# **Return of Organization Exempt From Income Tax**

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

, 2016, and ending March 31

OMB No 1545-0047

Inspection

**, 20** 17

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning April 1

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

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

Open to Public

—- В.			Name	of organization							D Employer identification number							
<b>-</b>	Check if a	`` <b>.</b>	P.E.	O. Sister	hood OH	State Ch	apter				_							
	Addre		Doing	business as							31-6181539							
	Name	change	Numb	er and street (or	O box if mail is	not delivered to	street addre	ess)	Room/suit	е	E Telephone number							
	Initial										255 3	153						
			City or	town, state or p	rovince, country,	and ZIP or foreig	gn postal co	de										
	Amen	ded	Des	Moines, I	A 50312	-2899					G Gross receip	ts \$		546	, 865			
1	.: Appli	cation	F Name	and address of p	nncipal officer									Yes	X No			
7.		-	Lyn	R Wilhoit	e - same	as C ab	ove						d?	Yes	☐ No			
<u>, , , , , , , , , , , , , , , , , , , </u>	गax-ex							4947(a)(1)	or	527	If "No," att	ach a list (se	e instruc	tions)	ш.			
											H(c) Group exe	mption numb	er 🕨	1072	?			
<del></del> -	, -			Corporation			Other	<b>&gt;</b>	L Yea	r of format	<del></del>							
								·										
~	1	Briefly	describ	e the organizat	ion's mission o	or most signific	cant activiti	es Women	's mem	bersh.	ip organ	izatio	n					
· · · · · · · · · · · · · · · · · · ·														ant				
and	loan and award programs and a women's college owned by the organization.														<del></del>			
era	: 2	2 Check this box I if the organization discontinued its operations or disposed of more than																
18	3											1 1			5			
90	4											4			<u></u>			
ties	5											5			1			
\ctivi	6											6			100			
Ac	7a			•								7a						
						Form 000 T I	lino 34											
_	† <u>-</u> -					REC	EIVE	<del>)                                    </del>			Prior Year	1	Curr	ent Ye	ear			
_	8	Contrib	utions	and grants (Par	Vill. line 1h)	,,	_				501,	002		542	.788			
Revenue	9						- 145			•	·							
	10	Investo	nent inc	ome (PartiVill.	Collimn (A). lin	es 3. 4. and 7	うりつい			•		112			70			
	11													2				
	1																	
	<del></del>	Grants	and sir	nılar amounts p	aid (Part IX, col	uman (A) stimes	71-811	<u> </u>	<u> </u>									
	1	Benefit	s paid t	o or for membe		<del></del>												
w	4-										6.	753		7	. 038			
nse	16 a																	
ē	b									•								
ω	17									-	172.	718	_	183	.357			
	1																	
	ļ																	
P 8	<del></del>												End					
iets Jang	20	Total as	ssets (P	art X, line 16)							224,	417		243	,577			
Aga	21	Total Ira	abilities	(Part X, line 26)														
F.E.	22										224,	417		243	,577			
		Sigi	nature	Block														
												of my know	ledge	and be	lief, it is			
tru	e, corre	Lyn R Wilholte - same as C above    Lyn R Wilholte - same as C above   Non-continued   Non-co																
A Sepusation of the Parents of the P		Watery A. Broom									81	1117						
		<b>✓</b> s	ign <b>a</b> ture	of officer							Date							
не	re					or of F	inance											
		——									····							
D-:		Print/T	ype prep	arer's name		Preparer's sig	nature		Date		Check	if   PTIN		_	_			
		L									self-emplo	yed						
	•	Firm's r	name	<b>&gt;</b>							Firm's EIN							
	. Unity	Firm's a	address	<b>&gt;</b>							Phone no							
Ma	y the I	RS disc	uss this	return with the	preparer show	n above? (see	e instructio	ns)	<u> </u>		<u> </u>	[			No			
Ent	Pana	nwork R	educti	on Act Notice	see the senara	te instruction	S						Form	990	(2016)			

