Form **990** 

(Rev January 2020)

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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.

Open to Public

Open to Public Inspection

<u>A</u>	For tr	ne 2019	calendar year, or tax year beginning	April 1 , 2019,	, and ending	Mai	ceu 31		, 20 20			
_			C Name of organization				D Employer idei	iuncauon i	number			
В	Check if	applicable	P.E.O. Sisterhood PA	State Chapter								
Γ		Iress	Doing business as				23-628	7438				
H	chai	-	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		E Telephone nui					
⊢		ne change		,		- 1	515 25	E 21E2	,			
₹-	<del></del> -	al return ai return/	3700 Grand Ave City or town, state or province, country, a	and ZID or forming postal code	J	-	213 23	3 313.	)			
≓.	tern	nınated				- 1						
	retu		Des Moines, IA 50312	-2899			G Gross receipts			767		
L		dication ding	F Name and address of principal officer				H(a) Is this a grou subordinates	ip return for	Yes	X No		
			Alicia King Redfern -	same as C above		Λ	H(b) Are all subord	nates included?	Yes	No		
<b>=</b>	Тах-е	exempt sta	atus 501(c)(3) X 501(c) (	4 ) <b>《</b> (insert no ) 4947(a)(1)	or 52#		If "No," att	ach a list (se	e instructions)	ı		
Ŧ.	Webs	site. >	www.peointernational.	ora	1	Ü	H(c) Group exemp	otion number	▶ 1072	2		
K		of organ		Association Other	L Year of	format	ion 1938 M	State of leg	al domicile	IA		
	art l		mmary		<b>V</b>		****					
3	1		describe the organization's mission of	r most significant activities. Momon	's membe	rehi	in organi					
25	<b>.</b>	•		-			re schola		<del>_</del> :			
面	\$		porting six philanthron									
Ě	2		n and award programs ar									
9	2		• • • •	iscontinued its operations or disposi				1		-		
è	<u> </u>		er of voting members of the governing	•				3		5		
9	4	Numb	er of independent voting members of t	the governing body (Part VI, line 1b) .				4		<u> </u>		
:	5	Total	number of individuals employed in cale	endar year 2019 (Part V, line 2a)				5		0		
ENVEL	6	Total	number of volunteers (estimate if neces	sary)				6		100		
<	ί 7a	Total	unrelated business revenue from Part V	'III, column (C), line 12				7a				
			nrelated business taxable income from					7b				
_							Prior Year		Current Y	ear		
	. 8	Contri	butions and grants (Part VIII, line 1h).				327,2	49	325	,940		
- 1	9		am service revenue (Part VIII, line 2g).		<b>I</b>							
	10	_	ment income (Part VIII, column (A), line	8	76		809					
ò	11		revenue (Part VIII, column (A), lines 5,		3,9		2	,535				
					ſ		332,1			,284		
_	12		revenue - add lines 8 through 11 (mus				215,9			,036		
	13		s and similar amounts paid (Part IX, col		213, 3	-		,030				
	14		its paid to or for members (Part IX, colu		-							
9	15		es, other compensation, employee bene									
Š			ssional fundraising fees (Part IX, column	<del></del>								
\$	<u>}</u>   t		fundraising expenses (Part IX, column (	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>'ED</u>							
_	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	y		93,0		125,352			
	18	Total	expenses Add lines 13-17 (must equal		309,0	, ·		<u>,388</u>				
	19	Reven	nue less expenses Subtract line 18 fron	n line 12 있 AUU 1.0. 4	020		23,1			<u>,896</u>		
ō	Sez					Begin	ning of Current Y	'ear	End of Yea	<u> </u>		
Net Assets or	20	Total a	assets (Part X, line 16)	· · · · · · · · · · · OGDEN:	∴UT···∥		212,5	10	214	<u>,406</u>		
AS.	21		rabilities (Part X, line 26)		· · · · · · · · ·							
Ž,	[ 22	Net as	ssets or fund balances Subtract line 21	from line 20			212,5	10	214	,406		
P	art II	Sig	nature Block									
U	nder pe	enalties o	of perjury, I declare that I have examined the complete Declaration of preparer (other than	is return, including accompanying sched	ules and statem	ents, a	ind to the best of	my knowle	edge and bo	elief, it is		
	Je, con	eci, and	Complete Declaration of preparer (other than	Tomcer) is based on an information of wif	icii preparer nas	ally Ki	lowiedge					
		<b>.</b> _	Vana Vankoeh				8/5/2	2020				
	gn	S	ignature of officer				Date					
H	ere		Dana Van Roekel				Direc	ctor o	f Fina	nce		
		▶ ₹	ype or print name and title									
		Print/	Type preparer's name	Preparer's signature	Date		Check	ıf PTIN				
Pa							self-employe	ed				
	eparer	Firm's	name ►				Firm's EIN	_ <del></del>				
Us	e Only	/	address				Phone no					
M	av the		iscuss this return with the prepare	r shown above? (see instructions)	)				Yes	No		
_			Reduction Act Notice, see the separat		,	<u> </u>	<u> </u>		Form 990			
. 0	apt						$\psi$		• • •	, , , , , , , , , , , , , , , , , , , ,		

