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. 2003

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

2019
Open to Public Inspection

OMB No 1545-0047

<u>A F</u>	or th	2019 calendar ye	ear, or tax year beginning	April 1	, 2019, a	and ending	Maı	ch 31		, 20 20	
D -		C Name of or	rganization					D Employer ide	ntification	number	
<u> —</u>	heck If a	P.E.O.	Sisterhood KS	State Chapter							
	Addre		ness as					48-610	9828		
	Name	change Number ar	nd street (or P O box if mail is	not delivered to street addre	ss)	Room/suite		E Telephone nu	mber		
Г	Initial	return 3700 Gr	cand Ave		ļ			515 25	5 315	3	
	Final	ceturn/ City or tow	n, state or province, country, a	and ZIP or foreign postal cod	е			· · · · · · · · · · · · · · · · · · ·			
	Amer	ded Des Mo	ines, IA 50312	-2899			ì	G Gross receipts	\$	82	1,043
	returi Appli	etion F Name and	address of principal officer					H(a) Is this a grou			
	_ penda	-	J. Smith - same	as C above		\wedge	ا لا	subordinates H(b) Are all subord		r Yes	
	Tax-ex			4) ◄ (insert no)	4947(a)(1) o	r 52		• •		see instruction:	ш
Y (1			ointernational.		1 4041 (4)(4)	<u>. 1 1857</u>	1	H(c) Group exem			
_		of organization X		Association Other	-	I Year of f	ormat	on 1957 M	-		
D	rt l	Summary	Corporation mast	Association Other		L real of t	O I I I I	0 1937[otate of te	gai donneile	INS.
		•									
	1	•	e organization's mission o								
nce			six philanthrop					<u>e schola</u>			τ,
rna			vard programs ar							•	
Activities & Governance	2	Check this box ▶		liscontinued its operation					1 1		_
Ö	3		members of the governing						3		5
Se	4		ndent voting members of t						4		
ŧ	5	Total number of in	idividuals employed in cale	endar year 2019 (Part V, I	line 2a)				5		2
Ę	6	Total number of vo	olunteers (estimate if neces	sary)					6		50
∢			siness revenue from Part V						7a		
	b	Net unrelated busi	iness taxable income from	Form 990-T, line 39					7b		
								Prior Year		Current '	r ear
a	8	Contributions and	grants (Part VIII, line 1h).			L		739,7	08	78	5,780
E I	9	Program service re	evenue (Part VIII, line 2g)								
Revenue	10	Investment income	e (Part VIII, column (A), line	es 3, 4, and 7d)				17,9	54	19	9,866
Œ	11	Other revenue (Pa	art VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e)	[4,0	36		6,629
	12	Total revenue - ad	d lines 8 through 11 (must	t equal Part VIII, column (A), line 12).	[761,6	98	812	2,275
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)							365,983			6,402
	14		for members (Part IX, colu					•			
w	15		mpensation, employee bene					47,8	06	5	1,143
Expenses			aising fees (Part IX, column					, , ,		<u> </u>	-,
per	h	Total fundraising e	expenses (Part IX, column (D) line 25) 140ED E	CENT						
ш	17		Part IX, column (A), lines 11		CEIVE	┖		317,7	71	331	5,482
	18	Total evacaces A	dd linos 12 17 (must ogus)	L Bart IV columba (A) Juno	25)	J.ŏJ. -		731,5			3,027
	19	Devenue less ever	enses Subtract line 18 from		ร์ 1 8 2026						
-S	19_	Revenue less expe	sises Subtract line to from	ווווופ וצ ה	U. + .U. 4UE	' · · · [•] · ,	Rogin	30,1 ning of Current Y		End of Ye	9,248
et Assets or ind Balances		T 1 1 1 (D-4)	/ L = = 40\				- Degiiii	. .			
Sala	20		K, line 16)		IDEN; U	TF · · · - -		1,026,7	91	1,036	3,039
Net A: Fund E	21	•	rt X, line 26)			· · · · · · / · _			_		
ᇎ	22		balances Subtract line 21	I from line 20		<u> </u>		1,026,7	91	1,036	5,039
_	rt II	Signature Blo	· · · · · · · · · · · · · · · · · · ·								
Und	ler per	ialties of perjury, I de ct. and complete. Dec	clare that I have examined the claration of preparer (other than	iis retum, including accomp n officer) is based on all info	anying schedul rmation of whic	es and stateme h preparer has:	ents, a anv kn	nd to the best of lowledge	my know	ledge and b	elief, it i
		^	1 0 1								
Sig	,	Dana	- Van Koeh					<u> 8/5/</u> 2	2020		
əiy Hei		Signature of off	icer					Date			
пеі	ا ۲		n Roekel					Direc	ctor o	of Fina	ance
		Type or print na	ame and title								
.		Print/Type prepared	s name	Preparer's signature		Date		Check	if PTIN		
Paid								self-employe	ed		
	oarer	Firm's name						Firm's EIN			
726	Only	Firm's address ▶		·				Phone no			
Mav	the		return with the preparei	r shown above? (see i	nstructions)					Yes	No
_			ot Notice see the senaral	· · · · · · · · · · · · · · · · · · ·			•••	· · · · · · · ·	• • • •	Form 99	

