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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

A	For th	ne 201	l6 calendar year, or tax year begi	nning April 1 , 2010	6, and endin	ig Mai			, 20 17	<u>'</u>
ь.			C Name of organization				D Employer iden	tification	number	
D	Check if a	pplicable	P.E.O. Sisterhood VA	State Chapter						
	Addre		Doing business as				54-6	072508	3	
	Name	change	Number and street (or P O box if mail is not delivered to street address)		Room/suite		E Telephone nun			
	Initial	return	3700 Grand Ave				515	255 3:	153	
	Final	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code			- 			
	Amer	nded	Des Moines, IA 50312	-2899			G Gross receipts	\$	31	2,665
Г		cation	F Name and address of principal officer				H(a) Is this a group subordinates?		Yes	X No
_		···•	Beverly C Prewittsan	me as C above			H(b) Are all subordin		Yes	s No
ī	Tax-ex	empt st	<u> </u>		or 52	7	If "No," attach	nalist (see	instructions)	, —
J	Websi	ite: 🕨	www.peointernational.				H(c) Group exemp	tion number	▶ 10	12
$\overline{\kappa}$		of organ		Association Other	L Year o	f format	ion 1949 M s			
Р	art l		ımmary							
	1		y describe the organization's mission o	r most significant activities. Women	's membe	ershi	ip organiz	zation	1	
ė,			porting six philanthrop				re scholar			t,
auc			n and award programs ar							
ern	2			iscontinued its operations or dispos						
Activities & Governance	3		per of voting members of the governing				3	3		5
ಷ	4		per of independent voting members of t					4		5
ies	5		number of individuals employed in cale					5		0
Ξ	6	Total	number of volunteers (estimate) in each	STO RECEIVED				6		75
Act	72	Total	unrelated business revenue from Part V	(til column (C) line 12		• • • •	· · · · · · · · · · · · · · · · · · ·	7a		
								7b		
	·	1401 01	nrelated business taxable income from AUG 11 '1	7 AUG 1 5 17		i i i	Prior Year		Current	Year
	Ω		ibutions and grants (Part VIII, line 1h)				302,02			8,271
Revenue	9			OCCEN		_	302,02			0,211
	10	Invest	am service revenue (Part VIII, line 2g)					37		59
	11	Other	tment income (Part VIII, column (A). lin revenue (Part VIII, column (A), lines 5,	VICE CENTER		-		-	, <u> </u>	2,443
	12		revenue - add lines 8 through 11 (must			- -	302,13	12		0,773
—	13		is and similar amounts paid (Part IX, colu			 	185,36			2,017
	14		fits paid to or for members (Part IX, colu				103/30	-		2,011
	45		ies, other compensation, employee bene							
Expenses	16 2		ssional fundraising fees (Part IX, column							
ben	loa		fundraising expenses (Part IX, column (<u> </u>				
Ě	17		expenses (Part IX, column (A), lines 11				111,52	7	0	8,271
			expenses Add lines 13-17 (must equal			ļ	296,89			0,271
	18 19						5,22			0,485
<u> </u>		Rever	nue less expenses Subtract line 18 fron	nine 12	· • • • • • • • • • • • • • • • • • • •	Begin	ning of Current Ye		End of Ye	
Net Assets or Fund Balances	20	Total	anasta (Dart V. Irra 16)				226,05	———		6,541
Asse Bala	21		assets (Part X, line 16)				220,00			5,541
a t	22		ssets or fund balances Subtract line 21				226,05	.6	25	6,541
	rt II		gnature Block	THOM IME 20	· · · · · · · ·	<u> </u>	220,00	,01		3,341
			of perjury, I declare that I have examined th	us return including accompanying sched	lules and states	ments a	nd to the best of	my knowle	edge and I	nelief it is
tru	e, corre	ct, and	complete Declaration of preparer (other than	n officer) is based on all information of wh	iich preparer ha	s any kr	nowledge			
			Wather A. Aman				8111	12		
Sig	រូវា		Signature of officer				Date	ш		
He	re		Kathy A. Soppe, Direct	or of Finance						
			Type or print name and title	or or rinance	***					
		Print/	/Type preparer's name	Preparer's signature	Date		Check	F PTIN		
Paid	d	}					self-employer			
	parer	Firm's	s name	<u> </u>			Firm's EIN			
Use	Only		s address >			-	Phone no			
May	the I		scuss this return with the preparer show	n above? (see instructions)			. Hono no		Yes	No
	<u></u>		Reduction Act Notice, see the separat		· · · · · · · · · · · · · · · · · · ·	• • • •	<u> </u>	• • •		0 (2016)