Forn	n 990 (2016) Page	<u> 2</u>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	$\perp$
1	Briefly describe the organization's mission	
	P.E.O. is a philanthropic organization where women celebrate the advancement of	
	women; educate women through scholarships, grants, awards, loans and stewardship of	
	Cottey College; and motivate each other to achieve their highest aspirations.	
	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ? Yes X N  If "Yes," describe these new services on Schedule O	lo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ło
_	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 470,832 including grants of \$ 335,411 ) (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	
	specific statistics are available.	
	······································	—
		—
		—
		—
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
		_
		—
		—
		_
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	_
		_
		_
		_
		_
		—
A ~!	Other program services (Describe in Schedule O )	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 470,832	_
JSA	20 1 000 Form <b>990</b> (201	6)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	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	1	
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	х	
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	ļ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ļ		Ì
	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,			<b>建</b>
	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,"		21 SE A-13.	
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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.	. 5 . 6 . 7 . 8 . 9 . 10 . 11a . 11b . 11c . 11d . 11e . 12a . 12b . 13 . 14a . 14b . 15 . 16 . 17		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	į	ļ	
	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		X
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		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		X

Part	V 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?	$\overline{}$		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<del></del> -		
44	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22			_	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		Ì	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		Ī	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ł	
	If "Yes," complete Schedule L, Part I	25b	Ì	Х
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		-	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	i I		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-		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	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
٠.	Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
V-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	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,	33	$\neg \dashv$	
J4	or IV, and Part V, line 1	34		Х
35 a			$\overline{}$	X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
20	· · · · · · · · · · · · · · · · · · ·	330	-+	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	1	
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30		
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 postpossible for federal income tax purposes? If "Yes " complete Schooling R		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37	J	v
20	Part VI	37		<u>X</u>
38		38	, l	
	19? Note. All Form 990 filers are required to complete Schedule O		X 990 (	2016
		OITH	J J U (	∠v10)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ł		
	Enter the number of common version and the common applicable	<i>i</i> 1	۲-	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
2-	reportable gaming (gambling) winnings to prize winners?	-10	, A	<del></del>
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	'		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
U	<b>Note.</b> 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? 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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	i 1		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b	X	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	i _		
_	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 7h	-	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the 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		
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	İ	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	-	
	against amounts due or received from them )	_		
		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1	Ì	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
		14a		_ <u>X</u>
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	/2010
6E104	0.1.000	. 01111	550	12010

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	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
12	Enter the number of voting members of the governing body at the end of the tax year			
ıa	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 in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent	-		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2		2		Х
•	any other officer, director, trustee, or key employee?			<del></del>
3		3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<del></del>
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	v	
	one or more members of the governing body?	7a	_X	<u> </u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	v	
	stockholders, or persons other than the governing body?	7b_	<u>X</u>	<del> </del> :
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	'		
	the year by the following	-	v	
а	The governing body?	8a	X	<u> </u>
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		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	Na
				No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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	_X	
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	-		لكما
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,"			
	describe in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13		_X_
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		ا سائد	i
а	The organization's CEO, Executive Director, or top management official	15a		_X_
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)		, kgr *	, !
16a		, <u>.</u> t	`_	]
	with a taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_ [	
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 (or 1024 if applicable), 990, and 990-T (Section	501(c	:)(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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the control of the con	erest i	oolicv	and
	financial statements available to the public during the tax year	1	- ,	
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 Ave, Des Moines, IA 50312 (515)255-3153			

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Form.	000	1201	۵١

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

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

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

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

X Check this box if neither the organization nor	any related	orga	niza	ition	cor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er an	Pos heck ss pe	rson Irect	han both so Highest compensated 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) Lyn R Wilhoite	40					ä				
President		X	<u> </u>	Х	_		<u> </u>	0	0	0
(2) Linda Coulles	35		ł							
Vice President		X_	<del> </del>	Х				0	0	0
(3) Kylie Elizabeth Smith	35									
Organizer	<del>_</del>	X		X				0	0	0
(4) Martha Billing	35		Ì	İ						
Treasurer	ļ	X	<u> </u>	Х	<u> </u>		L_	0	0	0
(5) Nancy R Shelton	30									
Secretary		X		Х				0	0	0
<u>(6)</u>		<u> </u>				1				
	<del></del>	<u> </u>	ļ	<u>_</u>						
(7)							ĺ			
	<u> </u>	<b> </b>	<u> </u>	ļ			_	<del> </del>		
(8)	<del></del>									
	- <del></del>			ļ			_	<del> </del>	ſ	
<u>(9)</u>	<del>  -</del>	]	]	]						
	<del> </del>	ļ	L.	ļ				<b></b>		
(10)	<del> </del>	ļ						1		
	<del> </del>	<del>                                     </del>		<u> </u>	├-					
<u>(11)</u>	ļ		1							
			├-	-			-	ļ <u>-</u>		
(12)	<del> </del>	-								
	- <del> </del>	<u> </u>	<u> </u>	<u> </u>	_		<u> </u>			
(13)	<del> </del>	}		}	}		}			
	<del> </del>	<del>                                     </del>	<del></del>	<del> </del>	<u> </u>		<b>├</b>	<del> </del>		
(14)	<del> </del>	-								

