Return of Organization Exempt From Income Tax

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information Aprıl 1 , 2018, and ending

Inspection

A F	or the	e 2018 cal	end	dar year	r, or tax y	ear beginning	Aprı	1 1	, 2018,	and	ending	M	arch	31		, :	20 19	
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1	Tax-ex	empt status	I	50)1(c)(3)	X 501(c) (4) ∢ (ins	ert no)	4947(a)(1)	or	52	X L	ı	f "No," at	tach a li	st (see in	 structions	s)
		_ `	ww.			ational.						77	H(c) Gro	up exem	ption nu	mber	▶ 107	2
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Form 990 (2018) Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III . 5 Х 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 6 Х 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 Χ 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 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d 11e Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

21

Part	Checklist of Required Schedules (continued)		Yes	- N-
	D. I. I		res	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	^_	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		
	employees? If "Yes," complete Schedule J	23		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$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		X
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			.,
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28b		χ.
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		X
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	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	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Ì	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	
		\neg	Yes	No
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	l	Χ
h	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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	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		
	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		
	sponsoring organization have excess business holdings at any time during the year?	-		
9	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		İ	
1	Section 501(c)(12) organizations. Enter		ļ	
	Gross income from members or shareholders		ļ	
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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			
þ	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	4.6-		
	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	1 =		\ \ <i>\</i>
	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	16		y
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	'		<u>X</u>
	If "Yes," complete Form 4720, Schedule O		ليب	

Part VI 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 S				
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		· · ·	1.,1
Seci	TOTI A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year.	<u></u>	100	110
1a	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ĺ
2	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			
3		3		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?		- 23	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	/ a		_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х	
	stockholders, or persons other than the governing body?	"		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ļ .		
	the year by the following	8a	Х	
a	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	
0000	on B. I oneics (This Section B requests information about policide not required by the internal revenue	0000	Yes	No
40-	Did the assessment as have least charters because as offlicted?	10a	Х	
	Did the organization have local chapters, branches, or affiliates?			_
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	· · · · · · · · · · · · · · · · · · ·	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
•	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
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			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official None	15a		Х
b	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
IVa	with a taxable entity during the year?	16a		х
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153	s►		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
_	Independent Co	ontra	actors								
	Check if Schedule	0.0	contains a r	esponse or n	ote to any line	e 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	l orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more than do not check more director Key employee Officer Individual trustee or director			an tee)	(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) Ann Peterson Bryant	20		,							
President		х		x	ļ			o	0	0
(2) Alyssa Nash	20									
Vice President		x	1	Х				0	0	0
(3) Jamie Wilson	20									
Organizer		x		Х				0	0	0
(4) Barbara Cornell	20									-
Treasurer		Х		Х				0	0	. 0
(5) Jean Van Delinder	20									
Secretary		Х		Х				0	0	0
(6)										
(7)		<u> </u>								
(1)		İ								
(8)										
(9)										
(10)						·				<u> </u>
(11)										<u></u>
(12)										
(13)										
(14)										

				((C)								
(A) Name and title	(B) Average hours per week (list any	box office	unles r and	neck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reporta compensati relate	able ion from	Est am	(F) imated ount o	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro orga and	ensati m the nization related nization	on d
(15)													
(16)													-
(17)											. <u>-</u>		
(18)													
(19)		-									_		
(20)													
(21)													
(22)						_					_		
(23)									· 				
(24)													
(25)						-							
							_						
to Sub-total	, Section A .	 	· · ·	 	 	 	>		**************************************	200 of			
2 Total number of individuals (including but reportable compensation from the organiza		o thos		o O	. ac	oove)	wn						
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch	fficer, direct edule J for su	or, o	r tr	uste lual	ee,	key	em	ployee, or highes	st compen	sated	3	Yes	No X
4 For any individual listed on line 1a, is th organization and related organizations	e sum of re greater thai	portal	ble 50,0	con	npe 7 /	nsatio f "Ye	n a s, "	and other comper complete Sched	sation fron	n the such	4		- <u>-</u>
 Individual Did any person listed on line 1a receive for services rendered to the organization? If 	or accrue co	ompei	nsat	ion	fro	m any	y ui	nrelated organizat	ion or indi	vidual	5		X
Complete this table for your five highest compensation from the organization. Report													
year (A)	···			<u>-</u>			1	(B)			(C)		
Name and business a	ddress						-	Description of se	rvices	C	ompens	ation	
		•					-						
												•	
2 Total number of independent contractor						ted t	:o		ve) who	_			4
received more than \$100,000 of compensa	ition from the	orga	nıza	tior	>			0		<u></u>	Form S	90	(201

