

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

· •		99()	R	eturn of	Orga	nizatio	on E	xemp	t Fr	om l	nco	me Tax		OMB No	1545	-0047
Dep	rm partme	ent of the Tre	easury	•	tion 501(c), 5 ➤ Do not ente ➤ Information	27, or 49 r social	947(a)(1) of security nu form 990 ar	ımbers	on this fo	m as i	t may t	e mad	•	tions)	Open	o Pu ectio	
	For	the 201	5 calen	dar vear. or	tax vear bed	ainnina	April				endir		March 31		, 20 1	_	
₩ <u>.</u>			C Name	of organization	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	-			D Employer idei	ntification	number		_
Б	Check	if applicable	P.E.	O. Siste	rhood AR	Stat	e Chapt	er									
F		ddress nange	Doing	business as					··	1 _				05553	33		
L	_ N	ame change	1	er and street (o		is not deli	vered to stree	t addres:	s)	Room	n/suite		E Telephone nu				
		itial return		Grand A						<u> </u>			515	255 3	3153		
	te	nat return/ rminated	l '	r town, state or				stal code						_			
	16	mended sturn pplication		Moines,		2-289	9						G Gross receipts H(a) is this a grou	-	$\overline{}$	06, es [
L		ending		and address of		0	O - N						subordinates	?	├ ─┤ ``	98	x
_			'	abeth J.					4047(-)(4)			7	H(b) Are all subord				
÷		-exempt st		501(c)(3)	x 501(c)		(Inseπ no)	4947(a)(1)	Of	52	1	H(c) Group exem				
7		m of organ		<u>Corporation</u>			ation C	ther >				f forma	tion 1933 M				Δ
<u>`</u>	art		mmary		Ilust A	ASSOCI	ation C	uter -			Litearo	Tionna	1011 1333 111	State of h	egai doime		
	1				ition's mission	or most	significant a	ctivities	Women	's m	nembe	rsh	ip organi	zatio	m		
a				_									re schola			nt.	
Governance	<u> </u>												e organiz			/-	
Ë	2												of its net assets		-		
Š				ting members	•		•		•					3			
				lependent voti	-									4			
Activities &				of individuals										5			_
<u> </u>				of volunteers (-		6			10
Αct				d business rev										7a			
	` '			business taxa										7b			
_	+-									` · · ·		i	Prior Year		Curren	t Yea	ır
	. 8	Contr	hutions	and grants (Pa ce revenue (Pa come (Part VII e (Part VIII, co - add lines 8 t	rt VIII line 1h)		-	/15	Ω	./			392,9	61	4	06,	30
Reventie		Progr	am servii	ce revenue (Pa	rt VIII, line 2a)		· ////	C/V		ğĮ∵		—	33273	-			
Q X) 10) Inves	ment inc	come (Part VII	I column (A) l	nes(3 4		فبسنتم	/	ιώ. ·			2	91			26
ã	[] 11	l Other	revenue	Part VIII col	lumn (A) lines	5 6d 8c	.96 10c. ar	nd of the	Sam.	/Æ/							
	12	2 Total	revenue	come (Part VII e (Part VIII, co - add lines 8 t	hrough 11 (mi	ist equal	SAUN DES	Jamp (A). line:121)		393,2	52	4	06,	56
_	13						\sim \sim	_				1	205,8			22,	
	14	l Benet	its paid t	milar amounts to or for memb r compensatio	ers (Part IX. co	lumn (A)	line 4	The state of	المستعلقات								_
پ	مدا	Salar	es other	r compensatio	n employee be	enefits (P	art IX. coluis	on (A).	nes 5-10)								
ď	2 16	a Profe	ssional f	undraising fees	(Part IX colur	nn (A) li	ne idel	(7 9)									
ā	16			ing expenses (
ú	آ 17			es (Part IX, col									180,9	45	2	02,	94
	18			s Add lines 1									386,8			25,	
	19		-	expenses Sul									6,4			19,	
5	8	1.010.	100 1000	опротосо са	5.1.4.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			<u>····</u>			· · · · ·	Begir	ning of Current		End of		
ets	E 20) Total	assets (F	Part X, line 16)									204,2	45	1	84,	93
Ass		l Total															
ě	5 22	Neta											204.2	45	1	84,	93
P	art	l Si										·					
P	21 21 21 21 21 21 21 21	Si penalties	ssets or gnature		Subtract line	21 from I	ne 20	accomp	nving sched	dules ar	nd state	ments, as any k	204, 2				
	gn ere	>		e of officer y A. Sopporting name and till		tor o	of Fina	nce					Date	3/16			
_		Print	Type pre	parer's name		Prepa	rer's signatur	е		D	ate		Check	ıf PTIN	1		_
Pa													self-employ	ed			
	epar	Firm'	s name	>									Firm's EIN				
Us	e Oı	ווי ∣יייין עור	address	<u> </u>							-		Phone no				
Ma	av th			s return with the	ne preparer sho	wn abov	e? (see insti	ructions)						Yes	$\neg \vdash$	
_	<u> </u>			on Act Notice				. 4040116	<i></i>	• • • •	• • • •	• • •			Form C	<u> </u>	_

