal Form 990, Part X, col (B) line 1 Complete if the organization al (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization al (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1 (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1 (Column (b) must equal Form 990, Part X, col (B) line 1 (Column (b) must equal Form 990, Part X, col (B) line 1 (Column (b) must equal Form 990, Part X, col (B) line 1 (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | 2) <b>▶</b> 1.   |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (C) (D) (E) (F) (G) (H) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 2  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 2  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 2  (a) Description of liability  | i.               |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (D) (E) (F) (G) (H) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 1  Complete if the organization at line 25   | i.               |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (E) (F) (G) (H) Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Complete if the organization at line 25  (a) Description of liability   | i.               |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (F) (G) (H) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, part X Other Liabilities.  Complete if the organization at line 25  (a) Description of liability  | i.               |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (G) (H)  Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization as (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization as (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column (b) must equal Form 990, Part X, col (B) line 2  (5) (6) (7) (8) (9)  Fotal (Column (b) must equal Form 990, Part X, col (B) line 25  Complete if the organization as line 25  (a) Description of liability  | i.               |   | D, Part IV                               | (c) N         | e Form 99                             | uation<br>arket value |
| (H)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part VIII Investments - Program Related Complete if the organization at (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 2  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, Col (B) line 25  Complete if the organization at line 25  (a) Description of liability  | i.               |   | D, Part IV                               | (c) N         | lethod of valu                        | uation<br>arket value |
| Investments - Program Related Complete if the organization as (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 1  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25  Complete if the organization as line 25   | i.               |   | D, Part IV                               | (c) N         | lethod of valu                        | uation<br>arket value |
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| Complete if the organization at  (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets.  Complete if the organization at  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X,  Part X Other Liabilities.  Complete if the organization at line 25  (a) Description of liability   | d.<br>nswered "Y |   | D, Part IV                               | (c) N         | lethod of valu                        | uation<br>arket value |
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| Other Assets. Complete if the organization at  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, Complete if the organization at a line 25  (a) Description of liability  | I                |   | <del> </del>                             | <u> </u>      |                                       |                       |
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| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete if the organization a line 25  1. (a) Description of liability  | (a) Descri       |   | -, -, -, -, -, -, -, -, -, -, -, -, -, - |               |                                       | (b) Book value        |
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| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete if the organization a line 25  1. (a) Description of liability   |                  |   |  |               |                                       |                       |
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| Part X Other Liabilities. Complete if the organization alline 25  (a) Description of liability  |                  |   |  |               |                                       |                       |
| Part X Other Liabilities.  Complete if the organization at line 25  1. (a) Description of liability   | col (B) line     | 15)   |  |               | >                                     | <b>•</b>              |
| Complete if the organization a line 25  1. (a) Description of liability   | , <u>-</u>       |   |  |               |                                       |                       |
|   | nswered "Y       | es" on Form 990                                 | 0, Part IV                               | , line 11e or | 11f. See Fo                           | orm 990, Part X,      |
|   |                  | (b) Book valu                                   | ue                                       |               | -                                     |                       |
| (1) Federal income taxes  |                  |   |  | ·             |                                       |                       |
| (2)   |                  |   |  | •             |                                       |                       |
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| (9)   |                  |   |  | •             | ,                                     |                       |
| Total (Column (b) must equal Form 990, Part X, col (E<br>2. Liability for uncertain tax positions. In Part XIII, pre  |                  |   |  | •             | •                                     | ,                     |

