2949310705315

Return of Organization Exempt From Income Tax

(Rev January 2020)

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. //

Open to Public

Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 2019, and ending A For the 2019 calendar year, or tax year beginning April March 31 **20** 20 D Employer Identification number C Name of organization B Check if applicable .E.O. Sisterhood NE State Chapter Address change 47-6031043 Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name chang 5<u>15 255 31</u>53 3700 Grand Ave Initial return Final returns City or town, state or province, country, and ZIP or foreign postal code Amended G Gross receipts \$ Des Moines, IA 50312-2899 677 return H(a) Is this a group return for Application pending F Name and address of principal officer Х H(b) Are all subordinates No 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status 501(c) (4 501(c)(3) Website: H(c) Group exemption number ► 1072 www.peointernational.org L Year of formation 1890 M State of legal domicile IA Trust X Association Other > Form of organization Corporation Part I Summary Briefly describe the organization's mission or most significant activities. Women's membership organization supporting six philanthropic projects for women. These are scholarship, grant, loan and award programs and a women's college owned by the organization. SCANNED NOV 3 0 2021 Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 5 5 1 6 60 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 637<u>,197</u> 597,703 Contributions and grants (Part VIII, line 1h) <u>30,5</u>47 31,207 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 5,063 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)........ 63,108 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 691,358 673,467 12 321,511 315,350 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 20,334 21,046 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 200 ₽FCFIVED 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 338,004 339,689 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 679,849 676,085 18 Ö. Revenue less expenses Subtract line 18 from line 12. -2,618 19 Beginning of Current Year End of Year 769,318 766,700 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 766,700 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ana Van 8/5/2020 Sign Signature of officer Date Here Dana Van Roekel Director of Finance Type or print name and title Preparer's signature Print/Type preparer's name Date PTIN Check Paid self-employed Preparer

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019)

Firm's EIN ▶

Phone no

Use Only

Firm's name

Firm's address

DOCIR

Par	Checklist of Required Schedules		1	
	In the expensive described in eacher 501/a\/2\ or 4047/a\/1\ /ather these a private foundation\2 if "Yee"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١.,
-	complete Schedule A	1		X
2		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		٠.
	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)	١.	1	
_	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,	1_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	}	ł	}
	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		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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	1		
	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	1		
	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		Х
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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111]	Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
		12a	х	
h	Schedule D, Parts XI and XII	124		
b	"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,	140		X
b	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	445		.,
4 =	· · ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		.,
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	. 1		
. _	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ا		_
4=	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
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		<u>X</u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
	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 19 If "Yes," complete Schedule I, Parts I and II	21	Х	

Part	V Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ļ
	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		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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
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		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			}
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Χ_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	لملغ
			Yes	No
	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 <u>1b</u> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ICA.	reportable gaming (gambling) winnings to prize winners?	1 <u>c</u>	X	
JSA DE 1030	2.000	Form	990	(2019)

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 1	i	}	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	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? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		x
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			٠.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
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		ľ	
	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_		
C	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?	- 0		
	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		
יי	Initiation fees and capital contributions included on Part VIII. line 12			
h	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	ĺ	ĺ	
	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			1
	Enter the amount of reserves on hand	4.		
		14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ء ا		.,
	excess parachute payment(s) during the year?	15	\dashv	_X_
	If "Yes," see instructions and file Form 4720, Schedule N	46		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		<u>X</u>

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	See II	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	Х
Sect	tion 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 1.1.1.	5	ĺ	
	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		1	
b	Enter the number of voting members included on line 1a, above, who are independent	5	•	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ŀ
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ X
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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
a	The governing body?	8a	Х	
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	—		
3	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		,)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
IJ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X.	
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a		1		
	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? If "No," go to line 13	12a	x	
		1	<u> </u>	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
	rise to conflicts?		<u> </u>	
Ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
4.0	describe in Schedule O how this was done	13		Х
13	Did the organization have a written whistleblower policy?	14	Х	- 21
14	Did the organization have a written document retention and destruction policy?	·	Λ.	-
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	-	Х
a	The organization's CEO, Executive Director, or top management official None	15b		X
D	Other officers or key employees of the organization	130		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
L	with a taxable entity during the year?	1.00		
Ŋ	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		•
ecti	on C. Disclosure	1.00	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Soo	tion F	01/0\
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	i (Sec	נוטוז טי	U 1(C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
9		.6	oct -	مرام
3	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	or intei	est p	опсу,
	and financial statements available to the public during the tax year	٠. ٠		
20	State the name, address, and telephone number of the person who possesses the organization's books and recorkathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515) 255-3153	us 🟲		
_				

