. **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

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2949313504404 Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

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

2019

OMB No 1545-0047

Open to Public
Inspection

V	Α	For th	e 2019	calendar year, or tax year beginning April 1 , 2019, at	nd ending 1	March 31		20 20	_
ńχ				C Name of organization		D Employer ide	ntification num	iber	
$\mathcal{C}_{\mathcal{C}}$	В	Check if a	pplicable	P.E.O. Sisterhood NC State Chapter					
U,		Addre	ess oe	Doing business as		56-608	8161/		
1301		-1 '	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone nui	mber		_
8	. ${ }$	Initial	return	3700 Grand Ave		515 25	5 3153		
EGSTMARK DATE N		Final termi	return/ nated	City or town, state or province, country, and ZIP or foreign postal code					
SE		Amer	nded	Des Moines, IA 50312-2855		G Gross receipts	\$	401,843	3
€ ₩			cation	F Name and address of principal officer	<u>-</u>	H(a) Is this a grou		Yes X	No
A				Bobbie Gervais - same as C above		H(b) Are all subord		Yes I	No
~	ī	Tax-ex	empt st	·	52	If "No," att	tach a list (see ins	structions)	
MAR	J	Websi	ite: 🕨	www.peointernational.org	1)9	H(c) Group exemp	ption number 🕨	1072/	
~ 1	K			nization Corporation Trust X Association Other	L Year of for	mation 1962 M	State of legal d	omicile IA	_
7	Р	art I	Su	ımmary					_
		1		y describe the organization's mission or most significant activities Women's	members	ship organi	zation		_
2021	e,	ŀ		porting six philanthropic projects for women.				grant,	
	ä			n and award programs and a women's college ow					
	Je.	2		this box I if the organization discontinued its operations or disposed					
	Governance	3		per of voting members of the governing body (Part VI, line 1a)		/	3	!	<u>5</u>
	ශ්			er of independent voting members of the governing body (Part VI, line 1b)			4		<u>5</u>
	Activities &			number of individuals employed in calendar year 2019 (Part V, line 2a)			5		0
√	\ ≩	1		number of volunteers (estimate if necessary)	,		6	100	0
Ž) ¥	1		unrelated business revenue from Part VIII, column (C), line 12	,		7a		
Ŋ		b	Net u	nrelated business taxable income from Form 990-T, line ecived in Corr	'AS · · · · ·	<u> </u>	7b		_
				IRS - QSC 07	/	Prior Year	Cu	rrent Year	_
V	τ Φ.	8	Contr	ibutions and grants (Part VIII, line 1h)	崖	371,8	62	398,572	2
4	9	9	Progra	am service revenue (Part VIII, line 2g) MAR $.22$ $$ $$ $$ $$ $$ $$ $$ $$ $$	l <u>L</u>				
c)	ě.	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,2	20	563	<u>l</u>
Š	Nikevenue	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,0	76	-551	<u>L</u>
\nearrow	m	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>.</u>	374,1	58	398,582	<u>2</u>
1	ن	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		222,9	60	237,892	<u>2</u>
	D	14	Benef	its paid to or for members (Part IX, column (A), line 4)					_
2021	AUG	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	:				_
2 2	- l	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)					_
2	æğ.	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶ 2999					_
	~ `	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		137,4		187,054	_
MAY	2	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		360,3		424,946	_
		19	Rever	nue less expenses Subtract line 18 from line 12		13,7	64	-26,364	1_
65	ssets or				Be	eginning of Current	<u>rear</u> En	d of Year	
œ	set	20	Total	assets (Part X, line 16)		214,4	39	188,075	<u>5</u>
0	t Assi	21		liabilities (Part X, line 26)				<u>_</u>	
_				ssets or fund balances Subtract line 21 from line 20	<u></u>	214,4	39	188,075	<u>i</u>
32		irt II		gnature Block					_
2	Un	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedule: complete Declaration of preparer (other than officer) is based on all information of which	s and statemen preparer has ar	its, and to the best of ny knowledge	my knowledge	e and belief, it	ıs
•		1		0 1 0 1	<u></u>				_
9	Sig	.n) -	Dans Vanksehy	_	8/5/2 Date	2020		_
	He		y :	Signature of officer					
	110	'`) :	Dana Van Roekel		Dire	ctor of	Finance	_
\sim			<u> </u>	Type or print name and title	I Data		, PTIN		_
N	Paid	ł	Lun	Type preparer's name Preparer's signature	Date	Check	J"		
7. 1		parer				self-employ	eu		_
$\overline{\mathcal{W}}$		Only	-	s name >		Firm's EIN			_
208				saddress >		Phone no		 	_
1				iscuss this return with the preparer shown above? (see instructions).	<u></u>	· · · · · · · · · · · · · · · · · · ·		Yes N	_
^	For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Fo	rm 990 (201	H)

