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Return of Organization Exempt From Income Tax

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	For th	e 2018	calendar year, or tax year beginning	Aprıl 1 , 2018,	and ending	Мā	arch 31	,	20 19	
\ <u> </u>			C Name of organization				D Employer ide	ntification nu	mber	
В	Check if a	applicable	P.E.O. Sisterhood AR	State Chapter		l				
Ìſ	Addr		Doing business as		_		71-6	055533		
<i> </i>		e change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		E Telephone nu	mber		
! -		ıl return	3700 Grand Ave				515	255 315	3	
` 	Final	return/	City or town, state or province, country, a	and ZIP or foreign postal code						
<u> </u>	Lermi Ame	inated nded	Des Moines, IA 50312			l	G Gross receipts	; \$	508	,440
H		lcation	F Name and address of principal officer				H(a) Is this a grou	p return for	Yes	X No
L	pend	ling	Tracey Ritchey - same	as C above			subordinates H(b) Are all subord	4	Yes	H No
_	Taylo	xempt sta			[5]		, ,	ach a list (see ii		
÷		 			01 § 2/	\dashv		•		
<u>. :-</u>			www.peointernational.		1 1 1		H(c) Group exem			
K		of organ		Association Other	L Year of	tormati	on 1933 M	State of legal	domicile_	<u> </u>
	Part I		mmary						 -	
	1	•	describe the organization's mission o							
9	2 3		porting six philanthrop				e schola		grant	<u>, </u>
Š	<u> </u>		and award programs ar					•		
-	2		this box 🕨 if the organization d					1 1		
			er of voting members of the governing					3		5
٠	0 4	Numb	er of independent voting members of t	the governing body (Part VI, line 1b) .				4		5
:	5	Total	number of individuals employed in cale	endar year 2018 (Part V, line 2a)				5		0
	6	Total	number of volunteers (estimate if neces	sary)				6		100
<u>c</u>	<u>©</u> 7a		inrelated business revenue from Part V					7a		
5018	2 b	Net ur	related business taxable income from	Form 990-T, line 38				7b		
d							Prior Year	- C	urrent Ye	ar
		Contri	butions and grants (Part VIII, line 1h)				504,4	35	. 507	737
SE 2.1	9		im service revenue (Part VIII, line 2g)				· · · · · · · · · · · · · · · · · · ·		·	
إسا	10		ment income (Part VIII, column (A), line				3	14		703
4	11		revenue (Part VIII, column (A), lines 5,						-	
							504,7	10	508	,440
1	U 14		evenue - add lines 8 through 11 (must				285,7			,251
	Z 13		s and similar amounts paid (Part IX, colu				203,7	92		, 231
4	14		ts paid to or for members (Part IX, colu							
- (:	ທີ່ໄລ		es, other compensation, employee bene							
Ų	וע		sional fundraising fees (Part IX, column							
Š	<u> </u>		undraising expenses (Part IX, column (•						
	17		expenses (Part IX, column (A), lines 11				193,5			,416
	18		expenses Add lines 13-17 (must equal		1		479,3			,667
_	19	Reven	ue less expenses Subtract line 18 fron	n line 12			25,3			<u>,773</u>
S	ĕ					Begin	ning of Current Y		nd of Year	
set.	<u>ह</u> 20	Total a	ssets (Part X, line 16)				208,0	48	211	<u>,821</u>
Ę.	21	Total I	abilities (Part X, line 26)							
ž,	20 21 22	Net as	sets or fund balances Subtract line 21	from line 20,	<u> </u>		208,0	48	211	,821
	art II	Sig	nature Block							
U	nder pe	nalties o	f perjury, I declare that I have examined th	is return, including accompanying schedu	iles and statem	ents, a	nd to the best of	my knowledg	je and be	lief, it is
-11	ue, corre	ect, and	complete Declaration of preparer (other than	officer) is based on all information of wir	ch preparer has	s any kn	owiedge			
			Tathy a. Snope				8/4	119		
	gn		Signature of officer				Date	-		
H	ere		Kathy A. Soppe, Direct	or of Finance						
			Type or print name and title							
_		Print	Type preparer's name	Preparer's signature	Date		Check	ıf PTIN		
Pa	ııd						self-employe			
	eparer	Firm's	name D				Firm's EIN			
Us	e Only						Phone no			
M	av the		address ▶ scuss this return with the preparer	shown above? (see instructions)		L			Yes	No
			Reduction Act Notice, see the separat			<u></u>			orm 990	(2018)
r U	apt	. TT OIR I	removed not notice, see the separat							(20,0)