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

01111 330 (20	///// 350 (2013)										
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

X Check this box if neither the organization nor	any related	orga	nıza	ition	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more box, unless person officer and a Officer Individual trustee or director			on lore than one on is both an ector/trustee)		(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	
(4) Parry Property	25									
(1) Peggy Brendel President	23	Х		x	1			0	0	0
(2) Sherry Erlewine	20			^						·
Vice President	20	Х		x				О	0	0
(3) Hillary Watter	15	- 23		7.						<u>_</u>
Organizer		х		x				0	0	0
(4) Renee Piper	10									
Treasurer	T	х		x		1		0	0	0
(5) Kellie Stang	10									
Secretary		х		X				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	est Compensate	d Employ	ees (co	ontinuec)	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than or box, unless person is both officer and a director/truste					(D) Reportable compensation from the	(E) Reportable compensation from related	ation	01	(F) ted amo other pensatio	
	(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)	organiza (W-2/1099	tions	fro	m the zation a	nd
(15)													
(16)												 -	
(17)													
(18)													
(19)				-									
(20)										<u>.</u>			
(21)		-		<u> </u>									
(22)													
(23)			-								-		
(24)													
(25)					_								
1b Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L						_	
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							>						
Total number of individuals (including but n reportable compensation from the organization)	ot limited t		se li				who	o received more the	nan \$100,	000 of	-		
												Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheller											3		Х
4 For any individual listed on line 1a, is the organization and related organizations g													
ındıvıdual											4	-	Х
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5		Х
Section B. Independent Contractors													
Complete this table for your five higher compensation from the organization Report	est compe t compens	ensate ation	d i	inde the	per cal	ndent endar	co ye:	ontractors that re ar ending with or	ceived m within the	ore that organi	an \$10 zation's	00,000 tax y) o ear
(A) Name and business addr	ress							(B) Description of ser	vices		(C) Compens	ation	
None	-						1						
							+						
							T						
7. Total number of independent contraction	o /100lud-	a b		- C+	luss	tod '	<u></u>	those listed she	vo) v.bo				
2 Total number of independent contractor received more than \$100,000 of compensations.						ileu 1	ıo	0	ve) wno				

Form 990 (2019)