	ı				
Form	n 990 (201	19)			Page 2
	rt III	Statement of Program Service	Accomplishments		<u>~</u>
				tIII	
ı	Briefly d	lescribe the organization's mission			
	P.E.O	. is a philanthropic o	rganization where women	celebrate the advancement	of
	women	; educate women throug	h scholarhsips, grants,	awards, loans and stewards	ship of
	Cotte	y College; and motivat	e each other to achieve	their highest aspirations.	<u> </u>
	prior Fo		icant program services during the year		Yes X No
3	Did the services	organization cease conducting,	or make significant changes in		Yes X No
4	Describe expense		vice accomplishments for each of 4) organizations are required to rep	its three largest program services, as port the amount of grants and allocation	
la	(Code) (Expenses \$ 68	9, 225 including grants of \$	416, 402)(Revenue\$)
	_			forwarding contributions	to
				ne state and national level	
		fic statistics are ava			
					
4b	(Code _) (Expenses \$	including grants of \$) (Revenue \$)
					· · · · · · · · · · · · · · · · · · ·
				<u> </u>	
40	(Code	\/Evances \$	including grants of \$	\/Revenue ¢	
,,) (Expenses #	including grants of \$) (Nevenue ψ	
			 		

4d Other program services (Describe on Schedule O) (Expenses \$

including grants of \$

) (Revenue \$

DOCRI Page 3

Par	t IV Checklist of Required Schedules			
	10 11 11 11 11 11 11 11 11 11 11 11 11 1		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	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•		
U	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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		<u>X</u>
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
	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	11f		v
42.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	' ' '		Х
12 a	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
L	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
-	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		Χ
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		X
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		X
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ı x l	

Pari	Checklist of Required Schedules (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ì
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	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	254		<u> ^ </u>
_	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
27	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	Ĺ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		"
b	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			
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	<u> x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
	complete Schedule N, Part II	32		Х
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,	24	v	
35 a	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		l v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,		X
	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	• • •	· · ·	11
4 -	Enter the number reported in Poy 3 of Form 1006. Enter 0 if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	12 000	Form	990	(2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 2			
h	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 <i>e-file</i> (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		х
b	If "Yes," enter the name of the foreign country ▶			-
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	_ 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			
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
g		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	bla the eliganization reserve any payments for massificationing the tax year.	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		<u> X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	-10		X
	11 100, complete i dilli 4120, conedule c			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	tions				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	· · ·	X				
Sect	on A. Governing Body and Management							
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		Yes	No				
	committee, explain on Schedule O							
b	Effect the number of voting members medded on line 14, above, who are independent 1.1.1.							
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?							
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		X				
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				
_	Did the organization have members or stockholders?	6	Х					
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х					
	one or more members of the governing body?	/ a						
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	Х					
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)					
			Yes	No				
	D. 14)	10a	Х					
10a	Did the organization have local chapters, branches, or affiliates?	100						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106	v					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	X					
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					
40	Did the organization have a written whistleblower policy?	13		Х				
13	Did the organization have a written decrease setastion and destruction policy?	14	Х					
14	Did the organization have a written document retention and destruction policy?	<u> </u>		 				
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?	45-		,,				
а	The organization's CEO, Executive Director, or top management official None	15a	<u> </u>	X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Secti	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None	10-	410	:04/->				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O)	(360	uon a	001(0)				
		_						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	rinte	rest p	oolicy,				
	and financial statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153	s ▶						