Form **990** (2019)

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Рa	art IV Checklist of Required Schedules			·	
				Yes	No
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	f "Yes,"			
	complete Schedule A		1		Х
2			2		Х
3					
·	candidates for public office? If "Yes," complete Schedule C, Part I :	I .	3		Х
4		_	Ť		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	 	4		
_			 -		
5		L L	_	.,	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C		5	Х	
6	· ··· · · · · · · · · · · · · · · ·				
	have the right to provide advice on the distribution or investment of amounts in such funds or acco	 			
	"Yes," complete Schedule D, Part I		6		<u> X</u>
7	· · · · · · · · · · · · · · · · · · ·				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	If "Yes,"			
	complete Schedule D, Part III	· }	88		Χ
9	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, ser	ve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit re				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		Х
10					
	or in quasi endowments? If "Yes," complete Schedule D, Part V		10	l	Х
11	•		200		
• •	VII, VIII, IX, or X as applicable				
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? It	f "Yes"	ine es	RESIDENCE:	ec:
•	complete Schedule D, Part VI		1a		v
	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% of		la		X
'					v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		1b		<u> </u>
- (c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% of		ا ہ		.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1c		X
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total			l	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		1d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		1e		_X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the tax year include a footnote that account of the consolidated financial statements for the consolidated financial statements f	esesenbt			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1	l1f		X
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	complete	1	1	
	Schedule D, Parts XI and XII	1	2a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax y	year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is o	· I	2b		Х
13			13	Ì	Х
	4a Did the organization maintain an office, employees, or agents outside of the United States?		4a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantr			-	
	fundraising, business, investment, and program service activities outside the United States, or agi	I			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	-	4b		Х
15		<u> </u>			- 43
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		v
40			••		X
16		I	46		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_	16		X
17					
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		X
18		l l		į	
-	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, I	ine 9a?			
	If "Yes," complete Schedule G, Part III		19		X
20 a	Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		:0b		
21					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21	х	
			_		

Par	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			
22	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			
	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	23	-	1
- 7 4	\$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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	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		<u> </u>	<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	Ì) 	ĺ
	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 Ł,			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	<u> </u>	-^-
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		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,			
	or IV, and Part V, line 1	34	X	ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
37	related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36	_	\vdash
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		<u>X</u> _
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	$. \Box$
			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			'
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l	1
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			<u> </u>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		x
	If "Yes," enter the name of the foreign country			<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	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		<u> </u>
	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	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	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		
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		ļ	
	sponsoring organization have excess business holdings at any time during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	ŀ		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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]			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	\dashv	
	Note: See the instructions for additional information the organization must report on Schedule O	134	-	
	Enter the amount of reserves the organization is required to maintain by the states in which	İ		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
		14a		X
		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			-
			000	

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ır	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
	,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included on line 1a above who are independent	ļ		
b	Cities the number of voting members moduced on mile ra, above, who are mespendent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		,
	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		.,
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Oid the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	_X	
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	<u> </u>
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	<u>X</u>	<u> </u>
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	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> X</u>	
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	
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,"	12c	х	
40	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
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?			
a	The organization's CEO, Executive Director, or top management official None	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ı
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		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C41	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
40		المحرر		al:-::
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		
	Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 (515)255-3153		<u> </u>	
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Form 990 (2019)