Part VII Section A. Officers, Directors, Tru	stees, Ke	/ Em	ploy	yee	s, a	ınd H	igh	est Compensate	d Employ	ees (co	ntınue	d)	
					C)								
(A)	(B)	(do r	not cl		more	e than c	ne	(D)	(E)			(F)	
Name and title	Average hours per	box,	unles	ss pe	rson	is both	an	Reportable compensation	Reportable compensation from			stimated nount o	
	week (list any				Г —	or/trust		from	related	<b>:</b>		other	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizat (W-2/1099-			pensation the	
	organizations	director	ution	•	ğ	oyee	역	(W-2/1099-MISC)			org	anızatıc	n
	below dotted line)	, <u>§</u>	nal t		oye	) mg				- 1		d relate anizatio	
	,	stee	nste.		"	ens		1	,				
			à			ated				İ			
(15)			-	-	├─		$\vdash$	<del> </del>					
(10)		1								ŀ			
(16)	·	<del> </del>		-	╁─								
(10)		1							i				
(17)	ļ —			$\vdash$	_			<del></del>					
		1								1			
(18)				<u> </u>	T		┢	· · · · · · · · · · · · · · · · · · ·					
		1					1	'		Ì			
(19)													
		1						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
(20)													
		1		ŀ	ŀ		1			1			
(21)					Γ								
		]			ļ					1			
(22)													
(23)													
													_
(24)													
(25)		]		l									
		<u> </u>											
1b Sub-total						<b>.</b>	$\blacktriangleright$						
c Total from continuation sheets to Part VII,													
d Total (add lines 1b and 1c)							<u> </u>	l					
2 Total number of individuals (including but no		thos	e lis	stec	l ab	ove) v	who	received more th	an \$100,00	00 of			
reportable compensation from the organization	on ▶			0									
												Yes	
3 Did the organization list any former offi	cer, direct	or, o	r tr	ruste	ee,	key	em	ployee, or highes	t compens	sated	3E 2E3 (46) 210 (10)		144 35 L
employee on line 1a? If "Yes," complete Scheo	dule J for su	ıch ın	divid	dual							3		_X
4 For any individual listed on line 1a, is the												• '.	~ •• ·
organization and related organizations g												B	. ــــــــــــــــــــــــــــــــــــ
indıvıdual											4		_ <u>X</u>
5 Did any person listed on line 1a receive o												<b>-</b>	
for services rendered to the organization? If "	Yes," compi	ete S	chec	dule	J to	or suci	n pe	erson	<del></del>	<del></del>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor compensation from the organization. Report	•									•			
year	compensa	1011 10	/ LII	1 <del>0</del> (4	aici	iuai y	cai	ending with or wit	illi tile org	ariizatio	IIS lax		
							т-		<del></del>				
(A) Name and business add	iress						-	(B) Description of se	Duces	C	(C) ompens	ation	
							┿		111003		ompens		
None							+-						
							╁						
						<del>-</del>	+						
			_				+	<del></del>	<del></del>				—
2 Total number of independent contractors	s (includes	g h	ıt n	not	lım	ıted	to.	those listed abo	(a) who			·	
received more than \$100,000 of compensati								0	ve) will		£ 1	,	•
JSA		. 3.90						_ <del></del>			Form	990 (	2016
6E1050 1 000											. 5000	(	