_	n 990 (20	18)			Page Z
Pa	art III	Statement of Program Service			
				t III	
1	•	lescribe the organization's mission			
				celebrate the advancement of	
				awards, loans and stewardship	of
	Cotte	y College; and motiva	te each other to achieve	their highest aspirations.	
_	5				
2			ificant program services during the ye		X No
	If "Yes,"	describe these new services on S	Schedule O		
3			g, or make significant changes in	F-1	X No
		describe these changes on Sche-			
4	expense		(4) organizations are required to rep	its three largest program services, as mea port the amount of grants and allocations t	
4a	(Code) (Expenses \$ 43	88,187 including grants of \$	304,251)(Revenue\$)
				forwarding contributions to	<u> </u>
	vario	us P.E.O. projects an	d scholarships on both th	ne state and national levels;	no
	speci	fic statistics are av	ailable.		
					
4h	(Code) (Expenses \$	including grants of \$) (Revenue \$)
~~	(0000)			/(- ′
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	_)
					
		-			
					-
4d	Other p	rogram services (Describe in Scho	edule O)		
-	(Expens			e \$)	
4e		ogram service expenses >	438,187		
JSA 8E1	020 1 000			Form 9	90 (2018)

Pal	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,"		163	140
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	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	<u></u>	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		i	
	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	١.		٠.
	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	1.0		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ā		112		v
	complete Schedule D, Part VI	11a		X
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
,	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		- 2	- ^
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<u> </u>		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
6	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				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If	İ		
	"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		X
14 a		14a		<u>X</u>
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	·		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		ν,
4.0	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	4.6		v
47	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	17		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	''		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
1 3	If "Yes," complete Schedule G, Part III	19		X
20 =	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of 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	x	

Part	Checklist of Required Schedules (continued)			NI-
	D. I. II		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	~~		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		ĺ	
	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		X
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			l
	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,	ſ		ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ,	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member, thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	_		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
54	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		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
بسجو	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	. No
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\Box	162	140
	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			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	2 2 13 13 13 13 13 13 13 13 13 13 13 13 13		000	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 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		Х
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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		
	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		
b	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	35		
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		İ	
2 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 12b			
3	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		ĺ	
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	4.4 =		.,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	19		<u>X</u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
U	If "Yes," complete Form 4720, Schedule O	-10		21

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	See ın	struc	tions
Sact	tion A. Governing Body and Management	<u>· · · · </u>	• • •	
Seci	ION A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a	Х	
L				
b		7b	Х	
_	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	-
			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	Х	
10a h	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-		
b		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	7.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	422	v	
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
L	with a taxable entity during the year?			
D	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		Щ_
Secti	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-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest (policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153	s >		

p,	ane	7
~	14 C	•

Form	990	(2018	ı١
T UI III	990	12010	,

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

Check if Schedule O contains a response or note to any line in this Part VII
--

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

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

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

X Check this box if neither the organization nor	any related	orga	nıza	ition	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title		box,	unle: er an:	unless perso		more than one son is both an rector/trustee)		(D) Reportable compensation from the organization	(E) . Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	1 14 =	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(,, 2, 1, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	organization and related organizations
(1) Tracey Ritchey	10		i							
President		Х		Х				0	0	0
(2) Marla Hunt	5									,
Vice President		Х		Х				0	0	0
(3) Jessica Milam	5									
Organizer		Х		Х				0	0	0
(4) Maysel Teeter	5									
Treasurer		Х		Х				0	0	0
(5) Julie Morgan	5					1				
Secretary		X		Х				0	0	0
(6)	ļ									
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, Trus	/ Em	ploy	/ee	s, a	nd H	Highest Compensated Employees (continued)								
	(A) Name and title				Pos heck ss pe	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimat m amount other			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	ensation the inization related nization	n d	
(15)															
(16)					_		_								
(17)			,												
(18)															
(19)															
(20)							:								
(21)															
(22)															
(23)	3)														
(24)		•													
(25)			<u> </u>												
(23)															
С	Sub-total							* * *							
	Total number of individuals (including but no reportable compensation from the organization	ot limited to		se li				who	o received more th	nan \$100,0	000 of				
	Topol (able compensation from the organization				<u> </u>		-						Yes	No	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, direct Jule J for su	or, o ich ind	r tr	uste dual	ee,	key	em	ployee, or highes	st compen	sated	3			
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of re	porta	ble	con	npe	nsatio	n a	and other comper	sation fron	n the				
	ındıvıdual											4		Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If ")											5		<u>-</u>	
	on B. Independent Contractors								Ab. A 	- 45 #10	0.000	- f			
1	Complete this table for your five highest concompensation from the organization Report year														
							(B) Description of se	rvices	С	(C) compens	ation				
Non	8														
								<u> </u>							
								+							
2	Total number of independent contractors received more than \$100,000 of compensations.						ted 1	to	those listed abo	ve) who	7.6		· .		