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntra	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	tion	100	npen	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)	box, office or direct	unles	Pos heck ss pe	rson	n oth Highest compensated en or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bobbie Gervais	28									
President		X		Х				0	0	0
(2) Pauline Carter	20									
Vice President		_X_		Х				0	0	0
(3) Alice Williams	25									
Organizer		X		Х				0	0	0
(4) Diane Price	25									
Treasurer	1	Х		Х				0	. 0	0
(5) Devon E. Gedney	25									
Secretary		Х		x				0	0	0
(6)									-	
(7)					_					
(8)					-					
(9)										
(10)									,	
(11)				_						
(12)			-							
(13)						-	-			
(14)			-							

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	plo	yee	s, a	ind H	igh	est Compensate	d Employe	es (cc	ntınued)	
' (A) ' Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated a of othe	r
	(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)	organizati (W-2/1099-N	ons	from th organization related organ	e n and
(15)		_			_							
(16)			-	-								
(17)				-	_						<u> </u>	
(18)							_		 			
(19)												
(20)							_					
(21)				_								
(22)					_		-				_	
(23)									<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(24)		_					_					
(25)							_					
1b Subtotal	Section A .					 	* * *					
2 Total number of individuals (including but no reportable compensation from the organization	ot limited to	o thos	se li	ste	d at	ove)	who	received more th	nan \$100,0	00 of		
3 Did the organization list any former o								-			Yes	No
 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gi 	sum of re	porta	ble	con	npe	nsatio	n a	and other compen	sation from	the		-
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpei	nsat	lion	froi	m any	y ur	nrelated organizati			5	X
Section B. Independent Contractors 1 Complete this table for your five higher	est compo	nanta	d ,	ndo	non	dont		ntractors that ro	ecived me	ro tha	\$100.0	00 06
compensation from the organization Report											ation's tax	
(A) Name and business addr	ess						L	(B) Description of ser	vices		(C) Compensation	
None							Ė					
							_					
Total number of independent contractors received more than \$100,000 of compensations.						ted	to	those listed abo	ve) who			
	~.	- J. 94			• •			· · · · · · · · · · · · · · · · · · ·	<u>-</u> _		Form 990	(2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	·			
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ম ম	1a	Federated campaigns 1a		,	-		
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b	158,035				1
QE	C	Fundraising events 1c					
r Şî	d	Related organizations 1d					
ΩΈ	e	Government grants (contributions) 1e					
Si,ï	f	All other contributions, gifts, grants,					
흕	'	and similar amounts not included above . 1f	240,537				
きぎ	g	Noncash contributions included in	1 210/33	1			
날	9	lines 1a-1f 1g	_e				
a C	h	Total. Add lines 1a-1f		398,572			1 .
		Total. Add lines 14-11	Business Code	330,372		-	†··
ģ			Business code				
Š	2a						
Ser	b	· · ·					
E S	С		-				
Rea	d					·	
Program Service Revenue	е		-				
ш.	' '	All other program service revenue					·
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends		561			561
	1.	other similar amounts)	. 1	561			3.01
	5	Income from investment of tax-exempt bor	•				
	"	Royalties	(ii) Personal			·· —	
	_		(II) r ersonal				
	6a	Gross rents 6a			1		· ·
	þ	Less rental expenses 6b					
	C	Rental income or (loss) 6c					-
	_d	Net rental income or (loss)					
	7 a	Gross amount from (i) Secunties	(II) Other				
		sales of assets	1				
		other than inventory 7a					
ne	b	Less cost or other basis					
le/		and sales expenses 7b					
Revenue	C	Gain or (loss) 7c	<u> </u>				
_	d	Net gain or (loss)	<u>,</u> ▶				
Othe	8a	Gross income from fundraising	1				
U		events (not including \$					
		of contributions reported on line					1
		1c) See Part IV, line 18	<u> </u>				
	b	Less direct expenses 8t)				<u> </u>
	C	Net income or (loss) from fundraising event	s ▶				
	9a	Gross income from gaming					
		activities See Part IV, line 19 9a	1	'			
	ь	Less direct expenses 9t)				
	С	Net income or (loss) from gaming activitie	s ▶			_	
	10a	Gross sales of inventory, less					
		returns and allowances 10	a 2,710		-		1
	ь	Less cost of goods sold	b 3,261		<u> </u>		
	С	Net income or (loss) from sales of inventory,	▶	-551	-551	· · ·	
<u>s</u>			Business Code				
e e	11a						
ant	ь						
eve	c						
Miscellaneous Revenue	ď	All other revenue					
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		398,582	-551		561