orm	990	(2019)	
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Page 7

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (B) Position (D) (E) (F) (A) (do not check more than one Name and title Average Reportable Reportable Estimated amount hours box, unless person is both an compensation compensation of other officer and a director/trustee) per week from the from related compensation (list any organization organizations from the Highest compensated employee Former Individual Institutional (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for employee related related organizations organizations trustee below trustee dotted line) 15 (1) Susan Smith Х Х 0 President 10 (2) Judith C. Sawyer 0 Vice President Х 0 10 (3) Carol Lee Warden Х Х 0 0 Organizer 0 10 Linda Kekina Х 0 Х 0 0 Treasurer (5) Lori Havens 10 Х Х 0 0 Secretary (6) (7) (8) (9) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru	stees, Key	y Em	ploy	yee	s, a	ınd H	ligh	nest Compensate	d Employ	ees (co	ontinued)	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more that box, unless person is b officer and a director/ti			is both	an tee)	(D) Reportable compensation from the	(E) Reporta compens from rela	ation		(F) ted ame 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)	organizat (W-2/1099-	ions	fro	om the zation a	and
(15)							\vdash						
(16)													
(17)			-									<u>.</u>	
(18)													
(19)													
(20)													
(21)													
(22)													
(23)												• • •	
(24)													
(25)									-				
1b Subtotal	Section A .		 <u></u>	 <u></u>	 	 	> >						
2 Total number of individuals (including but no reportable compensation from the organization)		o tho:		iste 0	d at	oove)	wh	o received more t	han \$100,0	000 of			
3 Did the organization list any former o						-					3	Yes	No
 employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations gi 	sum of re	porta	ble	cor	npe	nsatio	on a	and other comper	sation fron	n the			_ X_
 Individual	r accrue co	ompe	nsat	tion	fro	m an	y u	nrelated organizat	ion or indiv	/idual	5		X
Section B. Independent Contractors													
Complete this table for your five higher compensation from the organization Report													
(A) Name and business addr	ess							(B) Description of ser	vices		(C) Compens	ation	
None							+						
							-						
							\pm						
2 Total number of independent contractors received more than \$100,000 of compensations.	-	-					to	those listed abo	ve) who				

Part VIII	Statement of Revenue
-2: 14 (B) VA	Statement of Revenue
	Otatomicm of itoromac

