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## EXTENDED TO FEBRUARY 15, 2018

Department of the Treasury

632001 11-11-16

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
1 2016 and ending MAR 31.

Open to Public

Inspection

OMB No 1545-0047

4	A F	or the	2016 calendar year, or tax year beginning A	PR 1, 2016 and	ending M	AR 31,	2017	
E	B CI	heck if oplicable	C Name of organization	<del></del>		D Employer	identification	on number
		Address change	OKLAHOMA P.E.O. PROJECT	S FUND, INC.				
		Name change	Doing business as				73-610	7830
		Initial  return	Number and street (or P.O. box if mail is not del	Room/suite	•			
		Final return/ termin-	6528 EAST 101ST STREET				<u>918-64</u>	
		ated Amende	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receip	ts \$	144,326.
	느	return Applica	1015A, OK /4155-0/54	CEMBA CEMBAON		1	group return	
	<u> </u>	] tiốn pending	F Name and address of principal officer. DOK	ETTA SIMPSON			ordinates?	Yes X No
-		27.070		(insert no.)	or 527	1 ''	ordinates include	d?YesNo (see instructions)
-			WWW.OKPEO.ORG	(msert no.) 4547(a)(1) 0	01021		exemption nu	
				sociation Other	L Year			te of legal domicile: IA
			Summary	<del></del>	E . oui	- Torritation		to or rogar commoner ——
201	Ce		Briefly describe the organization's mission or most AND SCHOLARSHIPS.	significant activities TO PF	ROVIDE	EDUCAT	IONAL (	SRANTS
•	Governance	-	Check this box I if the organization discoil	ntinued its operations or dispose	ed of more	than 25% of it	s net assets	
	ě		lumber of voting members of the governing body	·			3	7
•	ğ	4 N	lumber of independent voting members of the gov	eming body (Part VI, line 1b)			4	7
	es &	<b>5</b> T	otal number of individuals employed in calendar y	ear 2016 (Part V, line 2a)			5	0
j	Activities		otal number of volunteers (estimate if necessary)				6	0
	Act		otal unrelated business revenue from Part VIII, co				7a	0.
<u>-</u>	$\dashv$	<u> b N</u>	let unrelated business taxable income from Form	990-T, line 34RECENE			7b	0.
, ,	{	•	Seator to an and supplied (Dept MIII) I are dis	2	<b>W</b>	Prior Yea		Current Year 136,068.
)	9		Contributions and grants (Part VIII, line 1h)	SEP 1 3 201	17	332,	0.	0.
	Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4,	I I			616.	8,258.
	윤	11 (	other revenue (Part VIII, column (A), lines 5, 4,	9c 10c and GGDEN. I			0.	0,230.
	- (		otal revenue - add lines 8 through 11 (must equal		Y	337,	119.	144,326.
-			Grants and similar amounts paid (Part IX, column (				561.	151,387.
	1	14 B	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.
	S	<b>15</b> S	alaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		0.	0.	
	Expenses	16a F	rofessional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.	
	Š		otal fundraising expenses (Part IX, column (D), line		<u> </u>	<u></u>	0.60	
	~		Other expenses (Part IX, column (A), lines 11a-11d,	•			963. 524.	7,985.
	ł		otal expenses Add lines 13-17 (must equal Part I) Revenue less expenses Subtract line 18 from line		-		595.	-15,046.
-	S S	19 [	evenue less expenses Subtract line to nom line	16	Ra	ginning of Curre		End of Year
	Assets or Balances	20 T	otal assets (Part X, line 16)		50	689,		674,136.
	SEE SEE	<b>21</b> T	otal liabilities (Part X, line 26)				0.	0.
	ĘĔ		let assets or fund balances. Subtract line 21 from	line 20		689,	182.	674,136.
L			Signature Block					
			ies of perjury, I declare that I have examined this return,	· ·			-	wledge and belief, it is
<u>t</u>	rue,	correct,	and complete Declaration of preparer (other than office	r) is based on all information of wh	ich preparer	has any knowle		4019
	>:		Signature of officer		<del></del>	Date	149 24	2017
	Sign Here	i i	PAM CROWDER, CHAIRMAN			Daio	V	
'	ieie	·	Type or print name and title					
-			Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
F	aid		JAY A HORN, CPA	Jan A. How CI	PA	8-16-17	if self-employed	P01259887
F	rep	arer [	Firm's name DENMAN & COMPANY	LLP		Firm		2-0794029
ι	Jse (	Only [	Firm's address 1601 22ND STREET	SUITE 400				
_			WEST DES MOINES,	IA 50266-1453		Phon	ne no.515-	225-8400
May the IRS discuss this return with the preparer shown above? (see instructions)								

