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# Form **990**

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

<u>A</u> F	or the 20	16 calendar year, or tax year begi	nning April 1 , 2016	, and ending M			, 20 17	
_	· -	C Name of organization			D Employer ide	ntification i	number	
<b>D</b> C	heck if applicable	P.E.O. Sisterhood IN	State Chapter_	<u> </u>				
	Address change	Doing business as			35-6	074424	4	
	Name change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite	E Telephone nu	mber		
	Initial return	3700 Grand Ave			515	255 33	153	
	Final return/ terminated	City or town, state or province, country,	and ZIP or foreign postal code					
	Amended	Des Moines, IA 50312	-2899		G Gross receipts	<b>;</b> \$	453	3,877
Г	Application pending	F Name and address of principal officer			H(a) Is this a grou		Yes	X N
_	) bouring	Mary Lee McFarland -	same as C above		H(b) Are all subord		Yes	No.
<del></del>	Tax-exempt :	<del></del>		or 527	If "No," attac	chalist (see	instructions)	
J	Website: >	www.peointernational.	· · · · · · · · · · · · · · · · · · ·		H(c) Group exem	ption number	▶ 107	2
	Form of orga		Association Other	L Year of form	nation 1963 M	State of leg	al domicile	IA
		ummary		4				
		ly describe the organization's mission of	or most significant activities. Women	's members	hip organi	zation		
a		porting six philanthro			are schola			
Š		in and award programs a			<del></del>			
Ĕ			discontinued its operations or dispos					
Governance		ber of voting members of the governing				3		5
ან		ber of independent voting members of				4		<u>5</u>
es		· · · · · · · · · · · · · · · · · · ·				5	<del></del>	1
Activities		number of individuals employed in cal				6		100
\cti	<b>6</b> 10ta	number of volunteers (estimate if neces	ARK RECEIVED					100
Activities & G	/a lota	unrelated business revenue from Paris	Mu, column (C), lineuze i v			7a		
	b Net	unrelated business taxable income from		• • • • • • • • •	Prior Year	7b	Current Y	/oar
	<u>.                                    </u>	ributions and grants (Part VIA)	. 17 AUG 1 5°17	<del> </del>				
ē	8 Conf	ributions and grants (Part VIR) interin	• • • • • •	449,1	15	449	377	
Revenue	<b>9</b> Prog	ram service revenue (Part VIII, line 2g) . stment income (Part VIII, column (A), lin		• • • • • •	2 0			
Re,					2,6			882
		r revenue (Part VIII, column (A), line			43,4			,618
		revenue - add lines 8 through 11 (mus			495,2			8,877
		its and similar amounts paid (Part IX, co			254,3	54	244	,402
		efits paid to or for members (Part IX, col						
es	l	ries, other compensation, employee ber			5,4	10	3	402
Expenses	l	essional fundraising fees (Part IX, colum				-		
ă	l	I fundraising expenses (Part IX, column						
ш		er expenses (Part IX, column (A), lines 1			315,8			,500
	<b>18</b> Tota	l expenses Add lines 13-17 (must equa	ıl Part IX, column (A), line 25)		575,6			,304
	<b>19</b> Reve	enue less expenses. Subtract line 18 fro	m line 12		-80,3			,427
Assets or d Balances				Beg	ginning of Current \	-+	End of Yea	
set	20 Tota	l assets (Part X, line 16)			362,6	18	341	,191
t As		I liabilities (Part X, line 26)						
울	22 Net	assets or fund balances Subtract line 2	1 from line 20		362,6	18	341	,191
		ignature Block			· · · · · · · · · · · · · · · · · · ·			
Un	der penalties	of perjury, I declare that I have examined to domplete. Declaration of preparer (other that	his return, including accompanying sched	lules and statements	s, and to the best of	my knowle	edge and b	elief, it is
true	e, correct, an	d complete Declaration of preparer (other tha	in officer) is based on all information of will	ich preparer has an	Kilowiedge			
۵.		Thather a. Bogge			8//	1201	7	
Sig	1 '	Signature of officer			Date			
He	re	Kathy A. Soppe, Direct	or of Finance					
		Type or print name and title						
		t/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid	ı		<u> </u>		self-employ	ed		
	Parer Firm	n's name			Firm's EIN			
USE	Only	n's address ▶			Phone no			
May		scuss this return with the preparer show	vn above? (see instructions)	<u> </u>	<u> </u>		Yes	No
		k Reduction Act Notice, see the separa					Form 99	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