For	990 (2015)	Page 2
P	statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	P.E.O. is a philanthropic organization where women celebrate the advancement of	o.f.
	women; educate women through scholarships, grants, awards, loans and stewardship of Cottey College; and motivate each other to achieve their highest aspirations.	<u>0T</u>
	Lockey College; and motivate each other to achieve their highest aspirations.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		× No
	f "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		× No
	f "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	Code) (Expenses \$360,337 including grants of \$222,928) (Revenue \$)	
	Program services are accomplished by collecting and forwarding contributions to	
	various P.E.O. projects and scholarships on both the state and national levels; no	0
	specific statistics are available.	
4b	Code) (Expenses \$including grants of \$) (Revenue \$)	
		
4-	Code) (Expenses \$ including grants of \$) (Revenue \$)	
40	Code) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)	
	Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶ 360,337	
JSA 5E1	0 1 000 Form 990	(2015)

Pari	Checklist of Required Schedules		T V	T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
	complete Schedule A	1	 	×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			}
	"Yes," complete Schedule D, Part I	6	<u> </u>	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ł	1
	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	'	1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted]		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	x
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		i '	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		[
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			[
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		x

Part	Checklist of Required Schedules (continued)		,	·
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Х	ļ
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		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	\ I		
	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?			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	i 1		
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	l I		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	í I		
26	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u>x</u>
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	İ		
а		28a		x
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		х
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		×
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ì		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		İ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

JSA 5E1040 1 000

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O contains a response of note to any line in this reactive	• • •	Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
l a	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			,
	reportable gaming (gambling) winnings to prize winners?	1c	х	
	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 e-file (see instructions)	. · · · ·		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> </u>
þ	If "Yes," enter the name of the foreign country ▶	12.		
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
	Organizations that may receive deductible contributions under section 170(c).	l lldp		, ;
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	it.y - 	. `	
_	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	required to file Form 8282?	7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u></u>
	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		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		,
	Sponsoring organizations maintaining donor advised funds.	9a	*** ; %	Fortal South
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
		,	,	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	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	}		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans		}	
С	Enter the amount of reserves on hand	<u>.</u>		L_
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	х
	If "Vee " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	I	l

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	S00 11	etruc	i "No
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sact	ion A. Governing Body and Management	· · ·	· · ·	1^
360	IOTI A. GOVERNING BODY and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.	Γ	1	''-
ıa	Effect the number of voting members of the governing body at the end of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		<u> </u>
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
h			- ''	
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
J	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	х	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b	×	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b 11a	x x	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	x x	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	x x	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a	x x	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	x x x	X
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	x x x	×
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	x x x	×
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	x x x	×
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	х
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	x x x	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	х
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	x x
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	х
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	x x
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x	x x
11a b 12a c c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x	x x
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	x x x	x x
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x	×××
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x	×××
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x	×××
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x	x x x

20

Page	7

Form	990	(201	5)	

orm 990 (2015) Page												
Part VII	Compensation of	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and		
	Independent Contractors											
	Check if Schedul	le O contains	a response	or note to	any In	ne in this Part	VII	<u></u>				

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related	orga	nıza	atior	1 COI	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unle er an	Pos heck ss pe	erson	e than or trust employee 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
	10					ă.				
(2) Melissa Jordan Anthony Vice President	5	Х.	-	х				0	0	0
(3) Jean Fitch Justice Organizer	5	X	 	X			ļ			0
(4) Tracey Ritchey Treasurer	5	x		x				0	0	0
(5) Marla K. Hunt Secretary		х		x				0	0	0
										_
							-			
(10)										·
(11)										
(12)										
(13)										
(14)										