Part VIII Statement of Revenue

, .		Check if Schedule O co	ontains a respo	onse or note to a	ny line in this Part '	VIII <u></u>	<u> </u>	
		-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a			ر در الراب الله الرابي الله الله الله الله الله الله الله الل	"是是是是是	8 A. M. J. Shirt
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	361,161				
عَ ق	c	Fundraising events		-				
E P	d	Related organizations						3
ច្ច		Government grants (contribu						
Simis,		All other contributions, gifts,						
흕	'	and similar amounts not included	- 1	276,036				
를	_		-	270,030		The state of the s	Million (1 of the ACM Million Martin (1 of the ACM)	
<u>=0</u>	g	Noncash contributions includ						
20.0		lines 1a-1f			1			
	h	Total. Add lines 1a-1f	<u> </u>		637,197	State of the state	[(1)	- 4 1 1 1 M
as		•		Business Code	The manager of the state	ertail state of a property	Bit digital and taken in the	also a reff root
<u>Š</u>	2a							
ne n	b							
ren (C							
è a	d							
Program Service Revenue	е							
۵	f	All other program service rev				many by attention of	10 Telestra 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 6 6 6 6 6 6
	g	Total. Add lines 2a-2f		<u> ▶</u>		新设计划。 1	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
	3	Investment income (include	ding dividends,	interest, and				
		other similar amounts)			31,207			31,207
	4	Income from investment of	·					٠
	5	Royalties						
		,	(ı) Real	(II) Personal				
	6a	Gross rents 6a						
-	b	Less rental expenses 6b						
	С	Rental income or (loss) 6c						The later was in
•	d	Net rental income or (loss).	<u> </u>	<u> </u>				
	7a	Gross amount from	(i) Secunties	(II) Other				He 1 12 12 12 12 12 12 12 12 12 12 12 12 1
		sales of assets						The state of the second second second
		other than inventory 7a						
e	ь	Less cost or other basis						
Revenue		and sales expenses 7b						
ev	С	Gain or (loss) 7c			[a][[a][[a][[a][[a][[a][[a][[a][[a][[a]			
	d	Net gain or (loss)	<u></u>					
Other	8a		undraising	•	(* ***********************************			11 11 12
Ó		events (not including \$, ,				
		of contributions reported	on line					
		1c) See Part IV, line 18						
,	h	Less direct expenses	I			de de la companya de		
	c	Net income or (loss) from ful	· · · · · · · · · · · · · · · · · · ·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9a	Gross income from	gaming			The state of the s		
,	Ju	activities See Part IV, line 19	-					
	, h	Less direct expenses						
	C	Net income or (loss) from ga			,			
		Gross sales of invento			Sign of the second		the force of the first terms of	Same and the same
	10a	returns and allowances		9,067				
	.	,	I .	i i				
	b C	Less cost of goods sold Net income or (loss) from sale			5,063	5,063	er in source teath and in 1991 at 1	
<u></u>		, , , , , , , , , , , , , , , , , , , ,		Business Code			Tid_ Till	Se Se to see set of
Miscellaneous Revenue	11a				CACCUMA CLOSE SOR CONSCION	E William Control Control		ne g s trong to
scellaneo Revenue	1 1 a	, ,						``
الإ 🖶	D	· · · · · · · · · · · · · · · · · · ·		,			-	. 35
္တည္ရ	d G	All other revenue		,				*
Σ	e	Total. Add lines 11a-11d				1 1 2 1 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x	e film control (14 % had but had not safeth had be had be	X
	12	Total revenue. See instruction			673,467	5,063	The Action Williams	31,207
					U . U . U . U . U . U . U . U . U . U .	J 7 0 0 3		J., 201

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations mi				
Check if Schedule O contains a res				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	315,350	315,350		
2 Grants and other assistance to domestic				
individuals See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				<u> </u>
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		6,517	13,033	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,496	499	997	
11 Fees for services (nonemployees)				
a Management				
b Legal		-		
c Accounting	3,959		3,959	
d Lobbying				
e Professional fundraising services See Part IV, line 17.				·
f Investment management fees	l I			
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1			
13 Office expenses	4 000		2,000	2,000
14 Information technology	•	· · · · · · · · · · · · · · · · · · ·		
16 Occupancy				
17 Travel	07 464	32,488	64,976	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,807	7,936	15,871	
20 Interest				
21 Payments to affiliates		202,480		
22 Depreciation, depletion, and amortization				
23 Insurance	573		573	
24 Other expenses Itemize expenses not covered				,
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)	7 406	2 460	4 027	
a Operating Expenses	7,406	2,469	4,937	
b	-			
c				
d	-	· · · · · ·		•
e All other expenses25 Total functional expenses. Add lines 1 through 24e	676,085	567,739	106,346	2,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	070,003	301,135	100,340	2,000
from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If 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 Pai	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	198,559	1	164,736
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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			
		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	
Ÿ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	570,759	11	601,964
	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)	769,318	16	766,700
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons		22	
<u> </u>	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	į		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
seou		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
ata	27	Net assets without donor restrictions		27	
18	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	·
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
488	31	Retained earnings, endowment, accumulated income, or other funds	769,318	31	766,700
et,	32	Total net assets or fund balances	769,318		766,700
Ź	33	Total liabilities and net assets/fund balances	769,318		766,700
					5 000 (00)

Page **12**

OIIII 98	(2019)				age . =
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,467</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,085</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-2	<u>,618</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		769	,318
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		766	<u>,700</u>
Part	·				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		1
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled i	or		1
	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?) <u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	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 over	-		ļ	1
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	20	: 	X
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain o	n n		
	Schedule O				1
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?		<u>3</u> a	1	-X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			i	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	. 3t		1
			For	m 990	(2019)