	n 990 (2019) Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	P.E.O. is a philanthropic organization where women celebrate the advancement of
	women; educate women through scholarhsips, grants, awards, loans and stewardship of
	Cottey College; and motivate each other to achieve their highest aspirations.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$281,604_ including grants of \$202,036_) (Revenue \$)
	Program services are accomplished by collecting and forwarding contributions to
	various P.E.O. projects and scholarships on both the state and national levels; no specific statistics are available.
	<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	<del>-</del>
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	<del></del>
	Other program services (Describe on Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
JSA	Total program service expenses ► 281,604  Form 990 (2019
∂E10	20 2 000 Form <b>950</b> (2019



Par	Checklist of Required Schedules			<del></del>
_	In the assessment of department of a parties 504(a)(2) as 4047(a)(4) (ather these a project foundation)(2) if "Noa"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			.,
•	complete Schedule A	1		X
2		2		X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b> </b>	<del> </del>	<del>  ^</del>
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	<del></del>	<u> </u>	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	l
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	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	ĺ		
	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 donor-restricted endowments			_
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42-	,,	
L	Schedule D, Parts XI and XII	12a	X	
D	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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 70		Х
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19_		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			İ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	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		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			1
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	282		<u>x</u>
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		_ <del>``</del>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive more than \$25,000 in non-cash contributions. If Yes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-5		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 01		
32		32		v
22	complete Schedule N, Part II	32		X
33		22		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
	or IV, and Part V, line 1	34		X
		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		<u> </u>
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
<b>4</b> =	Enter the number reported in Box 2 of Form 4006. Fatar 0 of not employed.	$\vdash$	1 85	140
	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		υ,	
JSA 9E1030	reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	(2019)
051030	2 000	r omi	-	(2013)

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Par	t V 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	ļ		
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		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	X	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		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.		,	
-	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		r	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O			
h	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			
c	Enter the amount of reserves on hand			
	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? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	•	Х
. •	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

Part	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 on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	tions
Sect	ion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	I
0000			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	Х	
		1		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1 1 a	Λ	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42-	.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del></del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		,
а	The organization's CEO, Executive Director, or top management official None	15a		X
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
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		
Secti	ion C. Disclosure			L
	List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 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 Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year	t inter	est p	olicy,

20

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

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. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor	any related	organization compensate	ed any current office	er, director, or trustee	
		(C)			