		Check if Schedule O contains a respo	nse or note to an	·			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ	1a	Federated campaigns 1a			-		
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	383,055				
Ğ,Ğ	С	Fundraising events 1c					
a if	d	Related organizations 1d					
O.E	e	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants,					
uti Je		and similar amounts not included above . 1f	402,725				
를	g	Noncash contributions included in					1
20		lines 1a-1f 1g	\$:	
<u>ه</u> ک	h	Total. Add lines 1a-1f	<u> </u>	785,780			
			Business Code				
<u>:</u>	2a						
Program Service Revenue	b						
n S	С						
ran ev	d						
90. F	е						
<u>ā</u>	f	All other program service revenue					ļ
	g	Total. Add lines 2a-2f	<u> ▶</u>				
	3	Investment income (including dividends,	interest, and				1
	;	other similar amounts)	▶	19,866			19,866
	4	Income from investment of tax-exempt bond	l proceeds . 🕨				
	5	Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents 6a					
	ь	Less rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(II) Other		•		-
		sales of assets			li		
		other than inventory 7a					
e	b	Less cost or other basis					
Revenue	•	and sales expenses 7b					
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<u></u> >				
Other	8a	Gross income from fundraising				'	
0		events (not including \$				'	
		of contributions reported on line					-
		1c) See Part IV, line 18					
	ь	Less direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities See Part IV, line 19 9a					
	ь	Less direct expenses 9b		` .			
	С	Net income or (loss) from gaming activities	<u> </u>				
	10a	Gross sales of inventory, less			•		
		returns and allowances 10a	15,397				
	ь	Less cost of goods sold 10b	1				
_	c	Net income or (loss) from sales of inventory.		6,629			
s			Business Code				
e son	11a						
ane nu	b						
eli ye	l						
Miscellaneous Revenue	q C	All other revenue					
Σ	٩	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		812,275			19,866
JSA	1 2 000		·	0	· · · · · · · · · · · · · · · · · · ·		Form 990 (2019)

Pa	rt IX Statement of Functional Expense	s			
Sec	ction 501(c)(3) and 501(c)(4) organizations mu	st complete all column	s All other organization	ns must complete colur	nn (A)
	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	413,252	413,252		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	3,150	3,150		
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	46 700	15 600	21 100	
	Other salaries and wages	46,799	15,600	31,199	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		-		
9	Other employee benefits	4,344	1,448	2,896	 .
10	Payroll taxes	4,344	1,440	2,090	
11					
	Management				
	Legal	2,900		2,900	
	Accounting	2,300		2,300	
	I Lobbying			•	
	f Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
٤					
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion				
13					
14	Information technology	1,001			1,001
15	Royalties				
	Occupancy	1,696		1,696	
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	83,440	27,813	55,627	
20	Interest				
21	Payments to affiliates	219,090	219,090		
22	Depreciation, depletion, and amortization				
23	Insurance	339		339	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If			ļ	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	Operating Expense	11,934	3,845	7,689	400
t	Board/Committee Expense	15,082	5,027	10,055	
c	·				
d					
	All other expenses				
	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	803,027	689,225	112,401	1,401
20	organization reported in column (B) joint costs from a combined educational campaign and				

fundraising solicitation Check here following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,021,680	2	1,031,150
	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	
ĕ	9	Prepaid expenses and deferred charges	5,111	9	4,889
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,026,791	16	1,036,039
	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	
Š	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ğ		controlled entity or family member of any of these persons		22	
Ë	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	
Š		Organizations that follow FASB ASC 958, check here ▶			
2		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
9	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.			
	29	Capital stock or trust principal, or current funds	•	29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds	1,026,791	31	1,036,039
et/	32	Total net assets or fund balances	1,026,791	32	1,036,039
Ž	33	Total liabilities and net assets/fund balances	1,026,791		1,036,039
_					Form 990 (2019)

orm 99	0 (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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			312,	275
2	Total expenses (must equal Part IX, column (A), line 25)	2			303,	027
3	Revenue less expenses Subtract line 2 from line 1	3			9,	248
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	026,	791
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		1,	036,	039
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		• • •	X
			ſ		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	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				. **	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	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, e					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the			
-	Single Audit Act and OMB Circular A-133?			3a	•	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		<u> </u>
				Form	990	(2019)