Par	t VIII	-		vilino in this Dart VIII	1		
_	_	Check if Schedule O contains a response or	note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nue and Other Similar Amounts	1a b c d e f	Fundraising events		505,600		-	
Program Service Revenue	2a b c d e f g	All other program service revenue					
	3 4 5 6a b c	Investment income (including dividends, and other similar amounts)	interest, > eeds . > > Personal	9,816			9,816
	7a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses					
Other Revenue	8a b c 9a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	▶				
	b c	See Part IV, line 19	14.800				

4,904

Business Code

9,896

525,312

8,041

8,041

9,816

b Less cost of goods soldc Net income or (loss) from sales of inventory.

Miscellaneous Revenue

d All other revenuee Total Add lines 11a-11d

Total revenue. See instructions

Form 990 (2018) Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colur	nn (A)
750	Check if Schedule O contains a respi				
	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				
'	and domestic governments. See Part IV, line 21	273,699	273,699		
,	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	14,791	14,791		•
3	Grants and other assistance to foreign				
٠	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	14,066	4,689	9,377	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		0.50	706	
10	Payroll taxes	1,059	353	706	<u></u> .
11	Fees for services (non-employees)				
а	Management				
b	Legal	4 275		4 275	
C	Accounting	4,375		4,375	
	Lobbying				
	Professional fundraising services See Part IV, line 17,				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses	756			756
	Information technology	750			,,,,
	Royalties				
	Occupancy	45,536	15,179	30,357	
	Payments of travel or entertainment expenses	10,000			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,103	5,034	10,069	
	Interest	,	•	· · · · · · · · · · · · · · · · · · ·	
	Payments to affiliates	138,738	138,738		
	Depreciation, depletion, and amortization				
	Insurance	693		693	
	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)				
а	Operating Expense	8,557	2,852	5,705	
b					
đ					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	517,373	455,335	61,282	756
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				
	following SOP 98-2 (ASC 958-720)		1		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X <u></u>		<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	155,435	1	20,764
	2	Savings and temporary cash investments	353,386	2	495,996
	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
ets	7	Notes and loans receivable, net		7	
Assets	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	<u> </u>	14	
	15	Other assets See Part IV, line 11	500 001	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	508,821		516,760
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities	·······	21	
	1	Loans and other payables to current and former officers, directors,		21	<u> </u>
Liabilities	22	trustees, key employees, highest compensated employees, and			
를		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	
Ses		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
		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	508,821		516,760
Net	33	Total net assets or fund balances	508,821		516,760
_	34	Total liabilities and net assets/fund balances	508,821	34	516,760

orm 99	0 (2018)				Pa	ge 1 Z
Part .	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				312
2	Total expenses (must equal Part IX, column (A), line 25)	2		į		373
3	Revenue less expenses Subtract line 2 from line 1	3			7,	939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		į	<u>508,</u>	821
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			516,	<u>760</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	 ,		X
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_ <u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		}	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both		- [
	X Separate basis Consolidated basis Both consolidated and separate basis		1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for					.,
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o			2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	.in			
	Schedule O		i			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se		ın	_		v
	the Single Audit Act and OMB Circular A-133?		<u>.</u> . · ·	3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo :	tne	2.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits		3b	aan	(2018)
				rorm	330	(ZVIB)

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

2018

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 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 73-6097282 P.E.O. Sisterhood OK State Chapter 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") Political campaign activity expenditures (see instructions) ▶ \$ 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. ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > \$ Yes Nο Yes ' No b If "Yes," describe in Part IV Part I-C 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 (a) Name (b) Address (c) EIN (d) Amount paid from 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)