Part IX Statement of Functional Expenses

Se <u>ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other org</u>	anizations must complete column (A)
--	-------------------------------------

	Check if Schedule O contains a response or note to any line 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	237,092	237,092					
2	Grants and other assistance to domestic individuals See Part IV, line 22	800	800					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16							
5	Compensation of current officers, directors, trustees, and key employees							
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-						
а	Payroll taxes							
С	Legal	7,729		7,729				
e f	Professional fundraising services. See Part IV, line 17. Investment management fees. Other (If line 11g amount exceeds 10% of line 25, column)			,				
	(A) amount, list line 11g expenses on Schedule O)							
13 14 15	Office expenses	18,469		15,972	2,497			
16 17	Occupancy	54,305	18,102	36,203				
	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	29,269	9,589	19,178	502			
20	Interest	71,831	71,831	13/110				
22	Depreciation, depletion, and amortization	433	717031	433				
24					·, · ·			
_	Operating Expense	5,018	1,673	3,345				
c d								
25	All other expenses	424,946	339,087	82,860	2,999			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)							

	-	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	14,701	1	27,835
	2	Savings and temporary cash investments	199,738	2	160,240
	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	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			1
	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)	214,439	16	188,075
	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%			1
abi		controlled entity or family member of any of these persons	_	22	
	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	
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	
I B	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	
Net Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	214,439		188,075
et /	32	Total net assets or fund balances	214,439		188,075
ž	33	Total liabilities and net assets/fund balances	214,439		188,075
			2227.333		Form 990 (2019)

- 011111 0						90
Part	XI Reconciliation of Net Assets	_	<u>-</u>			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			$oxed{\Box}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			398,	582
2	Total expenses (must equal Part IX, column (A), line 25)	2	_,		424,	946
3	Revenue less expenses Subtract line 2 from line 1	3			-26,	364
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			214,	439
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			188,	075
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		· · ·		<u> X </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		I			,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a_		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both		1			
	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 audit	ed on	ıa			
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis		ł			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on	1		
	Schedule O				i	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th ın t	he			
	Single Audit Act and OMB Circular A-133?		· · }	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	<u>idits</u> .		3b		
				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

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 56-6088161 Sisterhood NC State Chapter P.E.O. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions), Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. ▶\$ Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ)-2019

Sch	nedule C (Form 990 or 990-EZ) 2019					Page 2
P	art II-A° Complete if the organiza section 501(h)).	tion is exe	empt under section	501(c)(3) and	filed Form 5768 (ele	
A	Check ▶ if the filing organization be address, EIN, expenses				ach affiliated group men	iber's name,
В	Check ▶ ☐ If the filing organization of	hecked box	A and "limited contro	il" provisions app	oly	
	Limits on Lot (The term "expenditures" r)	(a) Filing organization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to influence	e public opi	nion (grassroots lobb	yıng)		
١	b Total lobbying expenditures to influence	e a legislati	ve body (direct lobbyi	ng)[
(c Total lobbying expenditures (add lines	1a and 1b)		[
(d Other exempt purpose expenditures .			[
•	e Total exempt purpose expenditures (a	dd lines 1c a	and 1d)	[
f	f Lobbying nontaxable amount Enter	he amount	from the following	table in both		
	columns					
	If the amount on line 1e, column (a) or (b)	s: The lobby	ing nontaxable amount	s:		
	Not over \$500,000	20% of the	e amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the excess	over \$500,000	1	,
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000	plus 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,00	0			
_	g Grassroots nontaxable amount (enter:		•	-		
	n Subtract line 1g from line 1a. If zero or) -		
	Subtract line 1f from line 1c If zero or					·
j	If there is an amount other than zer	on either	line 1h or line 1i, o	lid the organiza	tion file Form 4720	
	reporting section 4911 tax for this year	?	<u></u>			Yes No
			eraging Period Under	• •		
	(Some organizations that made					nns below.
	Se	e the separ	ate instructions for I	ines 2a through	2f.)	
	Lol	bying Exp	enditures During 4-Ye	ar Averaging Pe	riod	<u> </u>
	Calendar year (or fiscal year (beginning in)	a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	a Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))			-		
c	Total lobbying expenditures					
c	d Grassroots nontaxable amount					