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 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) org	anizations Complete Part III			
	e of organization	· · · · · · · · · · · · · · · · · · ·		Employer ide	ntification number
Ρ.	E.O. Sisterhood KS	State Chapter		48-61098	328
	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect j	political campaign ac	ctivities in Part IV (see in	nstructions for
	definition of "political campa	•	. •	,	
2	•	xpenditures (see instructions)		▶ \$	
3	· · ·	campaign activities (see instructio			
		organization is exempt under			······································
1		cise tax incurred by the organization		5 ▶ \$	
2	-	cise tax incurred by organization m			
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	· ·		•		
	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	empt function	
2		ng organization's funds contributed			
_		es			
3		enditures Add lines 1 and 2 Ent			
4	Did the filing organization fil	e Form 1120-POL for this year?			. Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing
		ts For each organization listed, er			
		tributions received that were prom			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Tanas ir none, eriter o	delivered to a separate
					political organization If
					none, enter -0-
(1)					
			}		
(2)					
(3)					
					-
(4)					
(5)					
(6)					
		i	I	1	I

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

Schedule C (Form 990 or 990-EZ) 2019

Pa	art II-A Complete if the orga section 501(h)).	nization is exer	npt under section	501(c)(3) and f	iled Form 5768 (elec	ction under
A			affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
В	Check ▶ if the filing organiza	tion checked box	A and "limited contro	il" provisions apply		
	Limits o (The term "expenditur	n Lobbying Expen res" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
t c	a Total lobbying expenditures to information to Total lobbying expenditures to information to Total lobbying expenditures (add to Other exempt purpose expenditure total exempt purpose expenditure tobbying nontaxable amount Ecolumns	fluence a legislativines 1a and 1b). res	e body (direct lobby)	ng)		
	If the amount on line 1e, column (a)	or (b) is: The lobbyi	ng nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,0	000 \$100,000 р	lus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500	0,000 \$175,000 p	lus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,00	00,000 \$225,000 p	lus 5% of the excess of	ver \$1,500,000		•
	Over \$17,000,000	\$1,000,000			•	·
-	g Grassroots nontaxable amount (e					
ŀ	n Subtract line 1g from line 1a. If ze					,
i	Subtract line 1f from line 1c If ze	•		· · · · · · · · _		
j				_		□vaa □va
	reporting section 4911 tax for this	S year /	raging Period Unde	· Section 501(h)		Yes No
	(Some organizations that			, ,	to all of the five colum	ne holow
	(Some organizations that)		te instructions for l	-		ilis below.
_		Lobbying Expe	nditures During 4-Ye	ear Averaging Peri	od	·····
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e)) ,					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
- e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	Part IV a detailed	(a)		(b))
or each "Yes," response on lines 1a through 11 below, provide in l escription of the lobbying activity	art IV a detailed	Yes	No		Amo	unt
During the year, did the filing organization attempt to influence foreign, natilegislation, including any attempt to influence public opinion on a learned referendum, through the use of	gislative matter or		-		-	
a Volunteers?	lines 1c through 1i)?					
c Media advertisements?	- 1					
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legisla	itive body?			··		
$\label{eq:hamiltons} \textbf{h} \text{Rallies, demonstrations, seminars, conventions, speeches, lectures, or any}$						
i Other activities?						
j Total Add lines 1c through 1i			-			
Did the activities in line 1 cause the organization to be not described in sec			\dashv			
b If "Yes," enter the amount of any tax incurred under section 4912c If "Yes," enter the amount of any tax incurred by organization managers under the amount of any tax incurred by organization managers.			<u> </u>			
 If "Yes," enter the amount of any tax incurred by organization managers unit If the filing organization incurred a section 4912 tax, did it file Form 4720 						
Part III-A Complete if the organization is exempt under section 50		c)(5),	or se	ection	1	
501(c)(6).						
						Yes N
Were substantially all (90% or more) dues received nondeductible by memi	pers?		N '		1	X
. Did the organization make only in house lobelying expenditures of \$2,000 to	JI 1000				2	Х
Did the organization agree to carry over lobbying and political campaign ac					3	X
Part III-B. Complete if the organization is exempt under section 50			UI 30			3. is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2,		OR (b) Pari	i III-A,		-,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes."	are answered "No" (
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members	are answered "No" (• • • •		1		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members	are answered "No" (• • • •				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members	are answered "No" (1		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members	are answered "No" (nts o	f			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (d political expenses for which the section 527(f) tax was paid). a Current year	o not include amou	nts o	f	1 2a		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (dipolitical expenses for which the section 527(f) tax was paid). Current year	o not include amou	nts c	f	1 2a 2b		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (d political expenses for which the section 527(f) tax was paid). a Current year	o not include amou		f	1 2a 2b 2c		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (dipolitical expenses for which the section 527(f) tax was paid). Current year	o not include amou	nts o	f	1 2a 2b 2c		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (dipolitical expenses for which the section 527(f) tax was paid). Current year	o not include amou	onts of the		1 2a 2b 2c 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members	o not include amou	onts of the		2a 2b 2c 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (dipolitical expenses for which the section 527(f) tax was paid). Current year	o not include amou	onts of the	f	2a 2b 2c 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (d political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeduction of the following and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ble section 162(e) due in line 3, what portion ite of nondeductible lo	onts of the	f	2a 2b 2c 3		

