Form **990** 

Return of Organization Exempt From Income Tax

2949323605306 9

Only 10 1545-0047

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

2018

MARK DATE AUG 0 9 2019

		of the Trea				numbers on this for O for instructions a			, , ,	2	3	Open to Inspe	
A	For th	e 2018 (	calenda	r year, or tax year beginning	Aprıl	1 , 2018,	and ending	Ma	arch 31			<b>20</b> 19	
Ī		-	C Name	of organization	<u> </u>				D Employer ide	ntifica	ation nu	mber	
В	Check if a	pplicable	P.E.	O. Sisterhood NE	State Chap	ter							
/┌	Addre			business as					47-0	6031	1043		
′⊢	_ `	change		er and street (or P O box if mail is	not delivered to stre	et address)	Room/suite		E Telephone nu	ımber			
$\vdash$	_	- 1	3700	Grand Ave					515	255	315	;3	
-		return/		town, state or province, country,	and ZIP or foreion po	ostal code			313		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
$\vdash$	termi Amer	nated	•				G Gross receipt	2 2	-	60'	5,153		
$\vdash$	return	L		Moines, IA 50312 and address of principal officer	-2899	u-1ú-			H(a) Is this a gro		ro for	Yes	
L	pend	ng				<b></b> .		-	subordinate	s?	-		H
			Nanc	<u>y Kennedy Wheeler</u>				11	H(b) Are all subor		_	Yes	<u> </u>
<u></u>	Tax-ex	empt stat	tus	501(c)(3) X 501(c) (	4 ) <b>◀</b> (insert n	o) 4947(a)(1)	or   \$2\f	11 1				nstructions	
J	Websi	te ►	www.	peointernational.	org		$\perp$	/ 7	H(c) Group exen	nption n	umber	<u>► 107</u>	2
K	Form (	of organiz	zation	Corporation Trust X	Association	Other <b>&gt;</b>	L Year of	format	ion 1890 <b>M</b>	State	of legal	domicile	IA
P	art I	Sun	nmary				`						
	1	Briefly	describ	e the organization's mission o	r most significant	activities Women	's membe	rshi	ip organı	zat	ion		
به		ggus	ortin	ng six phılanthrop	oic projec	ts for womer	n. Thes	e ar	ce schola	rsh	1p,	gran	t,
Governance				award programs ar					····			<del></del>	
i.	2			If the organization of									
Š	3			ing members of the governing						Ĭ 3			5
∞5	: I .			•	• •	•				4			5
				ependent voting members of t	•	• •				5			
ctivities	5			of individuals employed in cale	=								$\frac{1}{60}$
Ć				of volunteers (estimate if neces						6			
•				I business revenue from Part V						7a			
	b	Net uni	elated l	business taxable income from	Form 990-T, line	<u> 38 </u>	<i>.</i>		• •	7b			
							<del></del>		Prior Year			urrent \	
نه	, 8	Contrib	utions a	and grants (Part VIII, line 1h)	K	FCFIAFD			594,9	}51	. 124600	597	7,703
Revenue	9	Prograi	n servic	e revenue (Part VIII, line 2g) .			ပ္တြင္း		_				
Š	10	Investn	nent inc	ome (Part VIII, column (A), line	es 3, 4 87 7d)\( \)	յն <b>1 .</b> Չ 2019	<u> č </u>		21,2	241		30	5,547
œ	11	Other r	evenue	(Part VIII, column (A), lines 5,	6d, 8d, 9d, 10c, a	and 11e)	Ś		3,3	379		-6.	3,108
	12			- add lines 8 through 11 (must			쁘		619,5	571		691	1,358
	13	Grants	and sin	ular amounts paid (Part IX, coli	umn (A), lines	ODEN, UT			305,5				1,511
	14												
	4.5			compensation, employee bene	19,6	562		20	0,334				
Expenses	160			indraising fees (Part IX, column					10,0	<del>/02</del>			77 331
pen	100			•									
EX				ng expenses (Part IX, column (					200 (	\ <u></u>		220	
	17			s (Part IX, column (A), lines 11					299,0				3,004
	18			Add lines 13-17 (must equal					624,2				7,849
- "	19	Revenu	ie less e	expenses Subtract line 18 from	n line 12			_	-4,6				L,509
Net Assets or							ļ	Begin	ning of Current		E	nd of Ye	
set	20			art X, line 16)			1		757,8	<u> 109</u>		769	9,318
ÄÄ	21	Total lia	abilities	(Part X, line 26)									
2 E	22	Net ass	ets or f	und balances Subtract line 21	from line 20	<u> </u>	<u> </u>		757,8	309		769	9,318
Pa	art II	Sigi	nature	Block									
Un	der per	alties of	perjury,	I declare that I have examined th	is return, including	accompanying schedu	les and statem	nents, a	nd to the best o	f my k	nowled	ge and b	elief, it is
tru	e, corre	ct, and c	omplete	Declaration of preparer (other than	officer) is based or	all information of white	ch preparer has	any kn	nowledge				
		. (	PYA	Day a Smare.					811	119	1		
Sig	gn	<b>▶</b> 5	ignature	of office					Date				
He		L	l Cathir	A Sonna Direct	or of Fina	nce							
				A. Soppe, Direct	OT OT LIUS	ıııće							
				arer's name	Preparer's signatu	re	Date			T.T.	PTIN		
Pai	d	' '''''' '	he hieh	arer 5 Hattie	, reparers signatu		Date		Check	ן יי ע	1114		
	parer			<del></del>	L .				self-employ	ea			
	Only	Firm's r	name I	<u> </u>					Firm's EIN				
	•		ddress		<u> </u>				Phone no				
Ма	y the	IRS dis	cuss th	nis return with the preparei	shown above?	(see instructions)					$\cdot \mid \overline{}$	Yes	No