JSA

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990 Part IV line 5 (Proxy Tax) (see separate instructions) or Form 990-FZ Part V line 35c (Proxy

	(see separate instructions), the Section 501(c)(4), (5), or (6) org		y ruxy (see separate	manualisms, or round soc-						
	e of organization	partizations complete rait in		Employer ide	entification number					
	E.O. Sisterhood NE	State Chapter		47-6031						
	rt I-A Complete if the	organization is exempt und	er section 501(c) or							
1		organization's direct and indirect								
•	definition of "political campa	•	or political campaign c	-0						
2		expenditures (see instructions)		▶ \$						
3		campaign activities (see instruc								
		organization is exempt unde								
1		cise tax incurred by the organiza			· · · · · · · · · · · · · · · · · · ·					
2		cise tax incurred by organization								
3		a section 4955 tax, did it file For								
-										
	If "Yes." describe in Part IV									
	t I-C Complete if the	organization is exempt und	er section 501(c), e	xcept section 501(c)(3	3).					
1	Enter the amount directly e	expended by the filing organizat	ion for section 527 e	xempt function	·					
•										
2		ng organization's funds contribut								
_	527 exempt function activities									
3		enditures Add lines 1 and 2. E								
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No					
5		and employer identification nui								
		ts For each organization listed,								
		tributions received that were pr nd or a political action committed								
		1		1	T					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds If none, enter -0-	promptly and directly					
					delivered to a separate					
					political organization If					
					none, enter -0-					
(1)										
(2)										
(3)										
			ļ							
(4)										
(5)										
(6)			_							
			1		4					

Р		olete if the organic on 501(h)).	anizatio	on is exer	npt under sectio	on 501(c)(3) and	filed Form 5768 (ele	ection under	
A					affiliated group (ar excess lobbying ex		ach affiliated group men	nber's name,	
В	Check ▶ ☐ if t	the filing organiza	ation che	ecked box	A and "limited conti	rol" provisions app	oly		
	(The			ying Expen	ditures nts paid or incurred	d.)	(a) Filing organization's totals	(b) Affiliated group totals	
18	a Total lobbying e	expenditures to in	fluence	public opin	on (grassroots lob	bying)			
ı	b Total lobbying e	expenditures to in	fluence	a legislativ	e body (direct lobby	yıng) [
(c Total lobbying e	expenditures (add	l lines 1a	a and 1b).		[
(d Other exempt p	urpose expenditu	ıres						
•	e Total exempt pu	irpose expenditu	res (ado	l lines 1c ar	ıd 1d)				_
f	F Lobbying nonta columns	xable amount E	Enter the	e amount	from the following	table in both			
		line 1e, column (a)	or (b) is:	The lobbyir	ig nontaxable amoun	t is:			
	Not over \$500,00		``		amount on line 1e				
		ut not over \$1,000,	000	\$100,000 pl	us 15% of the excess	s over \$500,000			
	Over \$1,000,000	but not over \$1,50	0,000	\$175,000 pl	us 10% of the excess	s over \$1,000,000]	
	Over \$1,500,000	but not over \$17,0	00,000	\$225,000 pl	us 5% of the excess	over \$1,500,000			
	Over \$17,000,000	0		\$1,000,000					
Ç	g Grassroots non	taxable amount (enter 25	% of line 1f)				
	-								
									_
j	If there is an a	mount other tha	n zero	on either I	ine 1h or line 1i,	did the organiza	tion file Form 4720		
	reporting section	n 4911 tax for th					<u> </u>	Yes N	<u> </u>
					aging Period Unde				
	(Some or	ganizations that			11(h) election do no te instructions for		ete all of the five colur 2f.)	nns below.	
			Lobb	ying Exper	nditures During 4-1	/ear Averaging Pe	riod		_
	Calendar year (o beginning		(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a	Lobbying nontaxa	ble amount							
t	Lobbying ceiling a (150% of line 2a, i								
_	Total lobbying exp	penditures							
_ c	d Grassroots nontag	kable amount							
6	Grassroots ceiling (150% of line 2d,								_
f	Grassroots lobby	ng expenditures							