Schedule C (Fo	rm 990 or 990-EZ) 2019	Page 4
Part IV	rm 990 or 990-EZ) 2019 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 Sisterhood KS State Chapter 48-6109828 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) . . 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. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure 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 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 III Organizations Maintain	ing Collections of	Art, Histor	ical Treasu	ıres, or	Other	Similar Ass	ets (c	ontinuec	1)
3	Using the organization's acquisition	on, accession, and	other record	s, check an	y of the	follow	ing that mak	e sign	nificant us	e of its
	collection items (check all that app	ıly)								
а	Public exhibition		d 🗌	Loan or ex	xchange	progra	m			
b	Scholarly research		е 🗔	Other						
С	Preservation for future gene	rations								
4	Provide a description of the orga		s and explai	n how they	further	the or	ganization's e	xempt	purpose	in Part
	XIII		•	ĺ			•			
5	During the year, did the organization	on solicit or receive	donations of	art. historica	al treasu	res. or	other similar			
•	assets to be sold to raise funds rati							Г	Yes	No
Pa	rt IV Escrow and Custodial A							• • •		
	Complete if the organization 990, Part X, line 21.		es" on Form	990, Part	IV, line	9, or r	eported an a	mour	nt on For	m
1a	Is the organization an agent, truste	ee, custodian or oth	er intermedia	ary for contri	ibutions	or othe	r assets not			
	included on Form 990, Part X?			-				Г	Yes	No
b	If "Yes," explain the arrangement i							٠. ـ	_	
	, ,		•	J			An	nount		
С	Beginning balance				1c		-			
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2 a	Did the organization include an am					stodial	account liabilit	v?	Yes	No
	If "Yes," explain the arrangement in									H
	rt V Endowment Funds.									
ı ü	Complete if the organiza	ation answered "Y	es" on Form	990. Part	IV. line	10				
		(a) Current year	(b) Prior) Two year		(d) Three years	back	(e) Four ye	ears back
	Decree of ward balance	(4, 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(-,-	,			(,		(+7 7 -	
1a	Beginning of year balance								-	
b	Contributions							\dashv		
С	Net investment earnings, gains,							ľ		
	and losses									
d	Grants or scholarships							\longrightarrow		
е	Other expenditures for facilities			į						
	and programs									
f	Administrative expenses									
g	End of year balance		<u> </u>				l			
2	Provide the estimated percentage	of the current year	end balance	(line 1g, colu	ımn (a))	held as				
а	Board designated or quasi-endown		_%							
b	Permanent endowment									
С	Term endowment ▶	_%								
	The percentages on lines 2a, 2b, a									
3 a	Are there endowment funds not in	the possession of t	he organizati	on that are	held and	d admir	nistered for the		<u> </u>	
	organization by									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	——
b	If "Yes" on line 3a(ii), are the relate	-	· ·		le R?				3b	
4_	Describe in Part XIII the intended		tion's endow	ment funds						
Pa	t VI Land, Buildings, and Equal Complete if the organiz	ui pment. ation answered "V	es" on Forn	000 Part	N/ line	115	See Form 00	n Da	rt Y lına	10
	Description of property			(b) Cost or other			cumulated		Book value	
			stment)	(other)			eciation		, Soon value	-
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X	, column (B)), line 10	c)	▶			