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated - business revenue	(D) - Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	211,129		•		
Sont and (g	Noncash contributions included in lines 1a-1f \$		500 000		_ ,	
	h	Total Add lines 1a-1f		507,737			-
Program Service Revenue	2a b c d		Business Code			-	
Progra	f	All other program service revenue Total. Add lines 2a-2f			· · -	-	•
	3 4 5	Investment income (including divident and other similar amounts)	ds, interest, proceeds	703			703
	6a b c d	Gross rents	(II) Personal				
	b c d	assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
Other Revenue	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events				1 0 - 1 0 p	6
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b Net income or (loss) from gaming activities.					
		Gross sales of inventory, less returns and allowances		,			
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
	11a						
	b c						
	d	All other revenue					<u> </u>
	e 12	Total. Add lines 11a-11d		508,440			703

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization	ons must compl	lete column (A	١)
---	----------------	----------------	----

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			<u> </u>	1 - 1 - 1
	and domestic governments. See Part IV, line 21	277,251	277,251		
2	Grants and other assistance to domestic individuals See Part IV, line 22	27,000	27,000		• •
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			•• •	
4	Benefits paid to or for members			·-•	, , , , , ,
5	Compensation of current officers, directors, trustees, and key employees			. *	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			-	-
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	0.511		0.644	
	Accounting	9,641		9,641	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees		-	-	
g	Other (If line 11g amount exceeds 10% of line 25 column			•	
4.0	(A) amount, list line 11g expenses on Schedule O)			3.1	mentar a t
	Advertising and promotion		-		
14	Office expenses	6,760		5,500	1,260
15	Royalties			0,000	
16	Occupancy				
	Travel	59,126	19,709	39,417	
	Payments of travel or entertainment expenses		,	·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings [9,661	2,924	5,848	889
20	Interest				
21	Payments to affiliates	109,595	109,595		
22	Depreciation, depletion, and amortization				
23	Insurance	509		509	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	_			
	· · · · · · · · · · · · · · · · · · ·	5,124	1 700	3 416	· · · · · · · · · · · · · · · · · · ·
_	Operating Expense	5,124	1,708	3,416	<u> </u>
b					
q					
0	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	504,667	438,187	64,331	2,149
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)	504,007	430,107	04,331	2,143
				l	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	208,048	2	211,821
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1	
		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	
	6			1	•
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			,
		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	=: :	7	
ΑS	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			•
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	· · ·	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	208,048	16	211,821
	17	Accounts payable and accrued expenses	•	17	
	18	Grants payable		18	
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	
	20	Tax-exempt bond liabilities		20 21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	-
Liabilities	22	Loans and other payables to current and former officers, directors,			
賣	-	trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ľ.	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	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
es		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
2	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			
	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	208,048	32	211,821
Net	33	Total net assets or fund balances	208,048	33	211,821
	34	Total liabilities and net assets/fund balances	208,048	34	211,821

Form 990 (2018) Page 12 **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI. 508,440 1 1 2 504,667 2 3,773 3 208,048 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 6 6 7 7 8 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 211,821 Part XII Financial Statements and Reporting Х Check if Schedule O contains a response or note to any line in this Part XII Yes No 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," explain in Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis 2b Х If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a

Х

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Schedule O

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► 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 35c (Proxy