Form **990** (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 1 8 2019



Part	V 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,"			١
_	complete Schedule A	1	_	X
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
A	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	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,	<b> </b>		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۳		
Ū	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-11	X
С	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
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_^
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D. Parts XI and XII.	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		V
40	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	18		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		Х
19	If "Yes," complete Schedule G, Part III	19		Х
20 a	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			Ì
а	· · · · · · · · · · · · · · · · · · ·	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		x
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		ĺ
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			- 11
	19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	1
Part				
- 410	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Charles and a commence of the control of the contro	<u> </u>	Yes	No
1 a	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	
		كنب		

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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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	`4a		^X
b	If "Yes," enter the name of the foreign country ▶			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
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			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
. с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		,
	If "Yes," indicate the number of Forms 8282 filed during the year	_~-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	_		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		i	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		٠	
	against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	13		<u>X</u>
4.6	If "Yes," see instructions and file Form 4720, Schedule N	16		Х
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	-, -		
	11 100, Complete . Only 11 Eq. Companies			

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sact	ion A. Governing Body and Management	· · · · ·	<del></del>	
Sect	IOII A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year	5	<del> </del>	
1а	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			
h	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent	5		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		·X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6		<del></del>	<del>  '''</del>	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	X	
	one or more members of the governing body?		<del></del>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	€ Code	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a	Х	
b		-		
12a	The state of the s	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
C	describe in Schedule O how this was done	12c	X	
4.2	Did the organization have a written whistleblower policy?	13		Х
13		14	Х	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	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	15b	-	X
þ	Other officers or key employees of the organization	130		<del>  ^`</del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
h	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	1	L
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (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  Own website. Another's website. X. Upon request. Other (explain in Schedule O)	T (Sec	tion 5	i01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	policy	, and
20	financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and record that A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515) 255-3153	ds ►		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

orm	990	(2018)	

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntra	actors								

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	officer and a director/trustee)  Former  Officer  Officer  or director  or director						(D)  Reportable  compensation  from  the  organization  (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Nancy Kennedy Wheeler	25										
President		x		Х				0	0	0	
(2) Peggy Brendel	25										
Vice President		X		Х				0	0	0	
(3) Sherry Erlewine	15				i						
Organizer		Х		Х	İ			0	0	0	
(4) Hillary Watter	10										
Treasurer		Х		Х		<u> </u>		0	0	0	
(5) Renee Piper	10					}					
Secretary		Х		X				0	0	0	
(6)											
		ļ	ļ		<u> </u>		$ldsymbol{ld}}}}}}$				
		ļ							•		
(8)											
(0)		1									
(9)											
(10)	<u> </u>										
(10)										`	
(11)											
(12)											
(13)					-						
(14)											