(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 one box, unless person is both an officer and a director/trustee)  Officer  Officer  Institutional trustee  or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) Alıcia King Redfern	20									
President		Х		Х	_			0	0	0
(2) Ann Huddleston	20				İ					
Vice President		X		Х	L.			0	0	0
(3) Jennifer Young Pioch	20									
<u>Organizer</u>		Х		Х				0	0	0
(4) Starr Hull	20									
Treasurer		Х		X				0	0	0
(5) Pat Coulter	20									
Secretary		Х		X		ļ		0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)									_	-
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	ınd H	igh	nest Compensate	d Employ	ees (co	ontinuec	1)	
(A) Name and title	(B) Average hours per week		unle er an	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compens from rela	ation		(F) ted am other pensate	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)				om the ization organiza	
(15)										_			
(16)													
(17)		1											
(18)													
(19)													
(20)			. <u>-</u>										
(21)													
(22)	:				_				-				
(23)			<b>!</b>									· · · · · ·	
(24)										- · · ·			
(25)													
1b Subtotal	Section A .						<b>&gt; &gt;</b>						
Total number of individuals (including but no reportable compensation from the organization)		o thos		sted 0	d at	ove)	who	o received more ti	nan \$100,0	000 of	<del></del>		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheol						-	-	-			3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater thar	1 \$1	50,0	000	? /	f "Ye	S, "	complete Schedu	ule J for	such	4		x
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	ompe	nsat	ion	fro	n any	y ur	nrelated organizati	on or indiv	ıdual	5		х
Section B. Independent Contractors													
Complete this table for your five higher compensation from the organization Report													
(A) Name and business addre	ess							(B) Description of ser	vices	(	(C) Compensa	ation	
None							<u> </u>						
							+						
	. <u> </u>	-					1						
2 Total number of independent contractors received more than \$100,000 of compensations.	•	-							ve) who	<del></del>	_		

# Part VIII Statement of Revenue

1		Check if Schedule O co	ntains a respor	ise or note to ai	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	40	Federated campaigns	1a		المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال المراجعة المراجعة ال		\$4. (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1a b·			117,633				
جَ ق	, B	Membership dues		117,033				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ξŽ	٥	Fundraising events						
<u>a</u>	a	Related organizations						
ž.E	e	Government grants (contribu			The lift of the lift of the second of the se			
Ēς	T	All other contributions, gifts,		208,307				
是		and similar amounts not included		200,301				
<b>FO</b>	9	Noncash contributions includ	'	<b>.</b>				
25	١.	lines 1a-1f		,	325,940			
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	323, 340	The state of the s	Carlotte and the second	The state of the s
Ð			•	Busiless Code	Proceedings of the Processing	to the second second second	18 (2 m² c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c	* 44 4 68 C C C C
Ş.	2a		·					
Ser	Ь							
E Ş	C	<del></del>	<u>.                                    </u>					
gra Re	ď		· <del>-</del>					<del></del>
Program Service Revenue	e		·····	_				
_	f	All other program service rev		· •			14 (4 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The straight of
	g	Total. Add lines 2a-2f				en and all partial englar	salistate in the split programme	* * * * * * * * * * * * * * * * * * * *
	3	Investment income (includ	•		809			809
		other similar amounts)						
-	4 . 5	Income from investment of the Royalties	•					
	"	Royalties	(ı) Real	(II) Personal	Carlotte Control	Mark College College	10-Feb. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	turk to the
		C	(7.132					
	6a	Gross rents 6a						
	b	Less rental expenses 6b				To a first the training made		
•	C	Rental income or (loss) 6c Net rental income or (loss)		<b></b>	enter the second	, c, , , C, , , , , , , , , , , , , , ,	, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
	d	Gross amount from	(i) Secunties	(II) Other	Lifered and the state of a second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	<u> </u>
	7a	sales of assets	(1) 0000	(,				The state of the s
•		other than inventory 7a	<del></del>					
Revenue	ь	Less cost or other basis	*					
ē	_	and sales expenses 7b	<del></del>					
æ	C	Gain or (loss)			and the second second	to the state of th	( e) a ( a) (a) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	al a mar ark je
Jer	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	And the state of the state of the	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ारणसञ्चलका व हत्।	E 44 1 12 0
Othe	8a		undraising					Because of the second second
		events (not including \$		,				
		of contributions reported	I =	•				
		1c) See Part IV, line 18	l					
	b	Less direct expenses Net income or (loss) from ful	· · · · · · · · · · · · · · · · · · ·		District Reservation	The state of the s	1 4 4 a ( 1 1 1 1 3 a 9 3	self to become for
_ `	٠	` ,	· ·		THE STATE OF THE STATE OF	Property of the second	The filter was a second of the first of the	1, 10, 100, 100
- 1	9a	Gross income from activities See Part IV, line 19	gamıng 9a					
		•					1 14 - 17 - 18	To see the
	b	Less direct expenses Net income or (loss) from ga		<b>.</b>	7.5 (2.1) 1 2 (3.5) (3.5)	Property of	or in an in a cal	PAL <sup>2</sup>
	40.	• • •	-	· · · · · · · · · · · · · · · · · · ·		The second secon	The state of the s	
	10a	Gross sales of inventor returns and allowances	· 1	11,018			A CONTROL OF THE STATE OF THE S	Later and the first of the firs
				8,483	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less cost of goods sold Net income or (loss) from sale		0,403	2,535	2,535	recentioned to be detect.	<u>배 강 7명 *** (박사 최 관</u>
			ovoo. y, .	Business Code	( ) Garage ( ) Garage		ng ng wat mg sa sa angan sa angan ag ng sa angan sa angan sa angan sa angan sa angan sa angan sa angan sa angan sa angan sa angan sa angan sa an	
Miscellaneous Revenue				,	promise to the second	tide States of Ali	The second of the second of	THE PERSON OF TH
ne	11a				,		•	
scellaneo Revenue	b							
Re	٥	All other revenue						,
Ξ	e	All other revenue		<b>_</b>	-	الإسرائد أو مدا في الرسط الرياد و الرسط والإمرائد أو مدا في الرسط الرياد و الرابع الرياد و الرياد و الرياد و الرياد و الرياد و الرياد و الرياد و الرياد	Start of the top of his partition	Complete Company
	12	Total revenue. See instruction			329,284		er site street, teat 1	809
	· <del>-</del>	. Jan 10 tolling. Occ mandello			363,604			003