	n 990 (2016	5)			Page
Pa		Statement of Program Service			
	(Check if Schedule O contains a	response or note to any line in this Pa	<u>rt III </u>	
	=	escribe the organization's mission			
				celebrate the advancement of	
				awards, loans and stewardsh	ip of
	Cottey	y College; and motivat	te each other to achieve	their highest aspirations.	
			ficant program services during the y		
	prior Fori	m 990 or 990-EZ?			s X No
	If "Yes," o	describe these new services on S	chedule O		
			, or make significant changes in		
	services?			· · · · · · · · · · · · · · · · · · ·	s X No
		describe these changes on Scheo			
	expenses	s Section 501(c)(3) and 501(c)		its three largest program services, as meport the amount of grants and allocation	
4a	(Code) (Expenses \$ 26	3,080 including grants of \$	192,017)(Revenue\$)
				d forwarding contributions t	′
				he state and national levels	
		ic statistics are ava		10000 414 14010141 101015	, 110
	-				
•					
•			- · · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · ·		
•					
,					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					 ′
	•				
	_				
	-				
4c	(Code _) (Expenses \$	including grants of \$) (Revenue \$)
,					
		1			
-					

263,080

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	Π	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		х
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,	1		
	Part III	5	X	
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	ĺ		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	ł		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9) i	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,			13.19
	VII, VIII, IX, or X as applicable	通		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	PER TRANSPORTE	COSMES A	
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	x	
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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		<u> </u>

ган	Checklist of Required Schedules (Continued)			· · ·
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		├
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ł
	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	22	v	
22	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		<u> </u>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	_		
а	· · · · · · · · · · · · · · · · · · ·	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_ <u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c	}	v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a]	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		Ì	
	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		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]	3.7
20	Part VI	37	∤	_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	13. Note. All 1 offit 330 file is die required to complete ochedule O.			(2016)
			(

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	· · ·	• • •	;└
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			l
	Enter the number of Forms W-2G included in line to Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	X	
_	reportable gaming (gambling) winnings to prize winners?	1c		
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:	2b		
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
٠.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Ja	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	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?	<u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		.,,	
	gifts were not tax deductible?	6b	X	ļ
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	7a	• -	A = 5.
_	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	required to file Form 8282?	7c		
4	If "Yes," indicate the number of Forms 8282 filed during the year			
u	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?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		يو. محسمانة	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter	-		١
	Initiation fees and capital contributions included on Part VIII, line 12	-		2
	Gloss receipts, included off offin 550, i art viii, line 12, for public use of olds identices.	١.	,	Ĭ . ` ,
11	Section 501(c)(12) organizations. Enter			,
	Gloss income nom members of shareholders	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı £ a	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.			
	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	1		
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	-	,	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ir	struc	
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	on 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	1		
	If there are material differences in voting rights among members of the governing body, or if the governing	,	ļ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	,	-	
b	Enter the number of voting members included in line 1a, above, who are independent	1	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_	L	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	ļ		
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	{	ļ	l
	one or more members of the governing body?	7a	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Ì		
	the year by the following:			, i
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	ļ	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u></u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1	
	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			استنا
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,"			1
	describe in Schedule O how this was done	12c	_X	
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	امن ب	٠ 5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	<u>.</u>	· i
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)]		į
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i
	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			1
	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (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 interesting the control of the conflict of the conf	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	s ▶		
	Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-3153			
JSA 6E1042	1 000	Form	990	(2016)

For	m (noc	(20	161
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII..........