	(see separate instructions), their Section 501(c)(4), (5), or (6) org				
	e of organization			Employer ide	entification number
Р.	E.O. Sisterhood AR	State Chapter		71-6055	533
	rt I-A Complete if the o	organization is exempt und	er section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indire	ct political campaign a	ctivities in Part IV (see i	nstructions for
	definition of "political campa	iign activities")			
2	Political campaign activity e	xpenditures (see instructions) .			
3		campaign activities (see instru			
Pai		organization is exempt und			
1		cise tax incurred by the organiz			
2		cise tax incurred by organization			
3		a section 4955 tax, did it file Fo			
					Yes No
_	If "Yes," describe in Part IV				
Pai		organization is exempt und			3).
1		expended by the filing organiza			
2		ng organization's funds contribu			
		es,			
3		enditures Add lines 1 and 2			
4		e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification nu	imber (EIN) of all secti	on 527 political organiz	ations to which the filing
-	organization made payment	s For each organization listed,	enter the amount par	d from the filing organia	zation's funds. Also ente
		tributions received that were p			
	as a separate segregated fur	nd or a political action committe	e (PAC) If additional s	pace is needed, provide	information in Part IV
	(a) Name	(b) Address	· (c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				Tarias ir rione, enter o	delivered to a separate
					political organization If
					none, enter -0-
(1)	,				
(2)					
(3)					
(4)			_		
(5)			 		
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule	^	<i>(</i>	000 -	- 000	F 71	2240
Schenille		ı ⊢orm	99U D	ryyu	/ 1	70710

Schedule C (Form 990 or 990-EZ) 2018						Page 2
Part II-A Complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
			affiliated group (and excess lobbying exp		ach affiliated group men	ber's name,
B Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	oly	
	on Lobb	ying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in						
b Total lobbying expenditures to in						
c Total lobbying expenditures (add		_				
d Other exempt purpose expendit		•				
e Total exempt purpose expenditu						
f Lobbying nontaxable amount	-					
columns			ŭ			
If the amount on line 1e, column (a)	or (b) is:	The lobbying	ng nontaxable amount	is:		
Not over \$500,000			amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,000 pt	lus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	lus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	lus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable amount	(enter 25	% of line 1f)			· · · · -
h Subtract line 1g from line 1a If	zero or le	ess, enter -0				
i Subtract line 1f from line 1c If z						
J If there is an amount other th	an zero	on either I	ine 1h or line 1i,	did the organiza	tion file Form 4720	
reporting section 4911 tax for the	nis year?				<u></u>	Yes No
			raging Period Unde			
(Some organizations that						nns below.
	See	the separa	te instructions for	lines 2a through	2f.)	
	Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	T
Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
			1	T .	1	i .

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

_	(election under section 501(h)).	(:	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	Yes	No		Amo		
aesc ——	ription of the lobbying activity	res	NO		Amo	unt ——	
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)?,	<u> </u>		 			
С	Media advertisements?	1		-			
d	Mailings to members, legislators, or the public?		ļ				
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?	1					
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	1					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1					
i :	Other activities?	1			-		
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912		 				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		İ				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501		, or s	ection)		
	501(c)(6).						,
						Yes	١
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Х	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	Ĺ	2
Par	Complete if the organization is exempt under section 501(c)(4), section 501					. :-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	UR (D) Pa	rt III-A	, iine	J, 15	
1	Dues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).	ınıs	O1				
	Current year			2a			
	Carryover from last year			2b			
	Total			2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
	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 lo						
	and political expenditure next year?			4			
	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>		5			
	·	a aroi		D. Paπ	II-A. II	nes i	aı
Pari Provi				\\	II-A. Jı	nes	1

Schedule C (Fo	orm 990 or 990-EZ) 2018	Page 4
Part IV	orm 990 or 990-EZ) 2018 Supplemental Information (continued)	
		•
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

Open to Public Inspection

OMB No 1545-0047

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

	O O' A D O O O O O O O O O O O O O O O O O O	71-6055533
	O. Sisterhood AR State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Funds	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
		(b) I unus and other decounts
	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	
	unds are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	1 1
	conferring impermissible private benefit?	Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1 F	Purpose(s) of conservation easements held by the organization (check all that apply)	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year	Held at the End of the Tax Year
	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	nistoric structure listed in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by the organization during the
	ax year >	
	Number of states where property subject to conservation easement is located >	
	Does the organization have a written policy regarding the periodic monitoring, inspection	1 1 1
	violations, and enforcement of the conservation easements it holds?	
6 9	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
- I	 	assertation assertants during the year
		riservation easements during the year
	► \$	up 170(h)(4)(R)(i)
	and section 170/bV/4V/BV/uV2	Van Na
	n Part XIII, describe how the organization reports conservation easements in its revenue and	
	palance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements	
Part		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
V	f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revorks of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
	f the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re- vorks of art, historical treasures, or other similar assets held for public exhibition, educ-	
r	public service, provide the following amounts relating to these items	ation, or research in furtherance of
-	i) Revenue included on Form 990, Part VIII, line 1	> \$
	ii) Assets included in Form 990, Part X	
	f the organization received or held works of art, historical treasures, or other similar as	
	ollowing amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1	
b A	Assets included in Form 990, Part X	> \$