Schedule C (Form 990 or 990-EZ) 2019

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)	(b)			
For each "Yes," response on lines 1a through 11 below, pro description of the lobbying activity	vide in Part IV a detailed Ye	s No		Amo	unt	
During the year, did the filing organization attempt to influence f	oreign, national, state, or local					
legislation, including any attempt to influence public opinio						
referendum, through the use of.						1
a Volunteers?						
b Paid staff or management (include compensation in expenses re		-				
c Media advertisements?		-				
d Mailings to members, legislators, or the public?				-		
e Publications, or published or broadcast statements?	· · · · · · · · · · · · · · · · · · ·					
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials,						
h Rallies, demonstrations, seminars, conventions, speeches, lecture	· · · · · · · · · · · · · · · · · · ·					
i Other activities?						
2a Did the activities in line 1 cause the organization to be not descr b If "Yes," enter the amount of any tax incurred under section 491.		1				
c If "Yes," enter the amount of any tax incurred by organization ma						
d If the filing organization incurred a section 4912 tax, did it file Fo	orm 4720 for this year?					
Part III-A Complete if the organization is exempt under s		5), or s	ectio	n		
501(c)(6).		·				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible	e by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of	η ψ2,000 of less'			2	Х	
3 Did the organization agree to carry over lobbying and political ca Part III-B Complete if the organization is exempt under s				3		Х
501(c)(6) and if either (a) BOTH Part III-A, lines					-,	
answered "Yes." Dues, assessments and similar amounts from members			1_			
1 Dues, assessments and similar amounts from members						
Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expens						
1 Dues, assessments and similar amounts from members	ditures (do not include amounts	of	1_ 2a			
Dues, assessments and similar amounts from members	ditures (do not include amounts	of	1 2a 2b			
Dues, assessments and similar amounts from members	ditures (do not include amounts	of	1 2a 2b 2c			
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenion political expenses for which the section 527(f) tax was paid). Current year	ditures (do not include amounts	of	1 2a 2b			
Dues, assessments and similar amounts from members	ditures (do not include amounts	of	1 2a 2b 2c			-
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of tible estimate of nondeductible lobby	of the	2a 2b 2c 3			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expening political expenses for which the section 527(f) tax was paid). Current year	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of tible estimate of nondeductible lobby	of the	2a 2b 2c 3			
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of tible estimate of nondeductible lobby	of the	2a 2b 2c 3			
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobby	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expening political expenses for which the section 527(f) tax was paid). Current year	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	an
Dues, assessments and similar amounts from members	ditures (do not include amounts nondeductible section 162(e) dues amount on line 3, what portion of ible estimate of nondeductible lobbinations)	of the ying	2a 2b 2c 3		nes 1	ar

Schedule C (Fo	orm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
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		<u>,</u>
	- Contract	
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	<u> </u>	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number Name of the organization Sisterhood NC State Chapter 56-6088161 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b b 2c 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 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 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,

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

provide the following amounts relating to these items:

Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collection	ns of Art, Histo	orical Tre	easures	, or Other	Similar Assets (continu	ıed)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that app	ly)								
а	Public exhibition		ď	Loan	or excha	inge progra	m			
b	Scholarly research		e	Other						
С	Preservation for future gene	rations	_	_						<u> </u>
4	Provide a description of the organ	nization's colle	ctions and expl	ain how	they fur	ther the or	ganization's exemi	ot purpo	se in	Part
	XIII									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rath	ner than to be r	maintained as pa	art of the	organiza	tion's colle	ction?	Yes	s	No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, truste	e, custodian o	r other intermed	diary for c	ontributi	ions or othe	r assets not			
	included on Form 990, Part X?	. .						Yes	s	No
b	If "Yes," explain the arrangement i	n Part XIII and	complete the fo	llowing tal	ole		,			_
	· · · · · · · · · · · · · · · · · · ·		•		ſ		Amoun	t		
С	Beginning balance				[1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									-
2a	Did the organization include an am	ount on Form	990, Part X, line	21, for e	escrow o	r custodial	account liability?	Yes	5	No
b	If "Yes," explain the arrangement in	n Part XIII Che	eck here if the e	xplanation	has bee	en provided	on Part XIII			7
	rt V Endowment Funds.									
	Complete if the organiza	ition answere	d "Yes" on For	m 990, F	Part IV,	line 10				
		(a) Current ye	ar (b) Prid	or year	(c) Two	years back	(d) Three years back	(e) Fo	ır years	back
1a	Beginning of year balance									
ь	Contributions							1		
c	Net investment earnings, gains,									
•	and losses									
ď	Grants or scholarships									
e	Other expenditures for facilities	·	i -							
•	and programs							1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage		vear end balanc	e (line 1a	column	(a)) held as				
a	Board designated or quasi-endown		%	· · · · · · · · · · · · · · · · · · ·		(4),				
b	Permanent endowment >	%								
	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%							
3 a	Are there endowment funds not in		-	ation that	are held	l and admir	nistered for the			
	organization by	•	_						Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organization	s listed as requir	ed on Sch	edule R	7		3b		
4	Describe in Part XIII the intended it	ises of the org	anization's endo	wment fui	nds					
Pa	t VI Land, Buildings, and Equ	ipment.				11				
	Complete if the organization of property									<u>. </u>
	Description of property	(a)	Cost or other basis (investment)		or other ba: ther)		cumulated (d) Book v	raiue	
1a	Land						, :			
	Buildings									
	Leasehold improvements									
	Equipment,									
	Other									
	I. Add lines 1a through 1e (Column		l Form 990, Part	X. columi	n (B), line	e 10c)				

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 valuat Cost or end-of-year mark	ion
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)	,	******		
(D)				
(E)				
(F)				
(G)				
(H)	(t)			
	n (b) must equal Form 990, Part X, col (B) line 12). ► Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)	.			
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col (B) line 13).			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	cription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) lii	ne 15)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		ion of liability		(b) Book value
	ral income taxes			1-7
(2)		,		
(3)				
(4)				
(5)				
(6)				-
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25).	· • <u>· · · · · · · · · · · · · · · · · ·</u>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat reports the
	s liability for uncertain tax positions under FASB A			

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	398,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
C	Other (Describe in Part XIII)	i	
d	Add lines 2a through 2d	2e	
	_	3	398,582
3	Subtract line 2e from line 1	 	390,302
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investment expenses not included on Form 990, Part VIII, line 7b	,	
	Other (Describe III art XIII)	1 40	
	Add lines 4a and 4b	4c 5	200 500
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		398,582
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	7	·
1	Total expenses and losses per audited financial statements	1	424,946
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
	Prior year adjustments		
С	Other losses]]	
d	Other (Describe in Part XIII)]	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	424,946
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a] []	
b	Other (Describe in Part XIII)]	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	424,946
Part 2	XIII Supplemental Information.		
2, Pan	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
		-	
	 	•	
			
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Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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		Schodulo D (Form 990) 2019

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2019	Open to Public
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► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

56-6088161

Sisterhood NC State Chapter Name of the organization

General Information on Grants and Assistance P.E.O.

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austan							
Nevada, MO 64772	440545271	501(c)(3)	39,937	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	21,259	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	30,832	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	51,070	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	31,276	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	33,892	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	28,426	0			Schol/Grants
(8)							
(6)							
(10)							
(11)	·						
(12)	1						
2 Enter total number of section 501(c)(3) and government or	government	organizations lis	ganizations listed in the line 1 table.	je	•	•	7
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3 Enter total number of other organizations listed in the line 1 table....