Ρ	art II-A	Complete if the org section 501(h)).	anizatio	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under	
A	Check ▶				affiliated group (an excess lobbying exp		ach affiliated group mem	ber's name,	
В	Check ▶	If the filing organiz	ation che	ecked box A	A and "limited contr	ol" provisions app	ly		
	,		on Lobb	ying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals	
1:	a Total lob	obying expenditures to i							
		obying expenditures to i				· · ·			
		obying expenditures (ad		-					
		xempt purpose expendit				(**			
		empt purpose expendit						-	
		g nontaxable amount							
	columns	=			•				
		ount on line 1e, column (a) or (b) is.	The lobbying	ng nontaxable amount	is:		· · · · · · · · · · · · · · · · · · ·	
	[\$500,000	, , ,		amount on line 1e				
)	00,000 but not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000			
	Over \$1,	000,000 but not over \$1,5	00,000	\$175,000 p	lus 10% of the excess	over \$1,000,000			
		500,000 but not over \$17,		\$225,000 p	lus 5% of the excess	over \$1,500,000			
	Over \$17	7,000,000							
_	g Grassro	ots nontaxable amount	(enter 25	% of line 1f)				
ı	h Subtrac	t line 1g from line 1a If	zero or le	ess, enter -0		[
	i Subtract line 1f from line 1c If zero or less, enter -0-,								
Į	If there	is an amount other th	an zero	on either l	ine 1h or line 1i,	did the organiza	tion file Form 4720		
	reportin	g section 4911 tax for t						Yes No	
			4	I-Year Avei	raging Period Unde	er Section 501(h)			
	(S	iome organizations tha						ins below.	
			See	the separa	te instructions for	lines 2a through	2f.)		
_			Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod		
		ar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2:	a Lobbying	nontaxable amount							
		ceiling amount f line 2a, column (e))							
	c Total lob	bying expenditures							
_ (d Grassroo	ots nontaxable amount							
		ots ceiling amount f line 2d, column (e))							
1	f Grassroo	ots lobbying expenditures		·					
							C = b = d · · l = C · //	Cores 000 or 000 E71 2010	

. . .

	(a	1)		(b)	
for each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed lescription of the lobbying activity	Yes	No		Amou	nt
	 				
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				,	
a 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?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 					
Other activities?					
		i			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
 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		İ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectior	1	
501(c)(6).				T	Yes
Were substantially all (90% or more) dues received nondeductible by members?				1.	, X
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				-	X
Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501				1	•
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3, is
answered "Yes."		•			
alisweled les.					
]	1		
Dues, assessments and similar amounts from members			1		
Dues, assessments and similar amounts from members			1		
Dues, assessments and similar amounts from members	unts	of	1 2a		
Dues, assessments and similar amounts from members	unts .	of 			
Dues, assessments and similar amounts from members	unts	of 	2a		
Dues, assessments and similar amounts from members	unts	of 	2a 2b		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	unts es	of	2a 2b 2c		
Dues, assessments and similar amounts from members	unts es	of ne	2a 2b 2c		
Dues, assessments and similar amounts from members	unts es. n of th	of ne	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	es obbyir	of	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). Current year	es	of	2a 2b 2c 3	II-A, lin	es 1 a
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoin political expenses for which the section 527(f) tax was paid). a Current year	es	of	2a 2b 2c 3	II-A, lin	es 1

Schedule C (F	orm 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
		
		
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		g in Nation States.
		- • • •
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		,

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization P.E.O. Sisterhood OK State Chapter 73-6097282 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b h 2 c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the 'organization during the 3 with it is it wasting in Condition of the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i),... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X...

Pa	t III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	ssets (d	ontinue	d)
3	Using the organization's acquisition										
	collection items (check all that app	ly)									
а	Public exhibition		d [Loan	or excha	ange	prograi	ms			
b	Scholarly research		е	Other							
С	Preservation for future gene	rations					- ·				
4	Provide a description of the organ	nization's collection	s and expla	ain how	they fur	rther	the or	ganızatıon's	s exemp	t purpose	ın Part
	XIII										
5	During the year, did the organization	n solicit or receive	donations o	f art, hist	orical tr	easu	res, or	other simila	ar		
	assets to be sold to raise funds rath	ner than to be main	tained as pa	rt of the	organiz	ation	's collec	ction?		Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21	ition answered "Y								nt on For	m
1 a	Is the organization an agent, truste										
	included on Form 990, Part X?								[Yes	∐ No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table										
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance					<u>1f</u>				1	1 1
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No										
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10											
	Complete if the organiza				(c) Tw			(d) Theory	ara baak	(a) Faus	ann back
		(a) Current year	(b) Prio	r year	(C) 1W	o year	S Dack	(d) Three ye	ears back	(e) Four y	ears back
1 a	Beginning of year balance		-		<u> </u>						
b	Contributions								 -		
С	Net investment earnings, gains,										
	and losses		 								
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		 				· · · · · · · · · · · · · · · · · · ·		-		
f	Administrative expenses				<u> </u>						
g											
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc %	e (line 1g,	column	ı (a))	neid as				
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a										
3 a	Are there endowment funds not in	the possession of t	the organiza	ition that	are hel	d and	d admir	nistered for	tne	[v	es No
	organization by									-	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii) 3b	
	If "Yes" on line 3a(ii), are the relate	~	-							30	
4	Describe in Part XIII the intended in the Land, Buildings, and Equ		ation's endo	wmentiu	nus	·	-		 -		
Pa	Land, Buildings, and Equation Complete if the organization	ation answered "Y	es" on Fo	m 990,	Part IV	, line	11a S	See Form	990, Pa	irt X, line	10
	Description of property	(a) Cost o	or other basis stment)	(b) Cost			(c) Ac	cumulated eciation		l) Book valu	
1 a	Land										
b	Buildings										
С	Leasehold improvements		_								
d	Equipment,				_						
<u>e</u>	Other			l							
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part	X, colum	n (B), lır	ne 10	c)	▶			