Do	rt III Organizations Maintaini	ing Collections of	Art Historia	al Trascur	e or Other	Similar Assats	continue	age 2
3	Using the organization's acquisition		otner records	, cneck any	of the follow	ving that are a sign	milicant t	use of its
	collection items (check all that app	ily)	. —					
а	Public exhibition		d		nange progra	ms		
b	Scholarly research		e	Other				
С	Preservation for future gene							
4	Provide a description of the orga	nization's collections	s and explain	how they for	urther the or	ganization's exemp	t purpos	e in Part
	XIII					•		
5	During the year, did the organization	on solicit or receive o	donations of a	irt, historical	treasures, or	other similar		
	assets to be sold to raise funds rati	her than to be maint	ained as part	of the organi	zation's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza	ation answered "Ye	es" on Form	990, Part IV	, line 9, or r	eported an amou	nt on Fo	orm
	990, Part X, line 21							
1a	Is the organization an agent, truste	ee custodian or othe	er intermediai	ry for contrib	utions or othe	r assets not		
	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement i					[
IJ	ir res, explain the attangement	ii Fait Alli allu colli	piete trie ioliov	ving table	[Amount	·	
	Danisana halana					Alliouli		
C	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							1 1
2a							Yes	U No
b	If "Yes," explain the arrangement i	n Part XIII Check h	ere if the expl	anation has b	een provided	on Part XIII	<u></u>	<u>.l. l</u>
Pa	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form	990, Part IV	/, line 10			
		(a) Current year	(b) Prior ye	ear (c) T	wo years back	(d) Three years back	(e) Four	years back
1 a	Beginning of year balance							
h	Contributions		1					
С	Net investment earnings, gains,					,		
	and losses							-
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							· · · -· · ·
g	Fnd of year balance		I				L	
2	Provide the estimated percentage			ine 1g, colum	n (a)) held as			
а	Board designated or quasi-endown	· —	_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%					
3 a	Are there endowment funds not in	the possession of the	ne organizatio	n that are he	eld and admir	nistered for the	_	
	organization by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended to	~	· · · · · · · · · · · · · · · · · · ·				L	
_	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organization	atīon answered "Y	es" on Form	990, Part I\	/, line 11a 🤄	See Form 990, Pa	art X, line	e 10
	Description of property) Cost or other t			i) Book val	ue
4.5	Land		tment)	(other)	depr	eciation		
	Land							
b	Buildings						.	
C	Leasehold improvements					 		
	Equipment							
<u>e</u>	Other							
Tota	I. Add lines 1a through 1e (Column	(d) must equal Form	n 990, Part X,	column (B), li	ne 10c)	▶		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (citeding name of security) (1) Financial derivatives (2) Closely-held equity inferests (3) Other (A) (6) (7) (8) (9) (9) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 Part X line 12
(2) Closely-held equity interests		(a) Description of security or category		(c) Method of valuation
(2) Closely-held equity interests	(1) Financi	ial derivatives		
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(C) (D) (E) (F) (F) (G) (H) Total (Column (b) must equal Form 990, Part X, col (g) line 12) ▶ Part VIII Investments - Program Related.				
(C) (E) (F) (G) (H) Total (Column (b) must equal Form 990. Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation (Cost or end-of-year market value (d) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990. Part X, col (8) line 12) >> Complete if the organization answered "Yes" on Form 990. Part IV, line 11d See Form 990, Part X, line 15 (a) Description (d) must equal Form 990. Part X, col (8) line 13) >> Complete if the organization answered "Yes" on Form 990. Part IV, line 11d See Form 990. Part X, line 15 (a) Description (b) must equal Form 990. Part X, col (8) line 13) >> Complete if the organization answered "Yes" on Form 990. Part IV, line 11d See Form 990. Part X, line 15 (a) Description (b) must equal Form 990. Part X, col (8) line 15). Complete if the organization answered "Yes" on Form 990. Part IV, line 11e or 11f See Form 990. Part X, line 25 1. (a) Description of liabilities. Complete if the organization answered "Yes" on Form 990. Part IV, line 11e or 11f See Form 990. Part X, line 25 1. (a) Description of liability (b) Book value (c) (f) Federal income taxes (g) (g)	(B)			
(E) (F) (G) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(C)			
(F) (G) (G) (H) Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	(D)			,
(G) (H) (Fi) Total (Column (b) must equal Form 980, Part X, col. (8) ine 12.) ▶ Part VIII Investments - Program Related.	(E)			
Total Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.	(F)		-	
Total (Column (b) must equal Form 990, Part X, col (B) line 12) Part XIII Investments - Program Related.	(G)			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13	Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (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) Description (b) Book value (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15), Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15), Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (6) (9)	Part VIII			
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15). Total. (Column (b) must equal Form 990, Part X, col (B) line 15).		(a) Description of investment	(b) Book value	
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(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (8) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (8) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)		- "		
(4) (5) (6) (7) (8) (9) Total (Column (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) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
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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) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (4) (5) (5) (6) (6) (6) (7) (7) <td< td=""><td></td><td></td><td></td><td></td></td<>				
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15).		(a) De	scription	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	_(1)			
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(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25		(1) (D) (D)	4 m \	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25			ne 15)	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part X	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9)	1.	(a) Description of liability	(b) Book value	e
(3) (4) (5) (6) (7) (8) (9)	(1) Fede	ral income taxes		
(4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)	(6)			
(9)	(7)			
	(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(9)			
	Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	>	

