

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning	April 1	, 2019, and ending	March 31	, 2020
B Check if applicable	C Name of organization			D Employer identification number
Address change	P.E.O. Sisterhood AL State Chapter			63-6048476
Name change				E Telephone number
Initial return				515 255-3153
Final return/terminated				F Group Exemption
Amended return				Number ► 1072
Application pending				

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► <a href="http://www.peointernational.org">www.peointernational.org</a>			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one)  501(c)(3)  501(c)(4) (insert no) 4947(a)(1) or 527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 177,568

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I ► 

1 Contributions, gifts, grants, and similar amounts received . . . . .	1	129,465
2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3	46,723
4 Investment income . . . . .	4	60
5 a Gross amount from sale of assets other than inventory . . . . .	5a	
b Less: cost or other basis and sales expenses . . . . .	5b	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c Less: direct expenses from gaming and fundraising events . . . . .	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
7 a Gross sales of inventory, less returns and allowances . . . . .	7a	1,320
b Less: cost of goods sold . . . . .	7b	735
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	585
8 Other revenue (describe in Schedule O) . . . . .	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	176,833
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	121,867
11 Benefits paid to or for members . . . . .	11	
12 Salaries, other compensation, and employee benefits . . . . .	12	
13 Professional fees and other payments to independent contractors . . . . .	13	
14 Occupancy, rent, utilities, and maintenance . . . . .	14	
15 Printing, publications, postage, and shipping . . . . .	15	637
16 Other expenses (describe in Schedule O) . . . . .	16	55,593
17 Total expenses. Add lines 10 through 16 . . . . .	17	178,097
18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	-1,264
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	109,505
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	108,241

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

**Part II: Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments . . . . .	109,505	22	108,241	
23 Land and buildings . . . . .		23		
24 Other assets (describe in Schedule O) . . . . .		24		
25 Total assets . . . . .	109,505	25	108,241	
26 Total liabilities (describe in Schedule O) . . . . .		26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	109,505	27	108,241	

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educational & Charitable

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Program services accomplished by contributions to various P.E.O. educational projects, scholarships and local charities.

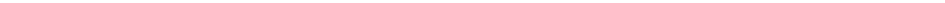
(Grants \$ 121,867 ) If this amount includes foreign grants, check here  28a 130,706

29 \_\_\_\_\_

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Digitized by srujanika@gmail.com

(Grants \$ ) If this amount includes foreign grants, check here . . . . .  29a

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31 Other program expenses (describe in Schedule C) If this amount includes foreign grants, check here . . . . . 30a

31 Other program services (describe in Schedule O) \_\_\_\_\_  
(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  210

32 Total program service expenses (add lines 28a through 31a) **\$32** **130,706**

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(b) Assessments, (c) Reportable, (d) Health benefits

**Part V** Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. . . . .	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____; section 4912 ► _____; section 4955 ► _____	40b	X
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ► 0	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0	40e	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40f	X
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► <u>Kathy A. Soppe</u> Telephone no ► <u>515-255-3153</u> Located at ► <u>3700 Grand Avenue, Des Moines, IA</u> ZIP + 4 ► <u>50312-2899</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .  46  X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI. . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .  47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  49a

b If "Yes," was the related organization a section 527 organization? . . . . .  49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms WV-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ►  
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ►  
 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<input type="checkbox"/> <u>Dana Van Roekel</u>	<u>8-1-20</u>
	Signature of officer	Date
<input type="checkbox"/> <u>Dana Van Roekel, Director of Finance</u>		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**



Name of the organization

P.E.O. Sisterhood AL State Chapter

Employer identification number

63-6048476

Part I, Line 10: Includes cash contributions sent to the following educational and charitable funds of the P.E.O. Sisterhood to be used for various scholarship, grant and loan programs to educate women. With the exception of Cottey College, all share an address of 3700 Grand Ave, Des Moines, IA 50312.

P.E.O. Educational Loan Fund \$13,745 to be used for educational student loans

Cottey College, 1000 W Austin, Nevada, MO 64772, \$20,886 for support of the college

P.E.O. International Peace Scholarship \$14,828 for scholarships

P.E.O. Program for Continuing Education \$16,730 for educational grants

P.E.O. Scholar Awards \$15,067 for scholarships

P.E.O. STAR Scholarship \$19,436 for scholarships

P.E.O. Foundation \$21,175 for scholarships and grants

Part I, Line 16: Other expenses include costs associated with state convention, operating expenses for the chapter, and dues to the International Chapter for the year.

Name of the organization

P.E.O. Sisterhood AL State Chapter

**Employer identification number**

63-6048476