	rt IX Statement of Functional Expense		as All other organization	ons must complete co	lumn (A)						
Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a response or note to any line in this Part IX										
8b,	9b, and 10b of Part VIII.	rotal disposition	expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations	104 000	104 000								
	and domestic governments See Part IV, line 21	184,098	184,098	Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Bar							
2	Grants and other assistance to domestic individuals See Part IV, line 22	17,938	17,938		deca						
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign			the fire of the state of the same							
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members			Control of the contro	18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above to disqualified				1						
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
	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										
	Fees for services (nonemployees)										
	Management										
	Legal	2,825		2,825							
	Accounting	2,023		2,023							
	Lobbying				4						
	Investment management fees		1,								
	Other (If line 11g amount exceeds 10% of line 25, column										
9	(A) amount, list line 11g expenses on Schedule O)										
12	Advertising and promotion										
13	Office expenses										
14	Information technology	284			284						
15	Royalties										
16	Occupancy										
17	Travel	48,973	16,324	32,649							
	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	12,673	4,224	8,449							
20	Interest										
21	Payments to affiliates	58,380	58,380								
22	Depreciation, depletion, and amortization			000							
23	• • • • • • • • • • • • • • • • • • • •	298	and a signature	298	E a company of the second						
24	•										
	above (List miscellaneous expenses on line 24e If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
_		1,919	640	1,279	1 4 1 5p 1 1						
	Operating Expense	1,319	040	1,219							
	·										
d											
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	327,388	281,604	45,500	284						
	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)										
	10110WITH 30F 30-2 (A3C 330-720)	Ī	l ,	Ī	i e						

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	120,252		121,310
	2	Savings and temporary cash investments	92,258		93,096
	3	Pledges and grants receivable, net	<del>_</del>	3	<del></del>
	4	Accounts receivable, net		4	<u> </u>
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	<del></del>		
	ļ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	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			
	ь	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 33)	212,510	16	214,406
	17	Accounts payable and accrued expenses	- · · · · · · · · · · · · · · · · · · ·	17	<u> </u>
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	-	21	
ģ	22	Loans and other payables to any current or former officer, director,			1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	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	
s		Organizations that follow FASB ASC 958, check here ▶			
nce		and complete lines 27, 28, 32, and 33.			·
alaı	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions,		28	
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ X and complete lines 29 through 33.		-	<b>!</b>
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	212,510	31	214,406
Net /	32	Total net assets or fund balances	212,510		214,406
ž	33	Total liabilities and net assets/fund balances	212,510		214,406
					Form <b>990</b> (2019)

Page **12** 

orm 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	$\perp$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			329,	284
2	Total expenses (must equal Part IX, column (A), line 25)	2			327,	388
3	Revenue less expenses Subtract line 2 from line 1	3	=		1,	896
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			212,	510
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 on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		:	2 <u>14,</u>	406
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	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 over			_		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplaın	on			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					.,
	Single Audit Act and OMB Circular A-133?			3a	-	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	•••	3b	990	(2019)
				Loim	330	(∠∪19)

#### 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 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the experientian is described below.