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 Schedule D (Form 990) 2018

Page 4

Part 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
		1	508,440
1	Total revenue, gains, and other support per audited financial statements		300,440
2	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	1	
	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	508,440
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
	Other (Describe in Part XIII)	1 1	
С	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		508,440
Part 2	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	504,667
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
	Prior year adjustments]]	
С	Other losses]]	
d	Other (Describe in Part XIII)]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	504,667
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII)	4	
С	Add lines 4a and 4b \dots		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	504,667
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second		
		- .	

Scheanle h (I	Form 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
		•
	•	
	•	

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

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

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

► Attach to Form 990.

2018	Open to Public

OMB No 1545-0047

► Attach to Form 950.
► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 71-6055533

å

Chapter	irants and Assistance
Sisterhood AR State	eneral Information on Gra
P.E.O. S.	Part I Ge

Xes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

מיניין ייניין ייניין ייניין ייניין איניין אייין איניין אייין איניין איניין איניין אייין אייין אייין אייין איייין אייין איייין אייין איייין איייין איייין איייין איייין איייין איייין	10001100	יויסיי ביייי	מוניון כמוניון	כ משטווכמוכם ו	dalicoliai space is il	2000	
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)	64,321	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	21,098	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	32,471	0			Scholarships
(4) P.E.O. Program for Contin Educ							4
Des Moines, IA 50312	237405311	501(c)(3)	36, 686	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	32,224	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	37,551	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	49,890	0			Schol/Grants
(8)							
(6)							
					•		
(10)	, '						
	,						
(11)							
		, av			,		
(12)				,		-	
	,		-				
2 Enter total number of section '501(c)(3) and government organizations listed in the line 1 table.	government.k	rganizations lis	ted in the line 1 tab			A	7

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tab
 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 (Form 990	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
	Dort III on he displaced it additional angests in accorded

	rail ill call be outlicated il additional space is freeded	שמשלב ובב	חבת			
	(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
1 Sch	1 Scholarships to Cottey College 5	5	27,000	0	N/A	N/A
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the informati	on required in Pa	art I, line 2, Part I	II, column (b), and any o	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. P.E.O. Sisterhood. Part II, Line 1(a) -- With the exception of Cottey College, all other organizations share a mailing address of

3700 Grand Ave, Des Moines, IA 50312.

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Schedule I (Form 990) (2018)

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 AR State Chapter	71-6055533
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	
state conventions where new officers are elected by the vot	ing members present. In
addition, certain proposed amendments to the bylaws are pre-	•
Part VI, Line 11b: copies of the final Form 990 were provide	ed to each member of the
executive board of Arkansas 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	ure pages are distributed
each year to all executive board members and to any committee	ee members having influence
over financial transactions. Signature pages are collected	by the state president and
monitored for completion. Any conflicts of interest that a	rise are to be reported
immediately to the affected committee/board, and the remain	ing members vote on the
appropriate action.	
	ata landa a sana da da landa la la la la la la la la la la la la la
Part VI, Line 19: Governing documents, conflicts of interes	•
statements are available to members upon request. These it	ems 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.	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
P.E.O. Sisterhood AR State Chapter	71-6055533
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