Part VII Se	ction A. Officers, Directors, Tru	stees, Ke	y Em	pio			ina H	ign	iest Compensate	a Employ	ees (co	munuec	<u>" </u>	
	(A) (B) Name and title Average hours per week (list any			unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation	(E) Reports compensati	on from	am	(F) stimated nount of other	
		week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	tions	com fro orga and	pensation the anization direlated	on d
(15)					-	ļ		<u> </u>						
(16)				-										
(17)								ļ				· ··-		
(18)				-				ļ			+			
				ļ			<u> </u>				+			
(19)														
(20)		1												
(21)			1											
(22)														
(23)					-			<u> </u>		· · <u>-</u> · · · · · · · · · · · · · · · · · ·				
(24)														
(25)								ļ <u>.</u>						•
				<u> </u>	_									
	m continuation sheets to Part VII, d lines 1b and 1c)	Section A						A A						
2 Total num	nber of individuals (including but no e compensation from the organization	ot limited to		se lis				who	received more th	an \$100,0	00 of			
	······································	-									· · · · ·		Yes	No
3 Did the employee	organization list any former off e on line 1a? If "Yes," complete Sche	icer, direct dule J for su	or, o uch in	r tr divid	rusti dual	ee, 	key	em 	ployee, or highes	st compen	sated 	3		х
organizat	individual listed on line 1a, is the tion and related organizations g	reater that	n \$1	50,0	000	? 1	f "Ye	s, "	complete Schedi	ule J for	such	4		×
5 Did any j	person listed on line 1a receive of estrendered to the organization? If "	r accrue co	ompe	nsat	tion	fro	m an	y ui	nrelated organizat	ion or indi	vidual	5		x
Section B. Ind	ependent Contractors													
	e this table for your five highest coi ation from the organization Report													
	(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) compens		
None								1						
								+						
								-						
	mber of independent contractor more than \$100,000 of compensat	-	-					to	those listed abo	ve) who				

Part VIII	Ciatamani	of Revenue
	Sialement	OT REVENUE

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
1a	Federated campaigns		1a	· .		-	
b	Membership dues		1b 185,431				
C	: Fundraising events		1c		1 3/2		
d	Related organizations		1d	, ,			-
е	Government grants (contrib	utions)	1e	j	· · ·	İ.	ľ
f	All other contributions, gifts,			, ,		· ,	
	and similar amounts not include		<u>if 220,873</u>	-	1		
9	Noncash contributions included	I in lines 1a-1f	S			1	
h	Total. Add lines 1a-1f			406,304			
			Business Code				
2a				1			
b							
c							
d							
Α.							
•	All other program agrees to		_				
9	All other program service re- Total. Add lines 2a-2f	venue	•				
3					-		
3			idends, interest,	0.60			
4	and other similar amounts).			262	262		
5	Income from investment of	tax-exempt b	ond proceeds .				
,	Royalties						
		(ı) Real	(II) Personal				
6a	Gross rents			-			
þ	Less rental expenses			-			
C	Rental income or (loss)						
d	Net rental income or (loss).	· · · · · · · ·					
7 a	Gross amount from sales of	(i) Securitie	s (II) Other				-
	assets other than inventory						
þ	Less cost or other basis			-	1		1
	and sales expenses						İ
С	Gain or (loss)				j		
d	Net gain or (loss)						
8a	Gross income from fundra						
	events (not including \$, ,		
	of contributions reported on			/ .	- X ⁻ , -,		
h	See Part IV, line 18		1		İ		
b	Less direct expenses						-
٥-	Net income or (loss) from ful		nts				
9a	Gross income from gaming See Part IV, line 19	activities	a		,		
	Less direct expenses				ļ		
C	Net income or (loss) from ga	aming activiti	es. <u></u>		j		
0a	Gross sales of inventor returns and allowances	ry, less					-
b c	Less cost of goods sold Net income or (loss) from sale		b	,			
 -	Miscellaneous Revenue	o or inventory					
<u> </u>			Business Code	-	-	-	
1a						·	
b							
C							
	All other revenue						
	Total. Add lines 11a-11d						
2	Total revenue. See instruction		_ L	406,566	262		