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ploy	yee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ntınuec	1)	
(A) Name and title	Name and title Average		unles	Pos heck	erson	than o	an	(D) Reportable compensation	(E)  Reportable compensation from			(F) timated ount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organizat (W-2/1099	tions	com fro orga and	other pensation om the anization I related nization	n I
(15)													
(16)		_											
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)					<u>                                      </u>							·	
					ļ								
(25)		-											
`1b Sub-total	Section A						<b>*</b> * *						
Total number of individuals (including but no reportable compensation from the organization)	ot limited t	o tho	se li	ste	d at		who	o received more the	nan \$100,0	000 of			
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheol	cer, direct	or, o	r tr	uste	ee,	key	em <sub>l</sub>	ployee, or highes	st compen	sated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gi	sum of re	porta	ble 50,0	con	npe 7 /	nsatio f "Ye	on a s,"	and other comper complete Sched	sation fron ule J for	n the such	4		
<ul> <li>Individual</li></ul>	r accrue co	ompe	nsat	ion	fro	m any	y ur	hrelated organizat	on or indiv	vidual	5		<u></u>
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest cor compensation from the organization Report year</li> </ol>													
(A) Name and business add	fress							(B) Description of se	rvices	C	(C) ompens	ation	
None													
		•											
											***		<u> </u>
2 Total number of independent contractors received more than \$100,000 of compensation						ted 1	to	those listed abo	ve) who				,
JSA 8E1050 1 000								<del></del>		-	Form	990 (	2018)

	990 (2			<del></del>		<del></del>	Page
Pai	rt VIII	<del>_</del>	oneo or note to an	line in this Part V	/III		
		Check if Schedule O contains a resp	orise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	280,558	597,703		-	
nua			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue					
<u></u>	g	Total. Add lines 2a-2f			- · ·	<del> </del>	<del></del>
	3 4 5	Investment income (including dividend other similar amounts)	▶   nd proceeds . ▶	30,547			30,54
	6a b c d 7a	Gross rents		•		,	
	b c d	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	ь				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	a 13,545				
	b	Less cost of goods sold	ь 3,795	0.750	0 750		
	<u> </u>	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	9,750	9,750		
	11a	Convention Payments	900099	53,358	53,358		-
				,			

53,358

63,108

691,358

d All other revenue . . . .

e Total. Add lines 11a-11d .

Total revenue. See instructions

Form 990 (2018)	
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other	er organizations must complete column (A)

	Check if Schedule O contains a respo	nse or note to any line	ın this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				, ,
	and domestic governments See Part IV, line 21	321,511	321,511	<del></del>	<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22				. ,
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				· ;
	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18,889	6,296	15,593	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
10	Other employee benefits	1,445	482	963	
11 a	Fees for services (non-employees)  Management				
	Legal				
	Accounting	7,464		7,464	
d	Lobbying		<u></u>		
	Professional fundraising services See Part IV, line 17.			<u> </u>	
f	Investment management fees				<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount list line 11g expenses on Schedule O)				
	Office expenses	4 000			4,000
14	Information technology	4,000			4,000
15	Royalties				
	Occupancy	57,494	19,165	38,329	
	Payments of travel or entertainment expenses	3.7131	23,200	20,025	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,054	12,351	24,703	
	Interest				
21	Payments to affiliates	208,078	208,078		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			. ,	
2	Operating Expense	4,402	1,467	2,935	<del></del>
	Board/Committee Expense	19,512	6,504	13,008	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	679,849	575,854	102,995	4,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				

# Part X Balance Sheet

	`	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	217,597	_1_	198,559
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		Complete Part II of Schedule L		5	
	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	- ,		
S		organizations (see instructions) Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
	L	other basis Complete Part VI of Schedule D  Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	540,212		570,759
	12	Investments - other securities See Part IV, line 11	340,212	12	370,733
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	757,809		769,318
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		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,			
Liabilities		trustees, key employees, highest compensated employees, and	-		
jab		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	
	26	Organizations that follow SFAS 117 (ASC 958), check here  and		20	
S		complete lines 27 through 29, and lines 33 and 34	•		
Š	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
5		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds	757,809		769,318
ž	33	Total net assets or fund balances	757,809		769,318
	34	Total liabilities and net assets/fund balances	757,809	34	769,318