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 organization compensated any current officer, director, or trustee (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Reportable Reportable Average Estimated box, unless person is both an compensation hours per compensation from amount of week (list any officer and a director/trustee) from related other hours for the organizations compensation Highest compensated employee Key employee Individual Institutional organization (W-2/1099-MISC) related director from the (W-2/1099-MISC) organizations organization below dotted and related trustee line) organizations (1) Beverly C Prewitt 20 President Х Х 0 0 20 (2) Sherry Arendt Vice President Х X 0 0 0 (3) Rhesa G Janice 20 Х 0 Organizer 0 0 20 (4) Ethel M Muter Treasurer Х Х 0 0 0 (5) Melissa M Gilmore 20 Х Х 0 0 Secretary (6) (7)(8) (9) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	nd H	ligh	est Compensate	d Employees (continued)
					C)					
(A)	(B)	(do r	not c		sition mon	e than d	one	(D)	(E)	(F)
Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for	OTTICE	$\overline{}$		$\overline{}$	or/trus		from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	g la	T D		팋	yee 8	-	(W-2/1099-MISC)		organization and related
	line)	l fact	2		yee	m pe				organizations
		6	stee			nsat				,
		<u> </u>		L		2	ļ			
(15)		-					ł			
(40)	-			<u> </u>						
(16)		┨								
(17)										
(11)		1								
(18)			\vdash	 	 					
		1								
(19)										-
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(21)		-								
(00)		ļ		 	 	 	ļ			
(22)		-			ļ					
(23)										
(23)		1								
(24)		<u> </u>		 	┢╾		 	-		
()		1								
(25)										
<u> </u>		1								
1b Sub-total										
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright			
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but no	ot limited to	thos	e lis	stec	ab	ove) v	who	received more th	an \$100,000 of	
reportable compensation from the organization	on ►			0				 ,	 , , ,	
										Yes No
3 Did the organization list any former offi	cer, direct	or, o	r tr	rust	ee,	key	em,	ployee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gi	sum of re	porta	ble	cor	npe	nsatio	on a	and other compen	sation from the	- S
individual										4 X
5 Did any person listed on line 1a receive or										,
for services rendered to the organization? If "	es," compl	ete So	chec	dule	J fo	r suci	h pe	erson		5 X
Section B. Independent Contractors										
 Complete this table for your five highest cor compensation from the organization Report year 										
							1			
(A) Name and business add	iress							(B) Description of se	rvices	(C) Compensation
None	·						†	,		F =
			-	-			1			
							\prod			
2 Total number of independent contractors						ited	to		ve) who	
received more than \$100,000 of compensations	on from the	orga	nıza	atior	1 >			0		-
JSA 6E1050 1 000										Form 990 (2016)

Form **990** (2016)

Par	t VIII	Statement of Revenue Check if Schedule O con		se or note to an	v line in this Part \	/		
		Officer in Correction C Co.	intains a respec		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	1 44 1	112,704				
P, E	c	Fundraising events	· · · · _ 					
Sifts lar /	d	Related organizations						
ıs, (e	Government grants (contribut						
tior sr.S	f	All other contributions, gifts, g						
ig t	•	and similar amounts not included		195,567				
onti od C	g	Noncash contributions included in						
S E	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		308,271			
ine				Business Code				
Program Service Revenue	2a							
8	ь		<u> </u>					
vi C	c							
Ser	d							
E	е							
ogr	f	All other program service reve	enue					<u></u>
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	<u></u>				
	3		luding dividen					}
		and other similar amounts)		▶	59	59		
	4	Income from investment of t	•					
	5	Royalties				· · · · · · · · · · · · · · · · · · ·		
	1		(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		L <u></u>		_ t, u	a.e.	
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory		 				
	b	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	ď	Net gain or (loss)						<u> </u>
ne	8a	Gross income from fundrai	•	1				
ven		events (not including \$						
æ	1	of contributions reported on I		}				
Other Revenue		See Part IV, line 18						
ŏ	ľ	Less direct expenses Net income or (loss) from fur	, , , , , , , D					
	C			· · · · · · · · · · · · · · · · · · ·				
	9a	Gross income from gaming See Part IV, line 19						
		Less direct expenses						
	b	Net income or (loss) from ga					-	1
	10a	Gross sales of invento				•		
	1.00	returns and allowances		4,335				
	Ь	Less cost of goods sold		1 000				
	C	Net income or (loss) from sale	es of inventory	.	2,443	2,443		
		Miscellaneous Revenue		Business Code				
	11a							<u></u>
	ь							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		 >				
	آ مه ا	Total revenue See instruction			310,773	2,502]	1

Forn	990 (2016)				Page 1 (
Pa	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must			ns must complete colur	nn (A).
	Check if Schedule O contains a respo			 	
	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	160,517	160,517		
2	Grants and other assistance to domestic		1		
	individuals. See Part IV, line 22	31,500	31,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				 -
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				·
_	Legal				
C	Accounting	2,650		2,650	
d	Lobbying				
е	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		110			
14	Information technology	119			119
	Royalties				
16		0 407	2 160	6 225	
17		9,487	3,162	6,325	
18	1				
	for any federal, state, or local public officials	6,177	1 995	3 700	403
19	Conferences, conventions, and meetings	0,117	1,895	3,789	493
20	Interest	64,233	64,233		
21	Payments to affiliates	04,233	04,233		
22	Depreciation, depletion, and amortization	287		287	
23	Other expenses Itemize expenses not covered			207	
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25 column				