JSA 6E1020 1 000

Part	V 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_		X
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_		_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_		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			$\overline{}$
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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	1		l
	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		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		Х
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		X
	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		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.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,			
	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	-7	П	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		$\neg$	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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?			
	If "Yes," complete Schedule G, Part III	19		X
			990	

Part	Checklist of Required Schedules (continued)		r	
00-	Did the second of the second o	20-	Yes	No
20 a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<del></del> -	_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		v
26	If "Yes," complete Schedule L, Part I	25b		X
20	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			
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		Ì	
	Schedule L, Part IV	28b		<u>X</u>
C	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			<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		v
31	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
J 1	Part I	31	İ	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>"</del>		
	complete Schedule N, Part II	32	1	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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	, , , , , , , , , , , , , , , , , , , ,	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		- 1	
	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,			v
20	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Ţ	
	10. Note: This office of meta are required to complete ourientie of		X	

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<del>· · ·</del>		لياز
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- '		-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	J		
_	reportable gaming (gambling) winnings to prize winners?	1c	X	<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\ \ \		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	2h	x	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del> </del>
<b>3</b> -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		×
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	$\vdash$	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	55		<del> </del>
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	If "Yes," enter the name of the foreign country:			
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ļ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_x	l
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b> -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<b></b>	
	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$\vdash$	<del> </del>
	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	8		tum de lama
•	sponsoring organization have excess business holdings at any time during the year?			
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			
	100		.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	Ì
11	Section 501(c)(12) organizations. Enter	1 1		
а	Gross income from members or shareholders			;
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	.	,
	against amounts due or received from them )			j
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b></b>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		}	!
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			!
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	i	

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	<b>,</b> ,		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	}	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ÌÌ
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	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		Х
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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			, ,
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ_
Secti	ion 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	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	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		. ~	أحجا
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	<u></u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<del></del>
15	Did the process for determining compensation of the following persons include a review and approval by			į į
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_,	<del></del>	ائــــا
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-75	, ~	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		, _	
	with a taxable entity during the year?	16a		<u>X</u> _
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	l l		
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply	501(c	s)(3)s	only)
	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 int	erest (	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-3153	s·▶		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (A) (B) Position (D) (E) (F) Name and Title (do not check more than one Reportable Reportable Estimated Average box, unless person is both an compensation hours per compensation from amount of veek (list any officer and a director/trustee) from related other the organizations hours for compensation Individual Officer Institutional Highest compensated employee Key employee organization (W-2/1099-MISC) related from the (W-2/1099-MISC) organizations organization below dotted and related trustee line) organizations trustee (1) Mary Lee McFarland 18 President Х Χ 0 0 (2) Jennifer Sonafrank 12 Vice President Х Χ 0 0 0 (3) Joan C Pattison 25 Χ Х 0 0 Organizer 0 (4) Karen Fritz 8 Х Х 0 0 0 Treasurer 13 (5) Martha Ramsey Х Х 0 0 Secretary 0 (6) (7) (8) (9) (10)(11)(12)(13)(14)