each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed cription of the lobbying activity	(a	a)		(t	o)	
	Yes	No		Amo		
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 Volunteers?		,				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
Mailings to members, legislators, or the public?						
Publications, or published or broadcast statements?						
Grants to other organizations for lobbying purposes?				_		
Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					-	
Other activities?						
Total Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		J 25				
If "Yes," enter the amount of any tax incurred under section 4912						
If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			L			
t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
00 ((0)(0):					Yes	No
Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
Were substantially all (90% or more) dues received nondeductible by members?		Non	.е	2	X	<u> </u>
Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501					<u> </u>	X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members			rt III-A	, line	3, is	
Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
political expenses for which the section 527(f) tax was paid).						
Current year			2a			
Carryover from last year			2b			
Total			2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due						
		'9	4			
Taxable amount of lobbying and political expenditures (see instructions)			5			
t IV Supplemental Information						
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?	of thobbyir	ne ng 	5	t II-A, I	ines 1	

Schedule C (Fo	orm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
-		
		
		•
		_

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 47-6031043 Sisterhood NE State Chapter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 2 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 Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. 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 land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 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 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items

Pa	rt Organizations Maintain	ing Coll	ections of	Art, Histo	rical Tr	easure	s, or	Other	Similar A	Assets (d	continu	ed)	
3	Using the organization's acquisition	on, acce	ssion, and o	other reco	rds, chec	k any c	of the	follow	ving that n	nake sigi	nificant	use	of its
	collection items (check all that app	ıly)			_								
а	Public exhibition			d 🗌	Loan	or exch	ange	progra	m				
b	Scholarly research			е 🗌	Other								
С	Preservation for future gene	rations			_								
4	Provide a description of the orga	nization's	collections	and expl	ain how	they fu	rther	the or	ganızatıon'	s exemp	t purpo	se in	Part
	XIII												
5	During the year, did the organization	on solicit	or receive of	donations o	of art, hist	orical tr	reasu	res, or	other simil	ar _			_
	assets to be sold to raise funds rat	ner than t	to be mainta	ained as pa	art of the	organiz	ation'	s collec	ction?		Yes	<u> </u>	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21			es" on For	m 990, i	Part IV,	line	9, or r	eported a	n amoui	nt on F	orm	
1a	Is the organization an agent, truste	e custo	dian or othe	er intermed	liary for c	ontribut	tions	or othe	r assets no	ıt .			
	included on Form 990, Part X?				-					_	Yes		No
ь	If "Yes," explain the arrangement	n Part XI	III and comr	olete the fo	 Ilowing tal	hle			• • • • •				
_	, , oo, oxplain the arrangement		in and comp	31010 1110 10		J.0				Amount			
С	Beginning balance						10						
ď	Additions during the year						$\overline{}$						
e	Distributions during the year						$\overline{}$						
f	Ending balance						$\overline{}$						
2 a	Did the organization include an am						-	stodial	account lia	bility?	Yes	,	No
	If "Yes," explain the arrangement i		•										
	rt V Endowment Funds.												
	Complete if the organiza	ation ans	swered "Ye	es" on For	m 990, F	Part IV,	line	10.					
			rrent year	(b) Prio			o years		(d) Three y	ears back	(e) Fou	r years	back
1 3	Beginning of year balance									_			
b	Contributions												
	Net investment earnings, gains,						-						
v	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
·	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage		irrent vear	and halanc	e (line 1a	column) (a)) l	held as					
-	Board designated or quasi-endown			%	o (o .g,	Coldini	· (u//						
	Permanent endowment ▶	%		_									
С	Term endowment ▶	%											
	The percentages on lines 2a, 2b, a	and 2c sh	nould equal 1	100%									
3a	Are there endowment funds not in				tion that	are held	d and	l admır	nistered for	the	_		
	organization by											Yes	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organi	ızatıons liste	d as require	ed on Sch	edule R	?				3b		L
4	Describe in Part XIII the intended i												
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment	ewared "V	ac" on Ear	m 000	Dart IV	lina	110 9	Saa Earm	000 Da	rt V li-	10	
	Description of property	ation ans	(a) Cost or		(b) Cost				cumulated		Book va		
			(invest	tment)		ther)			eciation		,		
1 a	Land		<u></u>	 .		······································							
b	Buildings												
C	Leasehold improvements												
d	Equipment,					_		,					
	Other										_		
Tota	I. Add lines 1a through 1e (Column	(d) mus	t equal Forn	n 990, Part	X, columi	n (B), lin	ne 10d	:)	▶				