5,318

280,288

1,773

263,080

3,545

16,596

(A) amount, list line 24e expenses on Schedule O)

25 Total functional expenses. Add lines 1 through 24e

a Operating Expense

e All other expenses _

612

Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,497	1	9,29
- 1	2	Savings and temporary cash investments	222,559	2	247,24
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L 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	
ië.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
\	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
•	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
1.	13	Investments - program-related. See Part IV, line 11		13	
į.	14	Intangible assets		14	
-	15	Other assets See Part IV, line 11		15	
<u> </u>	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	256,541
\neg	17	Accounts payable and accrued expenses		17	
•	18	Grants payable		18	
1.	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
တ္ထု :	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
api		disqualified persons Complete Part II of Schedule L		22	
];	23	Secured mortgages and notes payable to unrelated third parties	·	23	
:	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		ľ	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
: اکّ	32	Retained earnings, endowment, accumulated income, or other funds [226,056	32	256,541
S S	33	Total net assets or fund balances	226,056		256,541
:	34	Total liabilities and net assets/fund balances	226,056	34	256,541

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

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

Tax)	(see separate instructions), the		Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
_	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
	ne of organization				ntification number
	.E.O. Sisterhood VA			54-6072	
Pa		organization is exempt under			
1	·	organization's direct and indirect i	political campaign a	ctivities in Part IV (see	instructions for definition
	of "political campaign activit				
		xpenditures (see instructions)			
		campaign activities (see instructio			_
Pa		organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
$\overline{}$	If "Yes," describe in Part IV				· · · · · · · · · · · · · · · · · · ·
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	xcept section 501(c)(3	3)
1		expended by the filing organizatio			
2		ng organization's funds contributed			
2	527 exempt function activiti	es		▶\$	
3	line 17b	enditures Add lines 1 and 2 Er		▶\$	
5	Enter the names, addresses organization made payment the amount of political continuous	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were prond or a political action committee (per (EIN) of all section nter the amount paid nptly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter bilitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					

Schedule C (Form	990 or 990-EZ) 2016					Page 2
	complete if the organ ection 501(h)).	ization is exer	npt under sectior	1 501(c)(3) and	filed Form 5768 (elec	ction under
A Check ▶	name, address, EIN,	expenses, and	share of excess lo	obbying expend	•	oup member's
B Check ▶	if the filing organiz			control" provision	ons apply.	
		Lobbying Expen			(a) Filing	(b) Affiliated
	(The term "expenditure	s" means amou	nts paid or incurred.)	organization's totals	group totals
1a Total lobb	ying expenditures to influ	ence public opin	ion (grass roots lobb	oying)		
b Total lobb	ying expenditures to influ	ence a legislativ	e body (direct lobbyi	ng) [
c Total lobb	yıng expenditures (add lii	nes 1a and 1b) .				
	mpt purpose expenditure			_		
e Total exen	npt purpose expenditures	s (add lines 1c ar	nd 1d)			
f Lobbying	nontaxable amount Ent	er the amount	from the following	table in both		
columns	· · · · · · · · · · · · · · · · · · ·					
If the amou	int on line 1e, column (a) or	(b) is: The lobbying	ng nontaxable amount	is:		
Not over \$5	00,000	20% of the	amount on line 1e			
Over \$500,	000 but not over \$1,000,00	0 \$100,000 p	lus 15% of the excess	over \$500,000	į	
	0,000 but not over \$1,500,0		lus 10% of the excess			
	0,000 but not over \$17,000		lus 5% of the excess o	ver \$1,500,000		
Over \$17,0		\$1,000,000		 		
_	s nontaxable amount (en			<u>-</u>		
	ne 1g from line 1a. If zer					
	ne 1f from line 1c If zero					
•	an amount other than			•		
reporting s	section 4911 tax for this		raging Period Unde		· · · · · · · · · · · · · · · · · · ·	Yes No
(Sor	ne organizations that m				ato all of the five colum	no holow
(30)	ne organizations that in		te instructions for l	•		iis below.
		Lobbying Expe	nditures During 4-Ye	ear Averaging Per	iod	
	year (or fiscal year ginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying no	ontaxable amount					
b Lobbying ce (150% of lir	eiling amount ne 2a, column (e))					
c Total lobbyi	ng expenditures					
d Grassroots	nontaxable amount					
e Grassroots (150% of lir	ceiling amount ne 2d, column (e))					
f Grassroots	lobbying expenditures	.				