Part VII	Investments - Other Securities.			5 13/1 45
	Complete if the organization answered	1 "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 valual Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_	· · ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12) .	<u></u>		
Part VIII	Investments - Program Related. Complete if the organization answered	d "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 valual Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				_
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
<u>(7)</u>				
_(8)				
(9)				
Part IX	Other Assets. Complete if the organization answered), Part IV, line 11d See Form 990	, Part X, line 15.
/4\	(a) De	escription		(b) Book value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(4)				a i a
(5)				
(6)		 -		
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B)	line 15)		
Part X	Other Liabilities. Complete if the organization answered line 25	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descri	otion of liability		(b) Book value
	ral income taxes	***		
(2)				
(3)	- <u></u>			
(4)				·
(5)				
(6)				
(7)				
(8)				
(9)				_
	nn (b) must equal Form 990, Part X, col (B) line 25)			<u> </u>
	or uncertain tax positions. In Part XIII, provide the			
	's liability for uncertain tax positions under FASB	ASC /40 Check here if		
JSA 9E1270 1 000			Se	chedule D (Form 990) 201

Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	812,275
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
- а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities]	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	812,275
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	812,275
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	803,027
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]]	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	803,027
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 1	
b	Other (Describe in Part XIII)	1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	803,027
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	
			<u></u> -

chedule D (F	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
<u> </u>		
		
· <u>-</u>		
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		
		<u>. </u>

SCHEDULE I (Form 990)

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

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

OMB No 1545-0047	2019	Open to Public
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Inspection

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 48-6109828

Xes

Department of the Treasuntemal Revenue Service	Department of the Treasury Internal Revenue Service			A	► Go to v
Name of the organization	organızatıon				
P.E.O.	P.E.O. Sisterhood KS State Chapter	1 KS	State	Chapter	
Partl	General Infor	matic	n on Gra	General Information on Grants and Assistance	nce

l Info	ganizatic	ronteria	Part IV t
eneral 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	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
	ce, the grantees' eligibility for the grants or assistance, and		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	(p) 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)	97,782	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	31,482	Ö			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	34,744	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	42,392	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	35,700	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	43,083	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	71,987	0			Schol/Grants
(8) Kansas P.E.O. Sunflower Corp							
4719 SE Croco Rd, Berryton, KS 66409	237128115	501(c)(3)	56,082	0			Grants
(6)							
(10)	,						
(11)							
(12)							
			T				
2 Enter total number of section 501(c)(3) and government org	government	organizations lis	anizations listed in the line 1 table.	ile		•	8
3 Enter total number of other organizations listed in the line 1	ed in the line	1 table				•	

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

Schedule I (Form 990) (2019)

9E1288 1 000

Schedule I (F	Schedule I (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
1 Scho	1 Scholarships to Cottry College 3	3	3,150	0	0 N/A	N/A
~						
က						
4						
ည						
မှ						
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 P	art I, line 2, Part	III, column (b), and any o	other additional information.

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

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

Reports of these organizations are available to all members of P.E.O. P.E.O. Sisterhood. Part II, Line 1(a) -- With the exception of Cottey College and Kansas Sunflower Corporation, all other 3700 Grand

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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

48-6109828 P.E.O. Sisterhood KS State Chapter Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: copies of the final Form 990 were provided to each member of the executive board of Kansas State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board, and the remaining members vote on the appropriate action. Part VI, Line 19: Governing documents, conflicts of interest policy and financial statements are available to members upon request. These items are not made available to the general public. Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.