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
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion
(1) Financi	al derivatives			
	r-held equity interests			
(A)				
(B)				
(C)				
(D)				•
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c See Form 990	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				.
_(7)				·
(8)				
(9)				
	nn (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)				
(5)		<u></u>		
(6)	· · · · · · · · · · · · · · · · · · ·	···		
_(7)		· · · · · · · · · · · · · · · · · · ·		
(8)		<u> </u>		
(9)				
	lumn (b) must equal Form 990, Part X, col (B) I	ine 15)	·····	<u></u>
Part X	Other Liabilities. Complete if the organization answered line 25	l "Yes" on Form 990), Part IV, line 11e or 11f See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	<u>ie</u>	-
(1) Fede	ral income taxes			
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25)	>		<u>-</u> _
2 Liability f	or uncertain tay positions. In Part XIII, provide the	text of the footpote to th	e organization's financial statements that re	enorts the

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

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P	an	ρ	
г	αч	C	

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.	
	Total revenue, gains, and other support per audited financial statements	1	525,312
1	· · · · · · · · · · · · · · · · · · ·		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
_	Net unrealized gains (losses) on investments	1 1	
b	Dollated Services and use of lacinities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	505 310
3	Subtract line 2e from line 1	3	525,312
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII)]	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	525,312
Part 2			
1	Total expenses and losses per audited financial statements	1	517,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		· · · · · · · · · · · · · · · · · · ·
	Donated services and use of facilities		
a	Dollated Services and use of lacinities	1	
b	Filor year adjustments	1	
С	Other losses	- l	
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	517,373
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
b	Other (Describe in Part XIII)	↓	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	517,373
Part :	XIII Supplemental Information.		
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, P t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	nation	
		•	
	······································		

Schedule D (F	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
raitAiii	Cupplemental mornation (continued)	
		
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		·····
-		

Schedule D (Form 990) 2018

SCHEDULE 1 (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.

2018 Open to Public Inspection

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

Employer identification number 73-6097282

P.E.O. Sisterhood OK State	Chapt	
.E.O. Sisterhood	State	
.E.O.	OK	
Ξ	Sisterhood	
Ξ.	ö	ı
	Р. Б.	

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

- å X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(a)	(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)	57,742	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	20,209	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	19,658	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Monnes, IA 50312	237405311	501(c)(3)	24,930	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	19,509	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	20,414	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	16,572	0			Schol/Grants
(8) Oklahoma P.E.O. Project Fund							
6528 E 101 St D-1, Tulsa, OK 74133	736107830	501(c)(3)	94,665	0			Schol/Grants
(6)				!			
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	tovernment c	rganizations list	ted in the line 1 tab	<u> </u>			∞

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

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

Schedule 1 (Form 990) (2018)

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 Part III

	t ait iii cait be dapiicated ii additoliai space is tieeded	space is fice	aca			
	(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
0	44	c		c	K / W	r/ N
) SCIIC	I scholarships to cortey college o	0	161161	0	N/A	N/A
2						
က						
4						
ທ						
9	:					
7						
Part IV	Part IV Supplemental Information. Provide the Informat	the informative	on required in P	art I, line 2, Part I	II. column (b), and any o	tion required in Part I, line 2, Part III, column (b), and any other additional information

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

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

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

other all Project Fund, P.E.O. Line 1(a)--With the exception of Cottey College and Oklahoma Part II,

IA 50312 a mailing address of 3700 Grand Ave, Des Moines, organizations share

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.