art V	Statement of Revenue Check if Schedule O contains a response or note	to any line in this Part \	/111		Γ
	Check if Schedule O contains a response of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
<u> 2</u> 1a	Federated campaigns 1a				
ם ו	Membership dues 1b 199,5	520			
₹  ,	Fundraising events 1c			]	
ا قِيا	Related organizations 1d				
Ë	Government grants (contributions) 1e				
<u>i</u>	All other contributions, gifts, grants,				
5	and similar amounts not included above . 1f 343, 2	268			
and Other Similar Amounts					
	Total. Add lines 1a-1f				ļ
26	Business C	ode	<del></del>	~ ~	
2 2	·		<u> </u>		<del> </del>
ן פֿ	·			<del></del>	<del> </del>
			<del></del>	<del></del>	<del> </del>
5   0	·				
	)		<del> </del>		<del> </del>
<u> </u>	All other program service revenue			<del></del>	<u> </u>
<del></del>					1
3	Investment income (including dividends, intere and other similar amounts)	· 1	70		
	Income from investment of tax-exempt bond proceeds .	·			<del> </del>
5	Royalties				<del>                                     </del>
	(i) Real (ii) Person		<del></del>		<del> </del>
6					
\					
	Rental income or (loss)		-		
7	(1) 0 1 (1) 0				†
	assets other than inventory				
	b Less cost or other basis				
'	and sales expenses				
	Gain or (loss)				
l l	d Net gain or (loss)	<b>&gt;</b>			
. 8	a Gross income from fundraising				
	events (not including \$				ļ
ě	of contributions reported on line 1c)				
5	See Part IV, line 18				
omer kevenue	b Less direct expenses b				_
- 1	Net income or (loss) from fundraising events	. ▶			
94	Gross income from gaming activities See Part IV, line 19		\ 		
	b Less direct expenses	<u> </u>			
108		007			
	b Less cost of goods sold b	899			
	c Net income or (loss) from sales of inventory,		2,108		
	Miscellaneous Revenue Business C	ode			
118			<u> </u>		ļ
	b		<b> </b>		<b></b>
	c		ļ	ļ	<b> </b>
	d All other revenue				
- [ -	e Total. Add lines 11a-11d				<b></b>
112	Total revenue. See instructions	<b>▶</b> 544,966	2,178	[	1

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	) organızatıons must	complete all columns.	All other organ	nizations must complete	e column (A).
--------------------------------	----------------------	-----------------------	-----------------	-------------------------	---------------

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	334,190	334,190		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	1,221	1,221		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<del></del>
	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	İ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages ,	6,327	2,109	4,218	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	711	237	474	
11	Fees for services (non-employees)			İ	
a	Management				
t	Legal				
(	Accounting	4,200		4,200	_ <del></del>
C	Lobbying				<del></del>
	Professional fundraising services See Part IV, line 17.				
1	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column		1		
	(A) amount, list line 11g expenses on Schedule O)		<del>-</del>		<del></del>
	Advertising and promotion				<del></del>
13	Office expenses	500			E00
14	Information technology	300			500
15	Royalties			<del></del>	
16	Occupancy	51,823	17,274	34,549	
17	Payments of travel or entertainment expenses	31,023	17,274	31,313	
18	for any federal, state, or local public officials	]			
10	Conferences, conventions, and meetings	2,621	675	1,352	594
20					
21		111,020	111,020		
22	_ `				
23	. '	874		874	
24					
	above (List miscellaneous expenses in line 24e lf			}	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Operating Expense	12,319	4,106	8,213	
t	·				
•					
c	l				
•	All other expenses				
	Total functional expenses. Add lines 1 through 24e	525,806	470,832	53,880	1,094
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 Infollowing SOP 98-2 (ASC 958-720)				-

**Balance Sheet** Part X Beginning of year End of year Cash - non-interest-bearing 149,366 168,456 1 Savings and temporary cash investments 75,051 2 75,121 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net \_\_\_\_\_\_\_ 7 Inventories for sale or use 8 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 224.417 16 16 243,577 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25...... 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 27 28 28 Fund 1 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. ŏ Capital stock or trust principal, or current funds **Net Assets** 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 224,417 32 243,577

Total liabilities and net assets/fund balances.........

243,577

243,577

224,417 33

224,417 34

33

Page 12 Form 990 (2016) **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI..... 1 544,966 525,806 2 19,160 3 224,417 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 4 5 6 7 7 8 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 243,577 Financial Statements and Reporting Part XII Х Check if Schedule O contains a response or note to any line in this Part XII . . Yes No 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," explain 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 compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis 2b Х b Were the organization's financial statements audited by an independent accountant? . . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c Х of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

Х

Form 990 (2016)