Form 99	00 (2018)				Pa	ge 12
<b>Part</b>	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			691,	358
2	Total expenses (must equal Part IX, column (A), line 25)	2			679,	849
3	Revenue less expenses Subtract line 2 from line 1	3			_11,	509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			757,	809
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			769,	318
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u> </u>	<u>,</u>	<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			. '	١.	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın	•••	· • · :	- 1
	Schedule O			شــــــــــــــــــــــــــــــــــــــ		نسندا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		١.	
	reviewed on a separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis					-:
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ,	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed or	ı a		<i>x x x</i>	١.
	separate basis, consolidated basis, or both			'		:
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ght			1
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın		`~''	,
	Schedule O			<u>.</u>	-	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	ın			
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	_		ĺ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b	000	<u> </u>
				Form	<b>330</b>	(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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 3.5c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 47-6031043 Sisterhood NE State Chapter Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for . . . definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions). . . . . . . Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. . . . . . . ▶\$ Yes.. Nο Yes~ Νo b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV..... (e) Amount of political (d) Amount paid from (a) Name (b) Address (c) EIN filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1)(2)(3)(4)(5)

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

Schedule C (Form 990 or 990-EZ) 2018

(6)

Schedule	C. (Form	990 or 990	-F71 2018

P	art II-A Complete if the org section 501(h)).	ganization is exer	mpt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
A			affiliated group (an excess lobbying exp		ach affiliated group men	nber's name,
В	Check ▶ if the filing organiz	ation checked box	A and "limited contr	ol" provisions ap	oly	
	Limits (The term "expendit	on Lobbying Expenures" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
12	Total lobbying expenditures to i	nfluence public opin	ion (grass roots lob	bying)		
ŧ	Total lobbying expenditures to i	nfluence a legislativ	e body (direct lobby	ıng)		
C	Total lobbying expenditures (ad	d lines 1a and 1b),				
	d Other exempt purpose expendi					
	<ul> <li>Total exempt purpose expendit</li> </ul>				_	
f	Lobbying nontaxable amount	Enter the amount	from the following	table in both		_
	columns		-			
	If the amount on line 1e, column (a			is:		,
	Not over \$500,000		amount on line 1e	0500.000	r	^
	Over \$500,000 but not over \$1,000		lus 15% of the excess			
	Over \$1,000,000 but not over \$1,5		lus 10% of the excess			
	Over \$1,500,000 but not over \$17,	\$1,000,000 \$1,000,000	lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000  Grassroots nontaxable amount	<del></del>		l	<del> </del>	
_	Subtract line 1g from line 1a If	•		í		
i	Subtract line 1f from line 1c If :			· · · · · · · · · · · · · · · · · · ·		
i	If there is an amount other th				ation file Form 4720	<u> </u>
•	reporting section 4911 tax for t					Yes ( No
			raging Period Unde			3
	(Some organizations tha		01(h) election do no te instructions for			nns below.
		Lobbying Expe	nditures During 4-Y	ear Averaging Pe	eriod	,
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)-Total
2a	Lobbying nontaxable amount				•	- ""
_ k	Lobbying ceiling amount (150% of line 2a, column (e))					
_	: Total lobbying expenditures					
	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					34
f	Grassroots lobbying expenditures					
					Schedule C (	Form 990 or 990-EZ) 2018
					, ,	·
					• , '	12 - 18 <u>4</u> 2 1 2 1 1
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JSA						and the second of the second o

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768	3	•	•
For	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(a)			(b)		
		Yes	No .		.Amou	nt _	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					_	
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of			-			
а	Volunteers?						·
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						· ·
C	Media advertisements?				.:		
d	Mailings to members, legislators, or the public?		-	<del></del> -	نيمالك	<u>'</u>	
e	Publications, or published or broadcast statements?	<del> -</del>	٠	<del></del>		:	
f	Grants to other organizations for lobbying purposes?	-+		<del></del>	- :		-
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	Other activities?		-				
j	Total Add lines 1c through 1i				-		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? L			-		•	
b	If "Yes," enter the amount of any tax incurred under section 4912			- •	-	-	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		].			•	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or s	ection	•		
	501(c)(6).						
				,		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1.	Χ	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	)R (b	) Par	t III-A,		, is	
1	Dues, assessments and similar amounts from members		- 1	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour political expenses for which the section 527(f) tax was paid).	nts o	f				
а	Current year			2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lot			- 1			
	and political expenditure next year?			4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)	• • •		5			
Prov	Supplemental Information  Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated e instructions), and Part II-B, line 1. Also, complete this part for any additional information.	group	o list)	, Part II	-A, lind	es 1	and
			<del>-</del>				