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 JSA 8E1270 1 000

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| Part   | Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | rn.       |                  |
|--------|---|-----------|------------------|
| 1      | Total revenue, gains, and other support per audited financial statements  | 1         | 490,948          |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |                  |
|        | Net unrealized gains (losses) on investments  |           |                  |
| a<br>b | Donated services and use of facilities  | 7         |                  |
| -      | Recoveries of prior year grants   | 7 I       | -                |
| C C    | Other (Describe in Part XIII )  | 1         |                  |
| d      | Add lines 2a through 2d   |           |                  |
| e      | Subtract line 2e from line 1  | 3         | 490,948          |
| 3      | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |           | •                |
| 4      | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |           |                  |
| a      | Other (Describe in Part XIII )  | 7 i       |                  |
| b      | Add lines 4a and 4b   | 4c        |                  |
| 5      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | · —       | 490,948          |
| Part   |   |           |                  |
| 1      | Total expenses and losses per audited financial statements  | 1         | 462,162          |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25  |           |                  |
| a      | Donated services and use of facilities  |           |                  |
| b      | Prior year adjustments  | 7         |                  |
| c      | Other losses  |           |                  |
| d      | Other (Describe in Part XIII )  |           |                  |
| e      | Add lines 2a through 2d   | 2e        |                  |
| 3      | Subtract line 2e from line 1  | 3         | 462,162          |
| 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   |           |                  |
| b      | Other (Describe in Part XIII )  |           |                  |
|        | Add lines 4a and 4b   | 4c        |                  |
| 5      | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  | . 5       | 462,162          |
| Part   | Supplemental Information.  It the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F               | Part V lu | ne 4 Part X line |
|        | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info  |           |                  |
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| Schedule D (Fo | rm 990) 2018                         | Page <b>5</b> |
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| Part XIII      | Supplemental Information (continued) |               |
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SCHEDULE I (Form 990)

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.

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

2018

Open to Public Inspection

Employer identification number

35-6074424

|                      | Chapter    |
|----------------------|------------|
|                      | State      |
|                      | IN         |
| organization         | Sisterhood |
| Name of the organiza | P.E.O.     |

Department of the Treasury Internal Revenue Service Part | General Information on Grants and Assistance

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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<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>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)                       | 68,176                      | 0                                     |   |                                       | Gen Supp/Schol                     |
| (2) P.E.O. Educational Loan Fund  |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 426078059    | 501(c)(3)                       | 34,847                      | 0                                     |   |                                       | Educ Loans                         |
| (3) P.E.O. Int'l Peace Scholarship  |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 426078058    | 501(c)(3)                       | 37,639                      | 0                                     |   |                                       | Scholarships                       |
| (4) P.E.O. Program for Contin Educ  |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 237405311    | 501(c)(3)                       | 39,518                      | 0                                     |   |                                       | Educ Grants                        |
| (5) P.E.O. Scholar Awards   |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 421379026    | 501(c)(3)                       | 39,184                      | 0                                     |   |                                       | Educ Awards                        |
| (6) P.E.O. STAR Scholarship   |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 300583651    | 501(c)(3)                       | 38,711                      | 0                                     |   |                                       | Scholarships                       |
| (7) P.E.O. Foundation   |              |                                 |                             |                                       |   |                                       |                                    |
| Des Moines, IA 50312  | 426094564    | 501(c)(3)                       | 27,990                      | 0                                     |   |                                       | Schol/Grants                       |
| (8)   |              |                                 |                             |                                       |   |                                       |                                    |
|   | ·            |                                 |                             |                                       |   |                                       |                                    |
| (6)   |              |                                 |                             |                                       |   |                                       |                                    |
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| (10)  |              |                                 |                             |                                       |   |                                       |                                    |
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| (11)  |              |                                 |                             |                                       |   |                                       |                                    |
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| (12)  |              |                                 |                             |                                       |   |                                       |                                    |
|   |              |                                 |                             |                                       |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | government o | organizations lis               | 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)

| - B | Schedule I (Form 990) (2018)  Part III Grants and Other Assistance to Domestic I | mestic Individ           | duals. Complete          | if the organizat                 | ion answered "Yes" on F                               | ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 | Page |
|-----|--|--------------------------|--------------------------|----------------------------------|---|---|------|
|     | Part III can be duplicated if additional space is needed                         | I space is nee           | ded                      | <b>)</b>                         |   |   |      |
|     | (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance   |      |
|     |  |                          |                          |                                  |   |   |      |
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Part I, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O.

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

Part IV

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.