(A) Name and title	(B) Average	Average (do not c)						( <b>D)</b> Reportable	(E)  Reportable  compensation from		Est	(F)
	hours per week (list any hours for related organizations below dotted line)			•		Highest compensated		compensation from the organization (W-2/1099-MISC)	compensat relate organiza (W-2/1099	ed ations	o comp fro orga and	ount of ther ensation m the nization related nizations
(15)						<u> </u>	_				<del></del>	
(16)		ļ					_					<del></del>
(17)											<del></del>	
(18)										-		
(19)												
(20)					-							
(21)					-				<u> </u>			<del></del>
(22)												
(23)					-				<u> </u>			
(24)					<u> </u>				l 			
(25)		1										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but no reportable compensation from the organization)	Section A .	<i>.</i>	  e lıs	 . <u></u>	 		▶ b who	received more that	an \$100,0	00 of		
3 Did the organization list any former officemployee on line 1a? If "Yes," complete School	cer, direct	or, o ich ind	r tr	uste lual	ee,	key	emį	ployee, or highes	t compen	sated		res No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of re eater than	portal	ble 50,0	con	npe	nsatio f "Ye	on a es, "	and other compen complete Schedu	sation fror ile J for	n the	13.4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	omper	าsat	noı	fro	m an	y ur	rrelated organizati	on or indi	vidual	5	x
Section B. Independent Contractors     Complete this table for your five highest concompensation from the organization Report year	npensated	ındep	end	ent	cor	ntracto	ors	that received more	than \$10	0,000 0	of	
(A) Name and business add	lress			_				(B) Description of ser	auces.	C	(C) ompensa	tion
None None				•			+	Description of Set	VICE3			
							-					
							L					
Total number of independent contractors received more than \$100,000 of compensations.						ited 1	to	those listed abov	ve) who		· <u></u>	
JSA 6E1050 1 000			_				_				Form 9	90 (2016)

Statement of Revenue Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelat busine revent	and or sections
1a Federated campaigns	449,377			
g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	449,311			
b c d e f All other program service revenue  Total. Add lines 2a-2f				
and other similar amounts)	2,88	2 2,	882	
5 Royalties				
b Less cost or other basis and sales expenses  c Gain or (loss)	>		-	
9a Gross income from gaming activities See Part IV, line 19				
c Net income or (loss) from gaming the second of the secon	618	618	1,618	
b Less cost of goods sold b		618		
d Ail other revenue	. •	,877	4,500	Form 99

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) or	ganizations must complete all columns	All other organizations must complete column (A)

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments See Part IV, line 21	244,402	244,402		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
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)				<del> </del>
7	Other salaries and wages	2,960	987	1,973	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits		3.45	205	
10	Payroll taxes	442	147	295	
11	Fees for services (non-employees):				
	Management				
b	Legal	4 001		4 221	
C	Accounting	4,331		4,331	
d	Lobbying				
	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	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	1,325			1,325
14	Information technology	1,323			1,323
15	Royalties				
16	Occupancy	55,838	18,613	37,225	
17		33,030	10,013	31,223	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	47,828	15,894	31,789	145
	Conferences, conventions, and meetings	47,020	15,054	31,705	113
20		112,979	112,979		
21		112,515			
22		468		468	
23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
24	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)				
9	Operating Expense	4,731	1,577	3,154	
t					
4					
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	475,304	394,599	79,235	1,470
	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			,	
	following SOP 98-2 (ASC 958-720)				· · · · · - · · · · · · · · · · · · · ·

**Balance Sheet** Part X Beginning of year End of year 231,188 209,426 1 Savings and temporary cash investments 34,224 2 1,167 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 8 q 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c 11 130,598 97,206 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 362,618 16  $341, \overline{191}$ 16 17 17 18 18 Grants payable 19 19 Tax-exempt bond liabilities ..... 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 Unsecured notes and loans payable to unrelated third parties...... 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 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. **Fund Balances** 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 362,618 **32** 341,191 Net. 33 Total net assets or fund balances 362,618 33 341,191 362,618 34 341,191 34

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

3a

Х

Form 990 (2016)

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

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.