Schedule C (F	orm 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
`		
		Note: The second
		-3
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## SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

6 Did the organization inform all granlees, 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 conferring impermissible private benefit?    Ves   Ni	P.E	C.O. Sisterhood NE State Chapter	47-6031043						
(a) Donor advised funds (b) Funds and other accounts  Total number at end of year	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.						
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organization's accounting for conservation easements	•		•						
			ar statements that accompce the						
■≥₹₹₹₽∥■ Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets.	Pa	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									
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she	12	If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its r	evenue statement and halance sheet						
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	·u	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of						
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items		public service, provide, in Part XIII, the text of the footnote to its financial statements that desi	cribes these items						
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she	b								
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items			cation, or research in furtherance of						
(i) Revenue included on Form 990, Part VIII, line 1		(i) Revenue included on Form 990. Part VIII line 1	<b>▶</b> \$						
(ii) Assets included in Form 990, Part X		(ii) Assets included in Form QQD Part Y	<b>&gt;</b> \$						
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide t	2								
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	-								
a Revenue included on Form 990, Part VIII, line 1	2								
b Assets included in Form 990, Part X									

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asure	s, or	Other	Similar	Assets (d	continued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, chec	k any d	of the	follow	ving that a	are a sigr	nificant use	of its
	collection items (check all that apply)											
а	Public exhibition			d	Loan	or exch	ange	progra	ms			
b	Scholarly research			e [_	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII											
5	During the year, did the organization	n solicit i	or receive	donations o	of art, hist	orical tr	easu	res, or	other sımı	lar		
	assets to be sold to raise funds rath	er than t	o be maint	ained as pa	rt of the	organiz	ation'	s colle	ction?		Yes	No
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21											
1 a	Is the organization an agent, truste									_		
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II and com	plete the fo	llowing tat	ole						
										Amount		
С	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year						1e					
f	Ending balance										<del></del>	
	Did the organization include an am										Yes   <u>.</u>	No
	If "Yes," explain the arrangement i	n Part XII	II Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XI	<u> </u>	<u> </u>	<u>'</u>
Pa	rt V Endowment Funds.	•	1.115.7		000 5			40			r	
	Complete if the organiza			·								1
		(a) Cu	rrent year	(b) Pric	r year	(c) Iw	o year	s back	(d) Three	years back	(e) Four yea	rs back
1 a	Beginning of year balance				<u>.</u>							<del></del>
b	Contributions			ļ								
С	Net investment earnings, gains,					l					1	
	and losses											<u> </u>
d	Grants or scholarships											
е	Other expenditures for facilities					ļ						
	and programs											
f	Administrative expenses											
g	End of year balance			L					<u> </u>			
2 a	Provide the estimated percentage Board designated or quasi-endown			end balanc _%	e (line 1g,	column	ı (a))	held as	•			
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, a		-									
3 a	Are there endowment funds not in	the poss	ession of t	he organiza	ition that	are hel	d and	d admır	nistered for	the		T
	organization by Yes No							No				
	(i) unrelated organizations							+				
	(ii) related organizations										3a(ii)	+
b	If "Yes" on line 3a(ii), are the relate	•		•			?				3b	
4	Describe in Part XIII the intended u			ition's endo	wment fur	nds					<del></del>	<del></del>
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	swered "Y	es" on Fo	m 990 l	Part IV	line	11a S	See Form	1990 Pa	rt X line 1	0
	Description of property	<u> </u>		r other basis	(b) Cost				cumulated		) Book value	<u> </u>
			(inves	stment)	(0	ther)		depr	eciation	ļ		
1 a										· · · · · ·		
b	Buildings	- 1			<u> </u>							
С	Leasehold improvements	1										
d	Equipment											
<u>e</u>	Other		La autologia	- 000 C= 1	V 65/:::	- (D) /:		<u> </u>				
ı ota	I. Add lines 1a through 1e (Column	(a) must	equai ⊢ori	п 990, Part	x, coiumi	ı (B), III	ie 10	<i></i>	<u></u> ►	4-	ula D /Form 9	00) 2040