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	88		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or	ŀ					
	referendum, through the use of.			ŀ			
а	Volunteers?						
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
C	Media advertisements?			ļ			
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
9	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?						
j	Total Add lines 1c through 1i						
2a	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			1			
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				-		
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or s	ection	<u> </u>		
	501(c)(6).	·/(-/,	0. 0		•		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	†—
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		Х
<u></u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members		<u> </u>	rt III-A	, line	3, is ——	
				<u>'</u>			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			_
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	•	- 1	4			
5	and political expenditure next year?		• •	5		—	
-	t IV Supplemental Information	<u>····</u>	<u></u> _				
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated e instructions), and Part II-B, line 1. Also, complete this part for any additional information	grou	p list), Part	II-A, lii	nes 1	and
				·		<u>-</u>	

Schedule C (F	orm 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 54-6072508 Sisterhood VA State Chapter 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 4 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 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 Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of 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 2a а 2b 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.......... 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 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Schedule D (Form 990) 2016

JSA 6E1270 1 000

	(a) Description of security or category	(b) Book value	(c) Method of valuation	on
	(including name of security)	(-,	Cost or end-of-year marke	
	ıal derivatives			
_	y-held equity interests	·		
(A)				
(B)				
_(C)				
(D)_				
(E)_				
(F)				
(G)	;			
(H)				
tal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11c See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
		<u> </u>	Cost or end-of-year marke	t value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)			 	
(6)				
(7)				
(8)				
(9)				 -
	nn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets.		D + N + I' 44 + O = 000 +	5
	Complete if the organization answered		Part IV, line 11d See Form 990, I	
	(a) De	scription		(b) Book value
(1)				
/ ^ . .				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col (B) l	ne 15)		
(3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) otal. (Col				ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Liabilities.			ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Liabilities. Complete if the organization answered		Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col Part X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col Part X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	ı 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Co/ Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col/ Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	1 990, Part X,
(1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retui 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	310,773
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities]	
С	Recoveries of prior year grants	4	
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	310,773
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		210 772
5 Part			310,773
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	280,288
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
С	Other losses	-	
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d	1	200 200
3	Subtract line 2e from line 1	3	280,288
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII)	4c	
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		280,288
Part	XIII Supplemental Information.		
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation ————	
			
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Schedule D (Fo	rm 990) 2016	Page 5
Schedule D (Fo	Supplemental Information (continued)	

Schedule D (Form 990) 2016

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public 2016

OMB No 1545-0047

Inspection Employer identification number ŝ

X Yes

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

54-6072508 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance P.E.O. Sisterhood VA State Chapter

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

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

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)	38,180	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund	 						
Des Moines, IA 50312	426078059	501(c)(3)	16,336	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship					!		
Des Moines, IA 50312	426078058	501(c)(3)	20,199	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	26,761	0			Educ Grants
Des Moines, IA 50312	421379026	501(c)(3)	20,934	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	24,649	0			Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	12,879	0			Schol/Grants
(8)							
(6)							
(10)							!
(11)							
(12)							
	government c	rganizations list	ted in the line 1 tat	je		A	7
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table				4	

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 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 N/A(e) Method of valuation (book, FMV, appraisal, other) N/A 0 (d) Amount of noncash assistance 31,500 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 21 1 Educ Scholarships to Individuals (a) Type of grant or assistance Part III ~ က 10 9

of the Part I, Line 2--Contributions were forwarded to philanthropies of the International Chapter of the P.E.O. Foundation in Des Moines, IA to be used to further the educational mission Sisterhood and to P.E.O.

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Part IV

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

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

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.

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

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number

Name of the organization	Employer Identification number
P.E.O. Sisterhood VA State Chapter	54-6072508
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 present	nted and voted upon.
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the
executive board of Virginia State Chapter prior to filing. Board	members 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 page	ges are distributed
each year to all executive board members and to any committee members	bers having influence
over financial transactions. Signature pages are collected by the	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 men	mbers vote on the
appropriate action.	
	
Part VI, Line 19: Governing documents, conflicts of interest policy	cy and financial
statements are available to members upon request. These items are	e not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were as	udited by an
independent accountant on a cash basis.	

Name of the organization	Employer identification number	rage 2
P.E.O. Sisterhood VA State Chapter	54-6072508	
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