Open to Public Inspection

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 50 I(c)(3) organizations	that have NOT filed Fulfil 5700 (electi	on under section son(	ii)) Complete Fait II-B Donk	ot complete Part II-A
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy n	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) orga	anızations: Complete Part III			
Nam	e of organization			Employer ide	ntification number
Р.	E.O. Sisterhood IN			35-6074	
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	r is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign a	activities in Part IV (see	instructions for definition
	of "political campaign activit				
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)	,	
	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 49	55 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under sec	tion 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), e	except section 501(c)(3	3).
1	Enter the amount directly e	expended by the filing organization	n for section 527	exempt function	
	activities				
2	Enter the amount of the filir	ng organization's funds contributed	d to other organiza	tions for section	
	527 exempt function activiti	es			<del> </del>
3	Total exempt function expe	enditures Add lines 1 and 2 En	iter here and on F	orm 1120-POL,	
4	Did the filing organization file	e <b>Form 1120-POL</b> for this year?			Yes No
5		and employer identification numb			
		s For each organization listed, er tributions received that were prom			
		nd or a political action committee (			
			T	<del></del>	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			}	funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If
					none, enter -0-
(1)			_		
(2)			}		
(3)					
(4)					
_				ļ <del>.</del>	
(5)			1		
				<u> </u>	
(6)					
			I	1	

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (I	Form 990 or 990-E2	2) 2	0
Part II-A	Complete	if	t

Schedule C (Form 990 or	· 990-EZ) 2016					Page <b>2</b>
	olete if the organization 501(h)).	ion is exe	mpt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under
A Check ► if	the filing organizatio ame, address, EIN, ex	n belongs to benses, an	to an affiliated gro d share of excess	up (and list in Pa lobbying expend	art IV each affiliated gi litures).	roup member's
B Check ► if	the filing organizatio	n checked	box A and "limited	control" provisi	ons apply.	
	Limits on Lob				(a) Filing	(b) Affiliated
(The	term "expenditures" n	ieans amou	ints paid or incurred	l.)	organization's totals	group totals
1a Total lobbying e	expenditures to influence	public opir	nion (grass roots lob	bying)		
b Total lobbying e	expenditures to influence	e a legislativ	e body (direct lobby	/ing) [		
c Total lobbying e	expenditures (add lines	1a and 1b) .		[		
d Other exempt p	urpose expenditures .		· · · · · · · · · · · · · · ·	[		
e Total exempt p	urpose expenditures (ad	ld lines 1c a	nd 1d)	[		
f Lobbying nonta	axable amount. Enter t	ne amount	from the following	table in both		
If the amount on	line 1e, column (a) or (b) l	: The lobbyi	ng nontaxable amoun	t is:		
Not over \$500,00			amount on line 1e			
Over \$500,000 b	ut not over \$1,000,000	\$100,000 p	olus 15% of the excess	s over \$500,000.		
Over \$1,000,000	but not over \$1,500,000	\$175,000 p	olus 10% of the excess	s over \$1,000,000		
Over \$1,500,000	but not over \$17,000,000	\$225,000 p	olus 5% of the excess	over \$1,500,000		
Over \$17,000,00	0	\$1,000,000	)			
-	taxable amount (enter 2		•			
	from line 1a. If zero or					
	from line 1c If zero or l					
*	amount other than zero			_		
reporting section	n 4911 tax for this year				<del> </del>	Yes No
40			raging Period Und	• •	,	
(Some or	ganizations that made		• •	=		ins below.
	See	tne separa	ite instructions for	iines za through	ZT.)	
	Lob	bying Expe	nditures During 4-1	ear Averaging Pe	riod	
Calendar year (o beginnin		) 2013	(b) 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
2a Lobbying nontaxa	ble amount					
b Lobbying ceiling a (150% of line 2a,						
c Total lobbying exp	penditures					
<b>d</b> Grassroots nonta	xable amount					
e Grassroots ceiling (150% of line 2d,	•					
f Grassroots lobby	ing expenditures					
					Schedule C (F	orm 990 or 990-EZ) 2016