Part IX Statement of Functional Expenses

Section	501(c)(3) and 50	01(c)(4)	organizations n	nust complete	all columns	All other	organizations	must com	plete colu	ımn (A	.)
-	Check if So	chedule (O contains a re	sponse or no	te to any line	in this Par	t IX				_

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	209,428	209,428		
2 Grants and other assistance to domestic				
individuals See Part IV, line 22	13,500	13,500		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	-			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,952		8,952	· · · · · · · · · · · · · · · · · · ·
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
9 Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O),				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	567			567
15 Royalties				
16 Occupancy				
17 Travel	65,332	21,777	43,555	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,213	3,218	6,436	559
20 Interest				
21 Payments to affiliates	109,915	109,915		
22 Depreciation, depletion, and amortization				, -
23 Insurance	467		467	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule (O)				
a Operating Expense	7,498	2,499	4,999	
p				
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	425,872	360,337	64,409	1,126
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [5] [6] [7] [7] [7] [7] [7] [7] [7] [7] [7]				
following SOP 98-2 (ASC 958-720)				Form 990 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X <u>.</u> .	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	204,245	2	184,939
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	_
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12			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 34)	204,245	 	184,939
	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	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
<u>[a</u>		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		·		25	
	26	of Schedule D		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
es	-	complete lines 27 through 29, and lines 33 and 34.		-	-
JUC.	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	 .
둳	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds	204,245	32	184,939
Š	33	Total net assets or fund balances	204,245		184,939
	34	Total liabilities and net assets/fund balances	204,245		184,939
					- 000

Page **12**

orm 99	0 (2015)					-gc -
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				566
2	Total expenses (must equal Part IX, column (A), line 25)	2			425,	872
3	Revenue less expenses Subtract line 2 from line 1	3			-19 ,	306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			204,	245
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 in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			184,	939
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			-		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both		}			
	X Separate basis Consolidated basis Both consolidated and separate basis		ŀ			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.	ounta	nt?	2c		x
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	ın			
	Schedule O		1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
	the Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		L
				Form	990	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

ganization answered "Ves." on Form 990. Part IV. line 5. (Proxy Tax) (see separate instructions) or Form 990-F7. Part V. line 35c. (Proxy

	(see separate instructions), their Section 501(c)(4), (5), or (6) org		y Taxy (See Separate II	notifications, of 1 officers	LE, 1 att 4, mid 000 (1 10x)
	e of organization	anizations Complete Part III		Employer ide	ntification number
	E.O. Sisterhood AR	State Chapter		71-60555	
		organization is exempt under	section 501(c) or		
1		organization's direct and indirect	`		inzution.
2	•				
3					
3	volunteer nours				· · · · · · · · · · · · · · · · · · ·
Par	· · · · · · · · · · · · · · · · · · ·	organization is exempt under	<u> </u>		
1		cise tax incurred by the organizati			
2	Enter the amount of any exc	cise tax incurred by organization r	nanagers under secti	on 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV			·····	
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		expended by the filing organization			
2		ng organization's funds contribute es			
3		enditures Add lines 1 and 2 E			
4 5	Enter the names, addresses organization made payment the amount of political confidence.	e Form 1120-POL for this year? and employer identification num s. For each organization listed, exhibitions received that were proint or a political action committee.	ber (EIN) of all section nter the amount paid nptly and directly de	on 527 political organiza d from the filing organizalistice of the filing organization of the filing organization of the filing	ations to which the filing cation's funds. Also enter plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
1)					
2)					
3)			_		
4)			-		
5)					
6)			-		

Sch	nedule C (Form 990	or 990-EZ) 2015			Page 2
P		nplete if the organization 501(h)).	on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction under
A			belongs to an affiliated group (and list in Penses, and share of excess lobbying expen		roup member's
В	Check ▶	if the filing organization	checked box A and "limited control" provis	ions apply	
	(Th		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c	Total lobbying Total lobbying Other exempt Total exempt	g expenditures to influence g expenditures (add lines 1: t purpose expenditures purpose expenditures (add	public opinion (grass roots lobbying)		
	If the amount of	on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,	000	20% of the amount on line 1e		
	Over \$500,000	but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,00	00 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,00	00 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,0	000	\$1,000,000		
ç	Grassroots no	ontaxable amount (enter 25	% of line 1f)		