Schedule D (Form 990) 2018

JSA 8E1270 1 000

Part VII	Investments - Other Securities.	"Yes" on Form 990	, Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			· · · · · · · · · · · · · · · · · · ·
(D)			
(E) (F)			
(F)			
(H)			
<del></del>	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII		<u> </u>	
1 alt viii	Complete if the organization answered		Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
/41			200 C. S. S. S. San Mariet talac
(1)			
(2)	,		
(3)	<u> </u>		
(5)			
(6)			
(7)			
(8)	- · · · · · · · · · · · · · · · · · · ·		
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13 )		,
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	Part IV, line 11d See Form 990, Part X, line 15
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
_(4)		. <u>.</u>	
(5)			
(6)			
(7)			
(8)			
(9)	(1) 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	451	
	umn (b) must equal Form 990, Part X, col (B) I	ne 15)	
Part X	Other Liabilities.  Complete if the organization answered line 25	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	3
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			'
(8)			,
			<del></del>
(9)			

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Page 4
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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	691,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	691,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
·	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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	691,358
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1	679,849
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	]	
C	Other losses	]	
d	Other (Describe in Part XIII )	],	
е	Add lines 2a through 2d	2e	<u>.                                    </u>
. 3	Subtract line 2e from line 1	3	679,849
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 )		
С	Add lines 4a and 4b	4c	···
٠ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	679,849
Provide 2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	art V, line nation	4, Part X, line
_			
			<u>.</u>
		•-	<u>.                                    </u>

Schedule D (F	orm 990) 2018	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
_		
		1,5) 19,71 (4
		<u>.                                    </u>
		•
<del></del>		
	J '	

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 47-6031043

Chapter	ants and Assistance
NE State	mation on Grai
Sisterhood	<b>General Inforr</b>
P.E.O.	Partl

- å X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
- 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

		, , , , , , , , , , , , , , , , , , , ,	4 100 11 100 1000	5 = 50150 = 455 0		5	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	91,337	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	31,099	0			Educ Loans
(3) P.E O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	30,989	0	•		Scholarships
(4) P E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c) (3)	38,329	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	30,785	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	35,028	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	20,456	0			Schol/Grants
(8) Nebraska Cottey College Schol Fd							
17314 Poppleton Ave, Omaha, NE 68130	364119449	501(c)(3)	3,500	0	-		Scholarships
(9) Nebraska P.E.O. Home, 413 N 5th St							
Beatrice, NE 68310	470379473	501(c)(3)	39,988	0			Elderly Asst
(10)							
(11)							
			•				
(12)							
9 Enter total number of section 501/2/(2) and concernment organizations letter to less	o toomorous	to action	tod in the line 1 toh	٩		4	c

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)

JSA 8E1288 1 000

Schedule I (	Schedule I (Form 990) (2018)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

	and me can be appropried additional objects of the cases	a opace is	200			
	(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)	
1						
2						i
က	7 (1)					
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	e the informati	on required in P	art I, line 2, Part I	II, column (b), and any c	other additional information

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

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

Reports of these organizations are available to all members of P.E.O. Sisterhood. P.E.O. Part II, Line 1(a) -- With the exception of Cottey College, Nebraska P.E.O. Home and Nebraska Cottey College

Scholarship Fund, all other organizations share a mailing address of 3700 Grand Ave, Des Moines, IA 50312.

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood NE State Chapter	47-6031043
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, 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 vo	oting members present.
In addition, certain proposed amendments to the bylaws are present	
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the
executive board of Nebraska State Chapter prior to filing. Board	d members are asked to
review the return and respond with any questions, though no formation	al review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mer	mbers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise a	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	cy and financial
statements are available to members upon request. These items are	re not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	audited by an
independent accountant on a cash basis.	

	Schedule O (Form 990 or 990-EZ) (2018)	•	Page 2
	Name of the organization		er
	P.E.O. Sisterhood NE State Chapter	47-6031043	
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	<del></del>
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			<del></del>
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# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

OMB No 1545-0047	2018	Open to Public	Inspection

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

Sisterhood NE State Chapter

Name of the organization Department of the Treasury Internal Revenue Service

P.E.O.