Schedule D (Form 990) 2019

JSA 9E1270 1 000

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 valuation Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) .		
Part VIII	Investments - Program Related.		
	Complete if the organization answered	l "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)			
<u>(7)</u>	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)	45 200 D 4V 24 (DV 24 10)		
	(b) must equal Form 990, Part X, col (B) line 13) .		
Part IX	Other Assets. Complete if the organization answered	L"Yes" on Form 990	D, Part IV, line 11d See Form 990, Part X, line 15
		scription	(b) Book value
(1)	(4) 5 5	001111111111111111111111111111111111111	
(2)			
(3)	-		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) l	ine 15)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25	l "Yes" on Form 990), Part IV, line 11e or 11f See Form 990, Part X,
1.	(a) Descrip	tion of liability	(b) Book value
(1) Feder	al income taxes		
(2)			
(3)		-	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 25)		
			the organization's financial statements that reports the the text of the footnote has been provided in Part XIII

Page	4

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	673,467
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)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	673,467
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	673,467
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	676,085
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
С	Other losses	1 1	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	676,085
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)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	676,085
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, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	nation	

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		
		
		
_ _		_

Schedule D (Form 990) 2019

SCHEDULE 1 (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,

► Attach to Form 990.

|--|

Employer identification number

47-6031043

to Public Inspection

OMB No 1545-0047

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

		1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for
P.E.O. Sisterhood NE State Chapter	General Information on Grants and Assistance	es the organization maintain records to substantiate the am
P.E.C	Part	1 0

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X Yes the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

Part IV, line 21, for any recipient that received mo	hat received	more than \$5,	000. Part II can b	e duplicated if a	re than \$5,000. Part II can be duplicated if additional space is needed	pepee	
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)	89, 195	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund	71						
Des Moines, IA 50312	426078059	501(c)(3)	30,990	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	34,607	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	37,842	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	31,558	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	41,279	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	7,163	0			Schol/Grants
(8) Nebraska Cottey College Schol Fd							
17314 Poppleton Ave, Omaha, NE 68130	364119449	501(c)(3)	3,500	0			Scholarships
(9) Nebraska P.E.O. Home, 413 N 5th St							
Beatrice, NE 68310	470379473	501(c)(3)	39,216	0			Elderly Asst
(10)							
(11)							
		_					
(12)							
							•
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government c	rganizations lis	ted in the line 1 tab	le .		•	6
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001(c)(3) and government organizations	able
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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Schedule I (Form 9	(Form 990) (2019)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

	(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
-						
8						
3						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the informat	ion required in P	art I, line 2, Part I	I, column (b); and any o	other additional information.

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

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

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

Part II, Line 1(a) --With the exception of Cottey College, Nebraska P.E.O. Home and Nebraska Cottey College 3700

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood NE State Chapter	47-6031043
Part VI, Lines 6-7b: The organization's members consist of the	active, dues-paying
nembers of P.E.O. chapters within the state. Delegates from eac	h chapter attend
annual state conventions where new officers are elected by the	voting members present.
In addition, certain proposed amendments to the bylaws are pres	ented and voted upon.
Part VI, Line 11b: copies of the final Form 990 were provided t	o each member of the
executive board of Nebraska State Chapter prior to filing. Boa	rd members are asked to
review the return and respond with any questions, though no for	mal 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 m	embers having influence
over financial transactions. Signature pages are collected by	the state president and
monitored for completion. Any conflicts of interest that arise	are to be reported
immediately to the affected committee/board, and the remaining	members vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest po	licy 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) (2019)		Page 2
Name of the organization	Employer identification number	
P.E.O. Sisterhood NE State Chapter	47-6031043	
•		