3a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Schedule O

#### **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

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

	Section 501(c)(4), (5), or (6) organization				
	e of organization		<del></del>	Employer ide	ntification number
Р.	E.O. Sisterhood OH	State Chapter		31-6181	539
	rt I-A Complete if the c	rganization is exempt under	section 501(c) or		
1		organization's direct and indirect p	<del></del>		
	of "political campaign activit	<del>-</del>		•	
2		xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
		rganization is exempt under s			-
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5, , , , , , ▶\$	
2	Enter the amount of any exc	ise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4 a	Was a correction made?			· · · · · · · · · · · · · · · · · · ·	. Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the c	rganization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
1	Enter the amount directly e	xpended by the filing organization	n for section 527 ex	xempt function	
2		ng organization's funds contributed			
		es			
3		enditures Add lines 1 and 2 En			
4	Did the filing organization file	Form 1120-POL for this year?	/ <b>[]</b>	507 - 14	Yes No
5		and employer identification numb s For each organization listed, en			
		ributions received that were prom			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(,	(.,,	(-,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(4)			<del></del>		
(1)			1		
(2)					<del></del> ,,
(2)					
(3)					
ιυ,		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	i		
(4)					
,			1		
(5)					
(6)					
•			İ		

SCH	eaule C (FO	IIII 990 01 990-EZ) 2016					Pa	ige 🕰
Pa	art II-A	Complete if the org section 501(h)).						
A	Check ▶	if the filing orga name, address, E	nızation belong IIN, expenses, a	s to an affiliated grou and share of excess l	p (and list in Pa obbying expend	rt IV each affiliated g itures).	roup member's	
В	Check ▶	if the filing orga	nization checke	ed box A and "limited	control" provision	ons apply.		
			on Lobbying Exp			(a) Filing	(b) Affiliated	
_		(The term "expendit	ures" means am	ounts paid or incurred	.)	organization's totals	group totals	
1a	Total lot	bying expenditures to i	nfluence public o	pinion (grass roots lobl	oying)			
b	Total lot	bying expenditures to i	nfluence a legisla	ative body (direct lobby	ng)			
C	Total lob	obying expenditures (ad	d lines 1a and 1b	)				
d	Other ex	empt purpose expendi	tures					
е	Total ex	empt purpose expendit	ures (add lines 1d	and 1d)	[			
f	Lobbyin	g nontaxable amount.	Enter the amount	nt from the following	table in both			
	columns	<u> </u>						
	If the am	ount on line 1e, column (a	) or (b) is: The lob	bying nontaxable amount	is:			
	Not over	\$500,000	20% of t	he amount on line 1e				
	Over \$50	0,000 but not over \$1,000	\$100,00	0 plus 15% of the excess	over \$500,000			
	Over \$1,	000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the excess	over \$1,000,000			
	Over \$1,	500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the excess of	over \$1,500,000			
	Over \$17	,000,000	\$1,000,0	000				
g	Grassro	ots nontaxable amount	(enter 25% of line	e 1f)				
		t line 1g from line 1a If						
		t line 1f from line 1c If a						
j	If there	is an amount other th	ian zero on eithe	er line 1h or line 1i, o	did the organizat	ion file Form 4720		
	reportin	g section 4911 tax for t				<u> </u>	Yes	No
			4-Year A	veraging Period Unde	r section 501(h)			
	(S	ome organizations tha	t made a section	n 501(h) election do no	t have to comple	te all of the five colun	nns below.	
			See the sepa	arate instructions for	ines 2a through	2f.)		
			Lobbying Ex	penditures During 4-Y	ear Averaging Pe	iod		
		ar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total	
2a	Lobbying	nontaxable amount						
b		ceiling amount line 2a, column (e))						
С	Total lobi	bying expenditures						
d	l Grassroc	its nontaxable amount						
е		its ceiling amount line 2d, column (e))						_
f	Grassroo	its lobbying expenditures						
	·							