20**18**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ

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

Name of the organization

P. F. O. Sisterhood OK State Chapter

Employer identification number 73-6097282

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

Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number 73-6097282
P.E.O. Sisterhood OK State Chapter	13-0091202
	_

SCHEDULE R (Form 990)

P.E.O. Sisterhood OK State Chapter

Department of the Treasury Internal Revenue Service Name of the organization

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.

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Instructions
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▶ Go to www.irs.gov/Form990 for instructions and the latest information
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OMB No 1545-0047

Employer identification number 73-6097282

Parti	Identification of Disregarded Entities. Complete if the	le organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on f	⁻orm 990, Part I\	/, line 33		
	(a) Name, address, and EIN (if applicable) of disregarded entity	i d	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	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	Complete if the orgathe tax year	anization answ	ered "Yes" on Fo	orm 990, Part IV	, line 34, because	ıt had
	(a)	(a)	(2)	(p)	(e)	(g)	(g) Section 512(b)(13)

	306 (20)						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
						Yes	No
(1) Oklahoma P.E.O. Project Fund							
6528 E 101 St D-1, Tulsa, OK 74133	Schol/Grants Oklahoma	Oklahoma	501(c)(3)	7	N/A		×
(2) EIN 73-6107830							
(3)							
(4)							
	 						
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year	ed Organizations more related orga	. Taxable anization	: as a Partners! s treated as a p	nip. Complete artnership dur	if the organizating the tax year	tion answered "Ye	s" on Form	990, Part IV,	line 34 _,		
Nar	(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)	t Share of total income n	(g) otal Share of end-of- year assets	(h) Disproponents albeators?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	1 0 -
	30000		,,				-	Yes No		Yes No		
(1) N/A												
(2)												
(3)												1
(4)												1
(5)												
(9)												
(7)												1
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ted Organizations d one or more rela	Taxable ated org		ion or Trust. (ed as a corpor	Somplete if the ation or trust du	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ations treated as a corporation or trust during the tax year	vered "Yes'	on Form 990	, Part IV,		l
	(a) Name, address, and EIN of related organization	of related organization	,	(b) Primary activity	(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	cie Direct controlling	(e) Type of entity (C corp S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent sets owners	Percentage Section 512(b)(13) connership controlled entity?	2 €(13) 2 €(13)
											Yes No	<u> </u>
(1) N/A												
(2)										-		1
(3)										-		1
3										-		1
(4)												
(5)												I
3												1
(a)										_		
(7)												1
									Sched	ule R (Fo	Schedule R (Form 990) 2018	2
									1			

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	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	r more related organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) royalties. or (iv) rent from a controlled entity.					×
			1b	×	
			15		×
			19	_	×
					×
					;
f Dividends from related organization(s)			<u>= </u> : :	1	<
g Sale of assets to related organization(s)					×
			=		×
i Exchange of assets with related organization(s).			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			1		×
			, 4		>
k Lease of facilities, equipment, or other assets from related organization(s)			<u>- </u> : : :	+	۵
l Performance of services or membership or fundraising solicitations for related organization(s)			= : :	×	
m Performance of services or membership or fundraising solicitations by related organization(s).			<u>=</u>		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>두</u> ::	×	
o Sharing of paid employees with related organization(s)			1	×	
0000			, 0		×
			<u>투</u>		$ \times $
r Other transfer of cash or property to related organization(s)			+		×
			18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,		including covered relationships and transaction thresholds	action threshold	ds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining volved	_
(1)Oklahoma P.E.O. Project Fund	۵	94,665	Cash-FMV		
(3)					
(4)					
(5)					
(9)					
JA ASC		Sch	Schedule R (Form 990) 2018	ו 990) א	018

Page 4

Schedule R (Form 990) 2018

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

(1) N/A (2) (3) (4) (5)	sections 512-514)	Yes			Yes No	Yes No	
(1) N/A (2) (3) (4) (5)							
(3) (5) (6)							
(2) (3) (4) (5)							
(4)							
(4)							
(5)							
(5)							
(5)							
(6)							
(9)							
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			·				
(8)							
					-		
(6)							
(10)							
1000				,			
(11)							
(12)						•	
(13)		1					
(14)							
(15)							
(16)							

Schedule R (Fo	orm 990) 2018	age :
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions	•
	Trovide additional morniation for responded to questions on concedito to each additional	