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

Schedule 1 (Form 990) (2019)

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Part I II	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	mestic Individual	lividuals. Complete	if the organizat	on answered "Yes" on F	orm 990, Part IV, line 22
-	(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
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Part IV	Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information	the information	on required in Pa	art I, line 2; Part	II, column (b); and any o	her additional information
Part I,	, Line 2Contributions were	e forwarded	t t	philanthropies of	the International	Chapter of the P.E.O.
Sisterhood	hood and to P.E.O. Foundation	in De	s Moines, IA t	to be used to	further the educational	ational mission of the
P.E.O.	Sisterhood. Reports of these organizations	ese organiz	are	available to	all members of	P.E.O.
Part I	II, Line 1(a) With the exception	of	Cottey College,	e, all other	organizations	share a mailing address of
3700 Gz	Grand Ave, Des Moines, IA 500	50312.				
	•					Schedule I (Form 990) (2019)

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 NC State Chapter 56-6088161 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 North Carolina 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 Z
Name of the organization	Employer identification number	
P.E.O. Sisterhood NC State Chapter	56-6088161	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

P.E.O. Sisterhood NC State Chapter

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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to www.irs.gov/Form990
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OMB No 1545-0047 Open to Public Employer identification number 56-6088161 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part 1	Identification of Disregarded Entities. Complete if the	ne organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part I\	/, line 33		Í
	(a) Name, address, and EIN (if applicable) of disregarded entity	ā.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations. 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, I	line 34, because	it had
		(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?
-							Yes No
(1) North (2) EIN	(1) North Carolina Cottey College Scholarship Fund 637 Totten Place, Chapel Hill, NC 27514 (2) EIN 58-1797069	Educ Schol	N Carolina	501(c)(3)	7	Filing Org	×
(3)			_				
(4)							
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For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 99	990.				Schedule R	Schedule R (Form 990) 2019

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Page 2

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year	ted Organizations more related org	s laxable anization		as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, treated as a partnership during the tax year	he organizatio the tax year	า answered "Yeง	s" on Form	ı 990, Part IV,	line 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (felated, unrelated, excluded from tax under sections 512 - 514)	Share of total income	(g) Share of end-of- year assets	(h) Disproportents alterations? Yes No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1) N/A										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
Part IV Identification of Related Organizations Taxable line 34, because it had one or more related organ	ted Organizations d one or more re	s Taxable lated org		as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, nizations treated as a corporation or trust during the tax year	n or trust durin	ganization answig 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 entity (C corp S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent	Percentage Section (a) (b) (controllic controllic entity)
										Yes
(1) N/A									<u></u>	
(2)									_	-
(3)										
(4)										
(5)										
(6)										
(7)										
								School	Schedule R (Form 990) 201	090) 201

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			•	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations lis	ted in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			14	×
b Gift, grant, or capital contribution to related organization(s)	•		1b	×
c Gift, grant, or capital contribution from related organization(s)	•		10	×
d Loans or loan quarantees to or for related organization(s)			1d	×
			1e	×
			<u> </u> : :	,
f Dividends from related organization(s)			#	· ×
_			19	×
			1h	×
			=	×
			-	×
			;	;
k Lease of facilities, equipment, or other assets from related organization(s)			¥ : :	×
I Performance of services or membership or fundraising solicitations for related organization(s)			= : :	
m Performance of services or membership or fundraising solicitations by related organization(s)			<u>티</u> : : :	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>=</u> :	×
			10	×
b Reimbursement paid to related organization(s) for expenses	•		1p	×
			1	X
			-	,
r Other transfer of cash or property to related organization(s)				×
s Other transfer of cash or property from related organization(s)				×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cove	red relationships and transa	action threshold	ls
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	emining
	type (a-s)		amonut in	olved
(1) N/A				
(2)				
(3)				
(4)				
(c)				
(9)				
ης.		Sch	Schedule R (Form 990) 2019	990) 2019
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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 originess revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	formcile Predominant Are all partners Share of Si	(e) Are all partners section 501(c)(3) organizations?	(1) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	(l) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
-			sections 512-514)	Yes No			Yes No		Yes No	
(1) N/A										
(2)										
(3)										
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Part VII	Supplemental Information Provide additional information for	r responses to qu	estions on Sc	chedule R See i	nstructions.	
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