4-Year Averaging Period Under section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Exper	ditures During 4-Yo	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))			-		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Yes

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 576	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	,	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
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? Direct contact with legislators, their staffs, government officials, or a legislative body?			···-			_
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
h i							
j	Other activities? Total Add lines 1c through 1i						
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ection	1		
	501(c)(6).					V	T
4	Were substantially all (90% or more) dues received nondeductible by members?				4	Yes	No
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• •			2	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	Non	e		3	Х	x
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." Dues, assessments and similar amounts from members		-	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour						
_	political expenses for which the section 527(f) tax was paid).						
a	Corporate from last year	• •		2a 2b			
b	Carryover from last year	• •		2c			-
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			•			
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lol						
				4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	: :		5			
	t IV Supplemental Information			J			
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	gro	up list), Part	II-A, lu	nes 1	and
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information						
							

Schedule C	(Form 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
		 -
 ,		
•		

· .		.,
		

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.

Name of the organization

➤ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection Employer identification number

P.E	.O. Sisterhood AR State Chapter		71-6055533
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the bene-	fit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	F	
	Preservation of land for public use (e.g., reci	. []	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	
	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified	, .	2c
d	Number of conservation easements included in (c)		
3	historic structure listed in the National Register		atad by the assessment during the
3	Number of conservation easements modified, trantax year ▶	isteried, released, extinguished, or termin	ated by the organization during the
4	Number of states where property subject to conse	rvation easement is located.	
5	Does the organization have a written policy reg		ion handling of
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
_	▶	and, manager necessary and ameromy com	sorvation casemente daring the year
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$		3,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and	l expense statement, and
	balance sheet, and include, if applicable, the text of		al statements that describes the
	organization's accounting for conservation easement		
Pa	Organizations Maintaining Collections		[·] Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that desc	cribes these items
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts relating	•	• •
	(i) Revenue included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		— · · ·
а	following amounts required to be reported under SI Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Pai	t III Organizations Maintaini	ng Collections	s of Art, His	torical T	reasu	res,	or Ot	ner Similar As	sets (c	ontınu	ied)
3	Using the organization's acquisition	on, accession, a	and other reco	rds, chec	k any c	of the	follov	ving that are a s	gnificar	t use	of its
	collection items (check all that app	ly)									
а	Public exhibition		d	Loan	or exch	ange	progra	ms			
b	Scholarly research		e	Other							
C	Preservation for future gene										
4	Provide a description of the orga	nization's collec	tions and expl	ain how	they fu	rther	the or	ganization's exer	npt purp	ose in	Part
	XIII										
5	During the year, did the organization									_	_
	assets to be sold to raise funds rat		naintained as pa	art of the	organız	ation'	s colle	ction?	Y	28	No
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, truste	ee, custodian or	other intermed	diary for c	ontribu	tions	or othe	r assets not			
	included on Form 990, Part X?								Ye	es _	_ No
b	If "Yes," explain the arrangement	n Part XIII and	complete the fo	llowing tal	ble						
								Amount			
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance								1 1.		
	Did the organization include an am							•		_	No
	If "Yes," explain the arrangement to Endowment Funds.	II Fait Aili Che	CK Here ii the e	хріапаціої	i nas be	enpi	ovided	OII Pait Alli		<u>l</u>	1
rai	Complete if the organization	on answered	"Yes" on Forn	n 990 Pa	art IV I	ine 1	0				
		(a) Current yea			(c) Tw			(d) Three years bac	(e) F	our years	back
4	Paginning of year balance	(,	(1)	,	(-,			(4)	1 (0).	70	
1a	Beginning of year balance Contributions	• • •			<u> </u>						
b					·						
С	Net investment earnings, gains, and losses										
d					 				 		
-	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage		ear end balanc	e (line 1a	column) (a)) l	- held as				
а				· (00.0	. (-,,					
b	Permanent endowment ▶	%									
C	Temporarily restricted endowment	>	_%								
	The percentages on lines 2a, 2b, a		•								
3 a	Are there endowment funds not in	the possession	of the organiza	ation that	are hel	d and	l admır	istered for the			,
	organization by									Yes	No
	(i) unrelated organizations								 	' 	
	(ii) related organizations										ļ
_	If "Yes" on line 3a(ii), are the relate	•	•			?	• • • •	• • • • • • • • •	. 3b		
4	Describe in Part XIII the intended in Land, Buildings, and Equ		inization's endo	wment fur	nds						
Par	Complete if the organiza	tion answered	"Yes" on For	m 990, P	art IV,	line '	11a S	ee Form 990, P	art X, Iı	ne 10	
	Description of property	(a) C	ost or other basis	(b) Cost o	or other ba		(c) Acc	umulated	(d) Book		
1a	Land		(investment)	(0	ther)	-	aepr	eciation			
b	Buildings			 				· · · · · · · · · · · · · · · · · · ·			
c	Leasehold improvements			 		\dashv					
d	Equipment		<u> </u>	 		-+					
e	Other			 		_					
Tota	I. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part	X, columi	n (B), lin	ne 100	;),				
		·					-				