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) organization				
	e of organization	anizadorio Gorripioto i artini		Employer ide	ntification number
	E.O. Sisterhood PA	State Chapter		23-62874	138
	t I-A Complete if the o	organization is exempt under	section 501(c) or		
1 2 3 Par 1 2 3 4a b	Provide a description of the definition of "political campa Political campaign activity exercises Volunteer hours for political tI-B Complete if the Complete if the Complete if the Complete if the Complete if the organization incurred a Was a correction made? If "Yes," describe in Part IV tI-C Complete if the Com	organization's direct and indirect p	ns)section 501(c)(3). In under section 495 anagers under section 4720 for this year?  section 501(c), ex	5 ▶ \$  5 ▶ \$  ccept section 501(c)(3 empt function	. Yes No
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed	to other organization	ons for section▶\$	
3 4 5	line 17b	erior Add lines 1 and 2 Ent	er (EIN) of all section ter the amount paid	on 527 political organized from the filing organized livered to a separate po	Yes No No No Ations to which the filing tation's funds Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

••••						
Pá	cart II-A Complete if the organ section 501(h)).		·	•		
Ą	Check ▶ if the filing organization address, EIN, expense				ach affiliated group mer	nber's name,
В	Check ► if the filing organization	on checked box A	and "limited contro	l" provisions ap	ply	
	Limits on (The term "expenditures	Lobbying Expends" means amour		)	(a) Filing organization's totals	(b) Affiliated group totals
b d e	<ul> <li>Total lobbying expenditures to influe</li> <li>Total lobbying expenditures (add ling</li> <li>Other exempt purpose expenditures</li> <li>Total exempt purpose expenditures</li> </ul>	expenditures to influence public opinion (grassroots lobbying) expenditures to influence a legislative body (direct lobbying) expenditures (add lines 1a and 1b)				
	columns					
	If the amount on line 1e, column (a) or	(b) is: The lobbyin	g nontaxable amount i	s:		
	Not over \$500,000	20% of the a	amount on line 1e		િસ્કૃતિએ) જિલ્લો કે કે જેવે કરોતો, 1915 પ્રત્યા કરી કે કાંગ માટે કે હોય છે.	A CANA THE PARTY OF THE PARTY O
	Over \$500,000 but not over \$1,000,000	0 \$100,000 pl	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,0	000 \$175,000 pl	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000		us 5% of the excess o	ver \$1,500,000		be the fail of the Transfer
	Over \$17,000,000	\$1,000,000				The state of the s
	Grassroots nontaxable amount (en					
	Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c If zero or less, enter -0-						
j	If there is an amount other than					
	reporting section 4911 tax for this	<u>year?</u>	<u></u>	<del></del>	<u> </u>	Yes No
	(Some organizations that ma	ade a section 50 See the separat	e instructions for l	t have to complines 2a through	lete all of the five colur 2f.)	nns below.
		Lobbying Expen	ditures During 4-Ye	ar Averaging Pe	eriou	
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount		•			
b	Lobbying ceiling amount (150% of line 2a, column (e))	grande de grande de la companya de l				
С	Total lobbying expenditures			<del>.</del>		
d	Grassroots nontaxable amount			· · · · · · · · · · · · · · · · · · ·		
е	Grassroots ceiling amount (150% of line 2d, column (e))		with the second	The state of the s	And the second s	1
f	Grassroots lobbying expenditures					