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

3700 Grand Ave, Des Moines, IA 50312.

Schedule I (Form 990) (2018)

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

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

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

**Open to Public** 2018

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number 35-6074424

P.E.O. Sisterhood IN State Chapter Part | General Information on Grants and Act

|   | Assistance                          |
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|   | Grants                              |
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|   | General Information on Grants and A |
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|   | General                             |
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Š X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

|  |   |                                 |  | o adplication of                      | ממונים באמלה ואוויסווואי                                    |                                       |                                    |
|--|---|---------------------------------|--|---------------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government   | (b) EIN                                 | (c) IRC section (if applicable) | (d) Amount of cash<br>grant  | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Cottey College, 1000 W Austin                      |   |                                 | i  |                                       |   |                                       |                                    |
| Nevada, MO 64772                                       | 440545271                               | 501(c)(3)                       | 68,176   | 0                                     |   |                                       | Gen Supp/Schol                     |
| (2) P.E.O. Educational Loan Fund                       |   |                                 |  |                                       |   |                                       |                                    |
| Des Moines, IA 50312                                   | 426078059                               | 501(c)(3)                       | 34,847   | 0                                     |   |                                       | Educ Loans                         |
| (3) P.E.O Int'l Peace Scholarship                      |   |                                 |  |                                       |   |                                       |                                    |
| Des Moines, IA 50312                                   | 426078058                               | 501(c)(3)                       | 37,639   | 0                                     |   |                                       | Scholarships                       |
| (4) P E O. Program for Contin Educ                     |   |                                 |  |                                       |   |                                       |                                    |
| Des Moines, IA 50312                                   | 237405311                               | 501(c)(3)                       | 39,518   | 0                                     |   |                                       | Educ Grants                        |
| (5) P.E.O. Scholar Awards                              |   |                                 |  |                                       |   |                                       |                                    |
| Des Moines, IA 50312                                   | 421379026                               | 501(c)(3)                       | 39, 184  | 0                                     |   |                                       | Educ Awards                        |
| (6) P.E.O. STAR Scholarship                            |   |                                 |  |                                       |   |                                       |                                    |
| Des Moines, IA 50312                                   | 300583651                               | 501(c)(3)                       | 38,711   | 0                                     |   |                                       | Scholarships                       |
| (7) P.E.O. Foundation                                  |   |                                 |  | •                                     |   |                                       |                                    |
| Des Moines, IA 50312                                   | 426094564                               | 501(c)(3)                       | 27,990   | 0                                     |   |                                       | Schol/Grants                       |
| (8)  |   |                                 |  |                                       |   |                                       |                                    |
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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)

| Schedule I (F | Schedule I (Form 990) (2018)                             |              |              |                     |  |
|---------------|--|--------------|--------------|---------------------|--|
| Part III      | art III Grants and Other Assistance to Do                | mestic Indiv | iduals. Comp | ete if the organiza | omestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 |
|               | Part III can be duplicated if additional space is needed | space is ne  | eded         | 1                   |  |
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|         | (a) Type of grant or assistance  | (b) Number of    | (c) Amount of    | (d) Amount of       | (e) Method of valuation (book, | (f) Description of noncash assistance |
|         |  | recipients       | cash grant       | noncash assistance  | FMV, appraisal, other)         |                                       |
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| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | the information  | on required in P | art I, line 2, Part | II, column (b), and any c      | ther additional information           |

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

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

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

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

3700 Grand Ave, Des Monnes, 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization P.E.O. Sisterhood IN State Chapter 35-6074424 Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: copies of the final Form 990 were provided to each member of the executive board of Indiana State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board, and the remaining members vote on the appropriate action. Comment of the contract of the Part VI, Line 19: Governing documents, conflicts of interest policy and financial statements are available to members upon request. These items are not made available to the general public. Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.

| Name of the organization           |                                       |                                       | Page Z      |
|------------------------------------|---------------------------------------|---------------------------------------|-------------|
|                                    |                                       | Employer identification number        |             |
| P.E.O. Sisterhood IN State Chapter |                                       | 35-6074424                            |             |
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