Employer identification number

47-6031043

(g) Section 512(b)(13) controlled ŝ (f) Direct controlling × entity? entity Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year × Filing Org (f) Direct controlling (e) End-of-year assets entity N/A (if section 501(c)(3)) Public chanty status (d) Total income <u>e</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 10 10 (c) Legal domicile (state or foreign country) (d) Exempt Code section 501(c)(3) 501(c)(3) Legal domicile (state or foreign country) Nebraska Nebraska (b) Primary activity Elderly Asst Educ. Schol Primary activity 17314 (a) Name, address, and EIN (if applicable) of disregarded entity (2) Nebraska Cottey College Scholarships, Poppleton Ave, Omaha, NE 68130 EIN 36-4119449 (1) Nebraska P.E.O. Home, 413 N 5th St, Beatrice Name, address, and EIN of related organization NE 68310 EIN 47-0379473 Part II Part I (2) 4 (5) 9 Ξ 3 (3) 3 (5) 9 0

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

Schedule R (Form 990) 2018

Page 2

Schedule R (Form 990) 2018

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organizations it had one or more related organizations treated as a partnership during the tax year	ed Organizations more related orga	s Taxable anization		hip. Complet artnership du	e if the c iring the	organizatior tax year	a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 sated as a partnership during the tax year	" on Form	ո 990, Part IV,	line 34		
g Z	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	ant sted, i, i, r r - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporterato	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k)  Percentage  g ownership	.) ntage rship
			1						Yes No		Yes No	0	
(1) N/A													
(2)													
(3)													
(4)						1	:						
(5)							:						
(9)		·											
(7)													
Part IV	Identification of Related Organizations Taxable as Inc 34, because it had one or more related organiz	ted Organizations d one or more rel	s Taxable lated orga		ion or Trust. ed as a corpo	Comple pration or	te if the org	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, sations treated as a corporation or trust during the tax year	ered "Yes	on Form 990	, Part I	Š	
	(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp. S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	Pei sets ow	(h) (l) Percentage Section 512(b)(13) connership controlled entity?	(i) Section 12(b)(13) ontrolled entity?
										:		λ	Yes No
(1) N/A				<del></del>									
(2)													-
(3)													
(4)												<del> </del>	
(5)			:										-
(9)													
(2)			:						;				<u> </u>
						-				Sched	ule R (F	Schedule R (Form 990) 2018	) 2018

Page 3

Schedule R (Form 990) 2018

Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	° Ľ
1 During the tax year, did the organization engage in any of the following transactions	following transactions with one or more related organizations listed in Parts II-IV?	organizations liste	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				15	v	×
d Loans or loan quarantees to or for related organization(s)				-	1d	×
	•		•	<del>*</del> : :	5	>
e Loalis of loali gual affects by feated of gatilization(s)				<u> </u>	ע	4
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				1 •	1	1>
T Dividends from related organization(s)				<u>= </u> ::	_	<b>‹</b>
g Sale of assets to related organization(s)				<u>-</u>	19	×
h Purchase of assets from related organization(s).				1	_	×
i Exchange of assets with related organization(s)				•	1i	×
				-	; <u> </u>	×
				· · ·		
k   ease of facilities equipment or other assets from related organization(s)				1=	12	×
	· · · · · · · · · · · · · · · · · · ·			; ;	×	1
					┸	<u> </u> >
m Performance of services of membership of fundraising solicitations by related organization(s)	nization(s)			<u> </u>	4	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			<u>- </u> : :	<u>۲</u>	_
o Sharing of paid employees with related organization(s)	•			-	10 X	
a Reimbursement to related organization(s) for expenses				<u>'</u>	1 2	×
				· · ·		<u> </u>
q Keimbursement paid by related organization(s) for expenses				<u></u>	<u>Б</u>	<u> </u>
				1	r	į
r Other transfer of cash or property to related organization(s)				<u>-  </u> : :	11	×
s Other transfer of cash or property from related organization(s)					1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	who must complete this line,	including covere	this line, including covered relationships and transaction thresholds	ction thresho	splo	
177		1				
Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	) letermin involved	<u>B</u>
(1) N/A						
(2)						
			_			
(4)						
(5)						
(9)						
10. A			Sche	Schedule R (Form 990) 2018	m 990)	201

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (g) Share of Country) Income (related, excluding Sountry) (room lax under or organizations?)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1) N/A						•				
									_	
(2)										
(3)										
(4)										
(5)										
(9)										
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