Part VII	Investments - Other Securities. Complete if the organization answered	i "Yes" on Form 990.	Part IV, line 11b See Form 990, Part X, line	e 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(E)		-		
(F) (G)				
(O)				
Part VIII				
		l "Yes" on Form 990	Part IV, line 11c See Form 990, Part X, line	e 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				-
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11d See Form 990, Part X, line	e 15
	(a) De	scription	(b) Book	value
(1)				
(2)				
(3)		· ·		
(4)				
(5) (6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) l	ine 15)		
Part X	Other Liabilities. Complete if the organization answered line 25	d "Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Par	t X,
1.	(a) Description of liability	(b) Book value		
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				14 "
(9)			`	
	nn (b) must equal Form 990, Part X, col (B) line 25)	>		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA
5E1270 1 000

Schedule D (Form 99)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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	406,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities	1	
b	Donated scrylogs and use of lacinities	1	
C	Redevenes of prior year grants	1	
d	Other (Boodings are dietain)	2e	
e	Add lines 2a through 2d	3	406,566
3	Subtract line 2e from line 1	-	400,500
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 in Part XIII)	1	
_	Add lines 4a and 4b	4c	100 500
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	406,566
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	irn.	
1	Total expenses and losses per audited financial statements	1	425,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	}	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	425,872
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	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	425,872
_	XIII Supplemental Information.	<u> </u>	1207072
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information and the second	nauon	
	······································		
			
			
		·	

schedule D (Fo	rm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	******
	-	
	 	
_		
<u> </u>		4.11 · 11 · 11 · 11 · 11 · 11 · 11 · 11
	 	
		······································
	<u>-</u>	
<u> </u>		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 71–6055533

ər	Assistance
Chapter	ints and
AR State	on on Grants and Assis
od AR	nati
Sisterhood	General Inform
P.E.O.	Part

ŝ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501(c)(3)	57,050	0			GenSupp/Schol
(2) P.E.O. Educational Loan Fund			-				
Des Moines, Ia 50312	426078059	501(c)(3)	16,906	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, Ia 50312	426078058	501(c)(3)	23,327	0			Scholarships
(4) P.E.O. Program for Contin Educ	on nc						
Des Moines, Ia 50312	237405311	501(c)(3)	32,169	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, Ia 50312	421379026	501(c)(3)	25,714	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, Ia 50312	300583651	501(c)(3)	30,067	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, Ia 50312	426094564	501(c)(3)	24,195	0			Schol/Grants
(8)							
(6)							
(10)	-						
	,						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government o	d government	organizations li	rganizations listed in the line 1 table.	lble		▲ :: :: :: ::	7
3 Enter total number of other organizations listed in the line	sted in the lin	e 1 table				A	

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

Schedule † (Form 990) (2015)

JSA 5E1288 1 000

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

	rait ill call de duplicated il additional space is liceded	shace is liced	2			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scho	1 Scholarships to Cottey College	8	13,500	0	N/A	N/A
2						
ဗ						
4						
5						
9	-	_				
7						
Part IV	Part IV Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information	the informatic	on required in Pa	art I, line 2, Part	II, column (b), and any o	other additional information

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

Schedule I (Form 990) (2015)

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.

2015

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 71-6055533 P.E.O. Sisterhood AR State Chapter Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: Copies of the final Form 990 were provided to each member of the executive board of Arkansas 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.

Name of the organization	Employer identification number
P.E.O. Sisterhood AR State Chapter	71-6055533
	
	· · · · · · · · · · · · · · · · · · ·
	77
	