For each "Yes," response on lines 1a through 1i below, pricescription of the lobbying activity  1 During the year, did the filing organization attempt to influence legislation, including any attempt to influence public opinion referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses recomediate Mailings to members, legislators, or the public?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, h Rallies, demonstrations, seminars, conventions, speeches, lecture in Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described if "Yes," enter the amount of any tax incurred under section 491 of the filling organization incurred a section 4912 tax, did it file Filling organization incurred a section 4912 tax, did it file Filling organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political compared liting the organization agree to carry over lobbying and political compared titles.	e foreign, national, so on on a legislative eported on lines 1c	tate or local matter or through 1i)?.  y? neans? l(c)(3)? ton 4912		No		Amo	unt
legislation, including any attempt to influence public opinion referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses recommendation in expenses recommendat	eported on lines 1c  eported on lines 1c  on a legislative bodures, or any similar mesor any similar mesor any similar mesor and section 501  anagers under section 4720 for this years	e matter or through 1i)?.  y?  neans?  (c)(3)?  on 4912  ear?					
b Paid staff or management (include compensation in expenses recommediate Media advertisements?	eported on lines 1c, or a legislative bod res, or any similar m	through 1i)?.  y? neans? (c)(3)? ion 4912 ear?					
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, h Rallies, demonstrations, seminars, conventions, speeches, lecturical of the activities?  j Total Add lines 1c through 1i	or a legislative bod res, or any similar m cribed in section 501 12	y?					
d Mailings to members, legislators, or the public?	, or a legislative bod ires, or any similar m cribed in section 501 12	y?					
e Publications, or published or broadcast statements?	or a legislative bod ires, or any similar m cribed in section 501 12	y?					
f Grants to other organizations for lobbying purposes?	or a legislative bod ires, or any similar m cribed in section 501 12	y?					
p Direct contact with legislators, their staffs, government officials, h Rallies, demonstrations, seminars, conventions, speeches, lecturated in Other activities?  Total Add lines 1c through 1i	or a legislative bod ires, or any similar meson or any similar meson of the control of the contr	y?					
h Rallies, demonstrations, seminars, conventions, speeches, lecturically of the activities?  j Total Add lines 1c through 1i	res, or any similar m	neans? (c)(3)? on 4912					
i Other activities?	cribed in section 501 12	(c)(3)?					
j Total Add lines 1c through 1i	cribed in section 501 12	(c)(3)? ion 4912 ear?					
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 491</li> <li>c If "Yes," enter the amount of any tax incurred by organization in d If the filing organization incurred a section 4912 tax, did it file F</li> <li>Part III-A Complete if the organization is exempt under solutions 501(c)(6).</li> <li>1 Were substantially all (90% or more) dues received nondeductive Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political contents.</li> </ul>	12	on 4912 ear?		-			
c If "Yes," enter the amount of any tax incurred by organization m d If the filing organization incurred a section 4912 tax, did it file F  Part III-A Complete if the organization is exempt under s 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductit 2 Did the organization make only in-house lobbying expenditures 3 Did the organization agree to carry over lobbying and political contents.	anagers under secti form 4720 for this y	on 4912 ear?		-	<del></del>		
d If the filing organization incurred a section 4912 tax, did it file F Part III-A Complete if the organization is exempt under s 501(c)(6).  Were substantially all (90% or more) dues received nondeductit Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political complete.	orm 4720 for this y	ear?		-			
501(c)(6).  Were substantially all (90% or more) dues received nondeductite Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political controls.	section 501(c)(4),	section 501					
<ul> <li>Were substantially all (90% or more) dues received nondeductibe</li> <li>Did the organization make only in-house lobbying expenditures</li> <li>Did the organization agree to carry over lobbying and political control</li> </ul>			(c)(5)	, or s	ection		
<ul> <li>Did the organization make only in-house lobbying expenditures</li> <li>Did the organization agree to carry over lobbying and political c</li> </ul>			_				Yes
<ul> <li>Did the organization make only in-house lobbying expenditures</li> <li>Did the organization agree to carry over lobbying and political c</li> </ul>	ble by members?					1	X
						2	Х
Part III B. Complete if the organization is exempt under						3	L
501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."	<u> </u>			·		line	3, is
1 Dues, assessments and similar amounts from members					1	-	——
2 Section 162(e) nondeductible lobbying and political experience political expenses for which the section 527(f) tax was paid).							
a Current year					2a		
<b>b</b> Carryover from last year				٠٠٠,	2b		
c Total				- 1	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of					<del>*</del>		—
4 If notices were sent and the amount on line 2c exceeds the				i i			
excess does the organization agree to carryover to the reason			•	ig	4		
5 Taxable amount of lobbying and political expenditures (see instr	ructions)		· · · ·		5		
and political expenditure next year?	Part I-C, line 5, Par	t II-A (affiliated	• • • •		5	I-A, lu	nes