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ tile	d For	m 576	8		
<b></b>	and West response on lines to through the holest provide in Port IV a detailed	(a	(a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amou	ınt	
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			t			
	referendum, through the use of			•			
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			- `	` -	•	
C	Media advertisements?	-				-	
d e	Mailings to members, legislators, or the public?				-		
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?			·			
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			· -	
b	If "Yes," enter the amount of any tax incurred under section 4912						
Ç	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-/				
d Pat	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	C)(5)	Or S	ection			
	501(c)(6).	0)(0)	, 01 3	COLIOI	•		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Non	е	2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		X
Pai	t III-B 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" (	OR (b	) Pai	t III-A,	line 3	, is	
	answered "Yes."						<del></del>
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts o	of				
	political expenses for which the section 527(f) tax was paid).			2a			
a	Current year			2b			
p	Total	• • • •	• •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible to						
	and political expenditure next year?	-	-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	d grou	ıp lıst	), Part	II-A, lin	es 1	and
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information						
	<u>.</u> .						-
	<del> </del>						

Schedule C (F	orm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
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<del></del>		
		-

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
Р.	I.O. Sisterhood PA State Chapter		23-6287438
Pa	rt I Organizations Maintaining Donor Adv	sed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	Lin donor advised
5	funds are the organization's property, subject to the	<del></del>	
6	Did the organization inform all grantees, donors, a		
0	only for charitable purposes and not for the benefit		
	• •		- 1 1 1 1
D.	conferring impermissible private benefit? irt    Conservation Easements.		
Га	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	·
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	· -	of a certified historic structure
		Freservation	Tot a certified historic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization he	old a gualified conservation contribution i	n the form of a consensation
2	·	eld a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified l		2c
d	Number of conservation easements included in (c		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, training	nsterred, released, extinguished, or term	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conse		A It
5	Does the organization have a written policy reg		
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, handling of violations, and enforcing	conservation easements during the year
_	<u> </u>	4.6	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
_	<b>\$</b>		4704 242202
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text organization's accounting for conservation easemer		ciai statements that describes the
D.	rt    Organizations Maintaining Collections		or Similar Accets
Га	Complete if the organization answered		a Sililla Assets.
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its revenu s held for public exhibition, education	ue statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that describes t	these items
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets hel		search in furtherance of public service,
	provide the following amounts relating to these item		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · • • • • · · · · · · • • • · · · · · · · • • • · · · · · · · • • • · · · · · · · • • • · · · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · · • • • · · · · · · • • • · · · · · · · • • • · · · · · · • • • · · · · · · · • • · · · · · · • • · · · · · · · • • · · · · · · · • • • · · · · · · · • • · · · · · · · • • · · · · · · · · • • · · · · · · · · • • · · · · · · · · • • · · · · · · · · · • • · · · · · · · · • • · · · · · · · · · • • ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		assets for financial gain, provide the
	following amounts required to be reported under FA		<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
_ <b>b</b> _	Assets included in Form 990, Part X	<del> </del>	· · · · · · · <b>&gt;</b> \$

Pa	rt III Organizations Maintain	ing Collections o	f Art, Historical	Treasure	s, or	Other	Similar Assets (	continue'	d)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply)									
а	Public exhibition	•	d Loa	an or exch	ange	progra	m			
b										
С	Preservation for future gene	rations			-					
4	Provide a description of the orga		is and explain ho	w thev ful	rther	the or	ganization's exemi	ot purpos	e in	Part
-	XIII		<b>,</b>							
5	During the year, did the organization	on solicit or receive	donations of art. h	nstorical tr	easu	res. or	other similar			
_	assets to be sold to raise funds rati							Yes		No
−Pa	rt-IV Escrow and Custodial A Complete if the organiza	rrangements.						<u></u>	rm	
	990, Part X, line 21.									
1 a	Is the organization an agent, truste								_	٦.
	included on Form 990, Part X?							Yes	L	No
þ	If "Yes," explain the arrangement i	n Part XIII and com	plete the following	table						
							Amoun	<u>t                                    </u>		
С	Beginning balance									
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance									_
2a	Did the organization include an am							Yes	<u> </u>	No
b	If "Yes," explain the arrangement i	n Part XIII Check I	nere if the explanat	tion has be	en pr	ovided	on Part XIII		<u>. </u>	
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "Y	es" on Form 990							
		(a) Current year	(b) Prior year	(c) Tw	o year	s back	(d) Three years back	(e) Four	ears !	back
1a	Beginning of year balance									
ь	Contributions	1						<u> </u>		
c	Net investment earnings, gains,									
_	and losses									
d	Grants or scholarships	f ·								
e	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage		end balance (line	1a column	(2))	hold as		<del></del>		
a	Board designated or quasi-endown			rg, coluini	i (a//	neia as				
	Permanent endowment ▶	%								
c	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%							
3a	Are there endowment funds not in			at are hel	d and	d admir	nistered for the			
	organization by	•	J					7	'es	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 i	_								
	rt VI Land, Buildings, and Equation Complete if the organization	uipment.			line	11a :	See Form 990. Pa	art X. line	10	
	Description of property	(a) Cost of	or other basis (b) Co	ost or other ba		(c) Ac	cumulated (	d) Book valu		
	<del> </del>		stment)	(other)	$\perp$	depr	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements		<del>_</del>							
d	Equipment									
	Other									
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X, colu	ımn (B), lırı	10 <u>10</u>	c)	<u> ▶ </u>			