		_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Servoe	iry ► Go to www.irs.gov/Form	990 for instructions and the	latest information.			Open to Public Inspection
Name of the	Name of the organization				Employer ide	Employer identification number
P.E.O.	P.E.O. Sisterhood NE State Chapter				47-6031043	1043
Part I	Identification of Disregarded Entities. Complete if the organizatio	if the organization answered "Yes" on Form 990, Part IV, line 33.	Form 990, Part IV	′, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(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)						
(2)						
(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	the organization ans	wered "Yes" on Fo	rm 990, Part IV	line 34, because	it had

(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?	12(b)(13) illed y?
						Yes	S.
(1) Nebraska P.E.O. Home, 413 N 5th St, Beatrice							
NE 68310 EIN 47-0379473	Elderly Asst	Nebraska	501(c)(3) 10	10	N/A		×
(2) Nebraska Cottey College Scholarships, 17314							
Poppleton Ave, Omaha, NE 68130 EIN 36-4119449	Educ. Schol	Nebraska	501(c)(3) 10	10	Filing Org	×	
(3)							
(4)							!
(5)						_	
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	30.				Schedule R (Form 990) 2019	Form 99	0) 2019

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

Schedule R (Form 990) 2019

because it had one or more related organizations treated as a partnership during the tax year.	more related org	anization	s treated as a p	artnership during	the tax year.					
(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	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionata siboations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
		//			-		Yes No		Yes No	
(1) N/A										
(2)										
	,	_								
(3)										
(4)										
(5)										
(9)										
(7)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organization	s Taxable	as a Corporat	ion or Trust. Cored as a corporation	nplete if the o	rganization answing the tax year.	ered "Yes'	on Form 990	, Part IV,	
(a) Name, address, and EiN of related organization) I of related organization		(b) Primary activity	(c) Ctivity Legal domicile (state or foreign county)	(d) Direct controlling entity	(C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	Perce Sets owne	Percentage 512(b)(15 ownership controlled
										Yes No
(1) N/A										
(2)									_	
(3)										
			<u></u>							
(4)										
161									+	+
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(2)		,	- T							
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Transactions With Related Organizations. Complete of 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	S N
	d organizations list	ed in Parts II-IV?	Ц		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			. : - 1a		×
b Gift, grant, or capital contribution to related organization(s)	•		1b	×	
c Gift grant, or capital contribution from related organization(s)			10		×
			19		×
					×
			:		:
f Dividends from related organization(s)	•		14		×
g Sale of assets to related organization(s)			19		×
			4		×
i Exchange of assets with related organization(s)			-		×
j Lease of facilities, equipment, or other assets to related organization(s)	•	•	1		×
			<u> </u>	,	;
k Lease of facilities, equipment, or other assets from related organization(s)			≤ = :	<u>`</u>	<u>ا</u>
			= \ : :	+	;
			E :	+	<u>م</u> ا
n Snaring or facilities, equipment, mailing lists, or other assets with related organization(s)				<	
o Sharing of paid employees with related organization(s)			위 : :	×	
					>
			2 ·		∢ :
q Reimbursement paid by related organization(s) for expenses				1	×
			,	ť	· ×
s Other transfer of cash or property from related organization(s)			4		(×
1	be including cover	covered relationships and transaction thresholds	ction threshold	1	:
	4		T)		
(a) Name of related organization	(u) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	ermining	_
(1) N/A					
(2)					
(4)					
(9)				;	1
ASL		Sch	Schedule R (Form 990) 2019	990) 2(019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) Are all partners Share of Share	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) General or managing partner?	(k) Percentage ownership
(1) N/A			sections 512-514)	Yes			Yes	No		Yes No	
											ļ
(2)											
(3)							_				
(4)								-		-	
(5)									_	_	
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(7)											
(8)									<u>.</u>		
(6)											
(10)								_			
(11)											
(12)											
(13)											
(14)											
(15)		:									
(16)											
								; 	Schedu	ile R (Fo	Schedule R (Form 990) 2019

Schedule R (Fe	orm 990) 2019	Page 5
	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions	
Part VII	Provide additional information for responses to questions on Schedule R. See instructions	
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