Schedule C (F	Form 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
<del></del>		
<del></del>		
		<del></del>
<del></del>		
		<del></del>
		<del></del>
		<del></del>

# 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.

Inspect | Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspect

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

P.E.O. Sisterhood IN State Chapter 35-6074424 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year...... 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a а 2b b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).....

Schedule D (Form 990) 2016

JSA 6E1270 1 000

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	Part IV line	11h See Form 990	) Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	, ruitty, iiito	(c) Method of valua Cost or end-of-year mar	ation
(1) Financi	al derivatives				
	-held equity interests				
(A)					
(B)					
(C)		<del>- ,</del>			·····
(D)				·	
<u>(E)</u>					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)		<u></u>	<del></del>	<del></del>
Part VIII	Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11c. See Form 990	), Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of value Cost or end-of-year mar	
(1)					<del></del>
_(2)				<del></del>	
_(3)				<del></del>	
_(4)					<del></del>
(5)					
(6)					<del></del>
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(8)				<del></del>	<del></del>
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			<del></del>	<del></del>
Part IX	Other Assets.				
Partix	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11d See Form 990	), Part X, line 15.
	(a) De	scription		· · · · · · · · · · · · · · · · · · ·	(b) Book value
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(9)	umn (b) must equal Form 990, Part X, col (B) li	no 15 )			
Part X	Other Liabilities.  Complete if the organization answered line 25				rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	e		
	ral income taxes	,			
(2)	<del></del>				
(3)					
(4)					
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(8)					
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	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>			
	or uncertain tax positions. In Part XIII, provide the		the organization	s financial statements to	hat reports the
_	s liability for uncertain tax positions under FIN 48		•		<u> </u>

Schedu	le D (Form 990) 2016		Page 4
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	453,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
- a	Net unrealized gains (losses) on investments 2a	1	
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	7	
ď	Other (Describe in Part XIII )	] [	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	453,877
4	Amounts included on Form 990, Part VIII, line 12, 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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	453,877
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	475,304
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	]	
c	Other losses		
d	Other (Describe in Part XIII )	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	475,304
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII.)	4	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	475,304
	XIII Supplemental Information.	- mt 1 / . los -	4 Deat Ville
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		4, Paπ X, line
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Schedule D (F	orm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2016

SCHEDULE (Form 990) Department of the Treasury

Name of the organization Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2016 Open to Public Inspection

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

► Attach to Form 990.

Employer identification number 35-6074424 Ŷ

N State	2 ا	. E.O.
IN State Chapter	Sisterhood	.E.O.

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

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

1 (a) Name and address of organization or government	( <b>b</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)	67,194	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c) (3)	28,909	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship						•	
Moines, IA 50312	426078058	501(c)(3)	30,853	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	36,484	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	31,445	0			Educ Awards
(6) P.E.O. STAR Scholarship						:	
Moines, IA 50312	300583651	501(c)(3)	33,310	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	14,905	0			Schol/Grants
(8)							
(6)							
(10)							
(11)				]			
(12)							
							_
Soften to the following of a cotion FO4(a)(a) and a cotion of a co	1 1 1 0 0 0 0 0 0 0 0 0	Lotel and charge of	And Annual and Annual	1			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.........................▶ 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

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III 4 2 g က

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

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

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number P.E.O. Sisterhood IN State Chapter 35-6074424 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 Indiana 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	Page 4
P.E.O. Sisterhood IN State Chapter	35-6074424	
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