_	(election under section 501(h)).	(a	1)		(b	)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity	Yes	No	<del>-</del>	Amo		
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?						
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?		-				_
е	Publications, or published or broadcast statements?	-					_
f	Grants to other organizations for lobbying purposes?						_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			-			_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?				<del></del>		_
j	Total Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n 		
						Yes	1
1	Were substantially all (90% or more) dues received nondeductible by members?	<i>.</i> .			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
1	answered "Yes."  Dues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).		·	- 1			
а	Current year		ļ	30			
				2a			
b	Carryover from last year			2b			
b	Total			2b 2c			_
ь с 3	Total	 		2b			_
b c 3 4	Total	of th	e	2b 2c			
ь с 3 4	Total	of the	e	2b 2c 3			
ь с 3 4	Total	of th	e g	2b 2c 3			_
b c 3 4	Total	of th	e g	2b 2c 3			
b c 3 4 Par	Total	of th	e g	2b 2c 3 4 5			
b c 3 4 5 Par	Total	of th	e g	2b 2c 3 4 5	II-A, Iı	nes 1	
b c 3 4 5 Par	Total	of th	e g	2b 2c 3 4 5	II-A, II	nes 1	
b c 3 4 5 Par	Total	of th	e g	2b 2c 3 4 5	II-A, II	nes 1	
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b c 3 4 5 Par	Total	of th	e g	2b 2c 3 4 5	II-A, II	nes 1	
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Schedule C (F	Form 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
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### **SCHEDULE D** (Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

P.E	.O. Sisterhood OH State Chapter		31-6181539
Pa	Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or	r 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		
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	organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, ai	nd donor advisors in writing that grant fo	unds can be used
	only for charitable purposes and not for the benefit	it of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt I Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recre	eation or education) Preservation	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	ld a qualified conservation contribution in	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or termir	nated by the organization during the
	tax year		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		- , , , , ,
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, nandling of violations, and enforcing con	iservation easements during the year
-	Amount of expenses incurred in monitoring, inspecti	ing handling of walstone and enforcing o	anagriation against during the very
7		ing, nationing of violations, and emorcing c	onservation easements during the year
8	Does each conservation easement reported on line 2	(d) above estimates requirements of each	on 170/h)/4)/R)(ı)
0	and section $170(h)(4)(B)(ii)^2$	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easemer	•	
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, edu otnote to its financial statements that des	cation, or research in furtherance of scribes 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 simila public service, provide the following amounts relating	ng to these items	
	(i) Revenue included in Form 990, Part VIII, line 1 .		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SF		
a	Revenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	
b	Assets included in Form 990, Part X	<u> </u>	<b>&gt;</b> \$

Par	t III Organizations Maintainir	ng Colle	ctions of	Art, Hist	orical T	reasur	es,	or Oth	ner Simila	r Asse	ts (cont	inued)
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any o	f the	follow	ring that a	re a sigr	nificant u	se of its
	collection items (check all that appl	y)										
а	Public exhibition			ď	Loan	or excha	ange	prograi	ms			
b	Scholarly research			e	Other							
С	Preservation for future gener	rations			_							
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	they fur	ther	the or	ganızatıon's	exemp	t purpose	ın Part
	XIII											
5	During the year, did the organization	n solicit (	or receive o	donations o	f art, hist	orical tr	easu	res, or	other simila	ar		
	assets to be sold to raise funds rath	er than t	o be maint	ained as pa	rt of the	organiza	ation'	s collec	ction?	<u></u>	Yes	No
Par	Complete if the organizat 990, Part X, line 21			s" on Forn	n 990, P	art IV, I	ine 9	e, or re	ported an	amoun	t on Forr	n
1a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	liary for c	ontribu	tions	or othe	r assets not	1		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and com	plete the fo	llowing tal	ole						
									Ar	mount		
C	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year				<i></i>		1e					
f	Ending balance											
	Did the organization include an am									· -	Yes	No
	If "Yes," explain the arrangement in	n Part XII	I Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			<u>.ll</u>
Par												
	Complete if the organizat								· · · · · · · · · · · · · · · · · · ·			
		(a) Cu	rrent year	(b) Prio	or year	(c) Tw	o year	s back	(d) Three ye	ars back	(e) Four y	ears back
1 a	Beginning of year balance											
b	Contributions					ļ						
C	Net investment earnings, gains,											
	and losses					ļ						
d	Grants or scholarships					ļ						
е	Other expenditures for facilities											
	and programs					<b> </b>						
f	Administrative expenses			<u> </u>		ļ <u>.</u>						
g	End of year balance			<u> </u>		l. <u>.                                   </u>					·	
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	(a))	held as	:			
b	Permanent endowment ▶	%										
C	Temporarily restricted endowment	▶	%									
	The percentages on lines 2a, 2b, a	ınd 2c sh	ould equal	100%								
3 a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are hel	d and	d admir	nstered for t	the		
	organization by										Υ.	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(II), are the relate	_		-			?				_3b	
4_	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equi Complete if the organiza	i <b>pment.</b> tion ansi	wered "Ye	es" on For	m 990 F	Part IV	line	11a S	ee Form 9	90 Par	t X line	10
	Description of property	lion and		r other basis	(b) Cost				umulated		Book value	
_			(inves	stment)	(0	ther)	-	depr	eciation			
1a	Land				<del> </del>		-+					
b	Buildings											
C	Leasehold improvements				<del> </del>	-						
d	Equipment				<del> </del>							
e Take	Other	(d)	t agual Ear	m 000 Dod	V octure	n /P\ !	10.10	<u> </u>				
ota	i. Add lines ta through te (Column	(a) musi	equal For	п 990, Рап	A, COIUMI	ı (D), III	10 10	<i>U.</i> /	<u></u>			