Schedule O (Form 990 or 990-EZ) (2019)		Page 🔏
Name of the organization	Employer identification number	
P.E.O. Sisterhood KS State Chapter	48-6109828	
	· · ·	
		-
	·	
	<u> </u>	

SCHEDULE R (Form 990)

P.E.O. Part I

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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www.irs.go
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Employer identification number

48-6109828 (e) € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 3 Sisterhood KS State Chapter (a) Department of the Treasury Internal Revenue Service Name of the organization

	(a) Name, address, and EIN (f applicable) of disregarded entity	<u>a.</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	<u>Bu</u>
(1)								
(2)						-		
(3)								
(4)								
(2)								
(9)								
							1	
Part II	Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year	anization answe	red "Yes" on Fo	ırm 990, Part IV,	line 34, because	it had	
	(a)	(q)	(0)		(e)	(J)	(9)	(4.9)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	controlled entity?	(2)
							Yes	No
(1) Kansas	sas P.E.O. Sunflower Corporation, 4719							
SE C	SE Croco Rd, Berryton, KS 66409, EIN 23-7128115	Grants	Kansas	501(c)(3)	7	Filing Org	×	
(2)								
								ļ
(3)								
(5)							-	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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(7)

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Schedule R (Form 990) 2019

Part III be	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year	ed Organizations more related orga	Taxable	as a Partnersl s treated as a p	hip. Com	plete if the	e organizatio ne tax year	n answered "Ye	s" on Form	1 990, Part IV, II	ne 34,		
Name, a relate	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Prede income und exclud	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportonam niboatona?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership	9.6 ⊕
			country)			(1)			Yes No		Yes No		
(1) N/A										-			
(2)													
(3)													
(4)													
(5)													1
(9)			_										
(2)													
Part IV Ide	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	ed Organizations	Taxable	as a Corporat anizations treat	tion or Tr	ust. Comportion	plete if the or or trust durii	ganization answ ng the tax year	ered "Yes'	on Form 990,	Part IV,		
	(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of er tity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage	ship controlled entity?	(1) (13) (13) (13) (14)
												Yes No	일
(1) N/A													
(2)											ļ. <u></u>		
(3)													
(4)											<u> </u>		
(5)													-
(9)													
(2)													
										Schedu	ile R (For	Schedule R (Form 990) 2019	019

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

				ļ	ŀ
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Į	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizatiors listed in Parts II-IV?	ated organizatiors list	ed in Parts II-IV?		_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				•	×
	•		1	×	
			10		×
			11	_	×
	· · · · · · · · · · · · · · · · · · ·			6	×
e Loans or loan guarantees by related organization(s)			<u>{ </u>		•
f Dividends from related organization(s)			<u>= </u> : :		×
_					×
	•		두	_	×
	•		= : :		×
i Lease of facilities, equipment, or other assets to related organization(s),	•	•	1		×
k Lease of facilities, equipment, or other assets from related organization(s)			<u>부</u> : :	Ž	×
			<u>뒤</u> : :		×
m Performance of services or membership or fundraising solicitations by related organization(s).			1111	u u	×
			1n	Λ	
Chairing of and omplayees with related organization(s)	•		19	×	
ס אומווונן טו למוט פוויףוטלפפט אינון ופומנפט טוניים אינון אינון פומנפט טוניים אינון ופומנפט טוניים אינון ופומנפט טוניים אינון פומנפט טוניים אינון אינון פומנפט טוניים אינון פומנפט טוניים אינון			 : : :		
b Reimbursement paid to related organization(s) for expenses:	•		1 _p	0	×
	•		1		×
r Other transfer of cash or property to related organization(s)			<u>누</u> : :	_	×
			18	5	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact on thresholds	s line, including cove	red relationships and transa	act on thresho	spl	
(a)	(q)	(9)	Đ		ļ
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	eterminir	Đ
(1) N/A					
(2)					
(3)					
(4)					
(5)					
(9)					
		Sch	Schecule R (Form 990) 2019	(066 m	201

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

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

Ves No	(a) Name, address, and EIN of entity	(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?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) Percentage ownership
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