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b See Form 990, Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) .			
Part VIII		"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 valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13).			
Part IX	Other Assets.			
Turtin		"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	e 15
		scription	(b) Book	
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) li	ne 15)	<u></u> ▶	
Part X	Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f See Form 990, Part	t X,
1.		tion of liability	(b) Book	value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4)			
	nn (b) must equal Form 990, Part X, col (B) line 25)		· ·	
			the organization's financial statements that reports the	
JSA	s naturity for uncertain tax positions under FASB A		the text of the footnote has been provided in Part XII	
9E1270 1 000			Schedule D (Form	11 330) 2019

1	Da	_	4
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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	329,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	]	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	]	
d	Other (Describe in Part XIII )	] [	
	Add lines 2a through 2d	2e ]	
3	Subtract line 2e from line 1	3	329,284
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	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	329,284
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1	327,388
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )	Į I	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	327,388
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		
b	Other (Describe in Part XIII )		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	327,388
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
			- · ·
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		-	
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Schedule D (F	orm 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990) Department of the Treasury Name of the organization internal Revenue Service

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

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

► Attach to Form 990.

|--|

Employer identification number

OMB No 1545-0047

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

Ъ.	P.E.O. Sisterhood PA State Chapter	23-6287438	
Ра	Part   General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
	the selection criteria used to award the grants or assistance?	Yes	2
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	35,052	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	20,274	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	26,174	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	26,675	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501 (c) (3)	22,777	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	27,134	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	26,012	0			Schol/Grants
(8)							
(6)							
(10)							
(11)							
(12)							
- 1							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	ted in the line 1 tak	e		<b>A</b> : : : : : : : : : : : : : : : : : : :	7

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

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

Schedule I (Form 990) (2019)

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

	י מול יוו כמון כם ממלווים וו מממווים וולינים	שוו בו ההשלה וז				
	(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 Scho	1 Scholarships to Cottey College	18	17,938	0	A/N	4/N
8						
ო						
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 c	other additional information.
7 Part IV	Supplemental Information. Provide	the informati	on required in P	art I, line 2, Part I	II, column (b), and	anyo

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

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

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

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

IA 50312. 3700 Grand Ave, Des Moines,

#### **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood PA State Chapter	23-6287438
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, dues-paying
members of P.E.O. chapters within the state. Delegates from each	chapter attend
annual state conventions where new officers are elected by the vo	oting members present.
In addition, certain proposed amendments to the bylaws are preser	nted and voted upon.
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the
executive board of this State Chapter prior to filing. Board men	mbers are asked to
review the return and respond with any questions, though no forma	al review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mem	mbers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	icy and financial
statements are available to members upon request. These items as	re not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	audited by an
independent accountant on a cash basis.	

Schedule () (Form 990 or 990-EZ) (2019)	F	Page 4
Name of the organization	Employer identification number 23-6287438	
P.E.O. Sisterhood PA State Chapter	23-0207430	
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Schedule O (Form 990 or 990-EZ) (2019)