Schedule D (Form 990) 2016

JSA 6E 1270 1 000

(a) Description of accurry or category (including name of accurry) (1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	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.
2) Closely-held equity interests		(a) Description of security or category		(c) Method of valuat	tion.
(A) (B) (B) (C) (C) (D) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
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(G) (C) (D) (E) (F) (G) (G) (H) (H) (H) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Ine 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (d) (d) (d) (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description (b) must equal Form 990, Part X, col (B) line 15).    (a) Description (b) must equal Form 990, Part X, col (B) line 15).   (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) Oth. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶   (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) Oth. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶   (1ability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part VIII		"Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
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(4) (5) (6) (7) (8) (9) otal. (Column (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) Description (b) Book value (1) (2) (3) (4) (5) (9) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  . (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  I (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  Luability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the					<del></del>
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Line 25	Part X		E	D	
(a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	"Yes" on Form 990	, Part IV, line 11e or 11f. See Fori	m 990, Part X,
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Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		no (b) must equal Form 000. Port V and (B) (inc. 05.)			
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Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	า.	
1	Total revenue, gains, and other support per audited financial statements	1	544,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	544,966
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u> </u>	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	[ An ]		
b	Other (Describe III) art XIII)	4c	
С 5	Add lines 4a and 4b	5	544,966
Part			344,300
- all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del></del>
1	Total expenses and losses per audited financial statements	1	525,806
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	525,806
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
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	525,806
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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Part XIII	Supplementa	I Information	(continued)				
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance

Part I

P.E.O. Sisterhood OH State Chapter

Name of the organization

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.

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OMB No 1545-0047	2016	Open to Public
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Employer identification number

Inspection

31-6181539

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Farth Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete in the organization answered test of 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.	
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin		!					
Nevada, MO 64772	440545271	501(c)(3)	64,880	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c) (3)	27,222	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	35,682	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	45,828	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c) (3)	33,627	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	45,445	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	81,506	0			Schol/Grants
(8)							
(6)							
(10)							
(11)							
(12)		1-21					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government c	organizations lis	ted in the line 1 tab	le		•	7

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 I (Form 990) (2016)

JSA 6E1288 1 000

Schedule I (Form 990) (2016)

Part III

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

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
,						
7						
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4						
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9						
		,				
Part IV	Part IV Supplemental Information. Provide the information required in Part II line 2. Part III. column (b), and any other additional information.	the informati	on reauired in P	art I line 2. Part I	I. column (b), and any	other additional information.

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

Schedule I (Form 990) (2016)

#### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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

P.E.O. Sisterhood OH State Chapter	31-6181539	
Part VI, Lines 6-7b: The organization's members consist of the ac	tive, 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 vo	ting members present.	
In addition, certain proposed amendments to the bylaws are prese	ented and voted upon.	
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the	
executive board of Ohio State Chapter prior to filing. Board mem	bers are asked to	
review the return and respond with any questions, though no forma	l review process is	
currently in place.		
Part VI, Line 12c: Conflict of Interest policies and signature pa	ges are distributed	
each year to all executive board members and to any committee mem	bers having influence	
over financial transactions. Signature pages are collected by th	e state president and	
monitored for completion. Any conflicts of interest that arise a	re to be reported	
immediately to the affected committee/board, and the remaining me	embers vote on the	
appropriate action.		
Part VI, Line 19: Governing documents, conflicts of interest poli	cy and financial	
statements are available to members upon request. These items ar	e not made available	
to the general public.		
Part XII, Line 2b: The organization's financial statements were a	udited by an	
independent accountant on a cash basis.		

Name of the organization	Employer identification number
P.E.O. Sisterhood OH State Chapter	31-6181539
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