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Form	n 990 (2016) OKLAHOMA P.E.O. PROJECTS FUND, INC. 73	3-6107830	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO PROVIDE EDUCATIONAL GRANTS AND SCHOLARSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
3	If "Yes," describe these changes on Schedule O	res	[ <u>2X</u> ] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.		nd
4a	(Code) (Expenses \$ 82,850 . including grants of \$ 82,850 . ) (Revenue \$		<u> </u>
	THE ORGANIZATION AWARDED GRANTS TO WOMEN ATTENDING COLLEGE STUDIES OR TECHNICAL COURSES.	FOR ACADE	MIC
		<del></del>	
	<del></del>		
		<del></del>	
4b	(Code) (Expenses \$ 33,250 • including grants of \$ 33,250 • ) (Revenue \$	<del></del>	1
	THE ORGANIZATION'S CONTINUING EDUCATION FUND AWARDED GRANTS	TO WOMEN	
	WHO HAVE EXPERIENCED AN INTERRUPTION IN THEIR ACADEMIC CAR	ER AND HA	VE
	RETURNED TO COMPLETE THEIR DEGREE PROGRAM.		
	<del></del>		
		<del></del>	
4c	(Code) (Expenses \$ 35,287. including grants of \$ 35,287. ) (Revenue \$	TOT ADCUTED	TO )
	THE ORGANIZATION'S COTTEY SCHOLARSHIPS COMMITTEE AWARDS SCHOKLAHOMA WOMEN WHO ARE ATTENDING COTTEY COLLEGE IN NEVADA,	MISSOURI.	10
	ORDANOMA WOMEN WHO ARE ATTENDING COTTET CONDEGE IN NEVADA,	MIDDOOKI.	
			<del></del>
		<u></u>	
			<del></del>
4d	Other program services (Describe in Schedule O )		<del></del> -
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 151,387.		
		Form	90 (2016)

Page 3

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)?			i
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>x</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	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	_		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_	-	
•	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			<del></del> -
٥	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 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		x
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		<u>\</u>	ž.
	as applicable	,	'3 <sub>2</sub>	4,
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		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	X	Ļ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		l	ļ
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del> </del>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		   •	ŀ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
_	Schedule D, Parts XI and XII	12a	^	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		$ \mathbf{x} $
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del></del> -	<u> </u>	<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	ł
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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		Х
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	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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		l	_
	complete Schedule G. Part III	19		X
		Form	990	(2016)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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
242	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			
		24a		х
	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<del></del> -
		240		<b></b> -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		Ì
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		, v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			v
	Schedule L, Part I	25b		X
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,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		l
	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	<b>*</b>		. "
	instructions for applicable filing thresholds, conditions, and exceptions)		Ą	\$ ¥
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ļ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	!	1
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		
	Schedule N, Part II	32	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	T	t	ļ —
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	┌┈╴	<del>                                     </del>	† <del></del> -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ .	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>"</del>	<del> </del>	╁╧
30	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Note: All Form 930 mers are required to complete ochedure O			(2016
		FOIII		12010

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

c Enter the amount of reserves on hand

OKLAHOMA P.E.O. PROJECTS FUND, INC. Form 990 (2016) 73-6107830 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 7 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? X 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain in Schedule O) \_\_\_\_ Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records.

Form **990** (2016)

#465

TULSA

AMY CONNOR - 918-645-6223

6528 EAST 101ST STREET, SUITE D-1

# 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

(A)		(B) (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of
	week	<del>                                     </del>	CE a	uau	recto	arruus	(ee)	from	from related	other
	(list any hours for	individual trustee or director	1				Ī	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	- Se 0	stee			nsate	1	(W-2/1099-MISC)	(11 23 1030 111100)	organization
	organizations	trust	nal tru		oyee	ompe		}		and related
	below	ıvıdua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ju:	<u>=</u>	Offi	Key	훈등	교			
(1) LORETTA SIMPSON	1.00	,,		,						•
CHAIRMAN	1 00	X		Х	ļ	ļ	<u> </u>	0.	0.	0.
(2) PAM CROWDER VICE CHAIRMAN	1.00	x		x				_	0	^
(3) JEAN VAN DELINDER	1.00	^	┝	^	-	-	├—	0.	0.	0.
SECRETARY	1.00	x	1	x	1	{	ŀ	0.	0.	0.
(4) PATTY ALMEN	1.00	^		_	-	├		ļ	0.	0.
BOARD MEMBER	1.00	X					[	0.	0.	0.
(5) DEANN BOHL	1.00		<u> </u>	-			├─		<u> </u>	
BOARD MEMBER	1.00	x						0.	0.	0.
(6) RHONDA COOK	1.00		<del>                                     </del>		_		-			
BOARD MEMBER		х			}			0.	0.	0.
(7) GINNI YOUNG	1.00	<u> </u>								
BOARD MEMBER		X			ŀ			0.	0.	0.
						]	_			_
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	<b> </b>	ł								
	<del> </del>	├	┢┈		<u> </u>	├	┢	<del> </del>	<del></del>	
	<del></del>	ł	]		•	1		1		
	<del> </del>		├-	<u> </u>	<del> </del>	+-	-	<del> </del>	<del></del>	
	<del></del>	1	1		}	}	}			
	<del>                                     </del>	<del>                                     </del>	<del> </del>		<del>                                     </del>	+-	<del> </del>	<del> </del>		
	ļ	1			1			1		
								<del> </del>		

Form **990** (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

144,326

8,258

Form **990** (2016)

0,

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCILOCO	general expendes	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	_ 151,387.	151,387.	,	
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		1		
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				_ <u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal		·		
С	Accounting				
đ	Lobbying	<u> </u>		28.	<del></del>
е	Professional fundraising services. See Part IV, line 17			* 4, 4*	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	<del></del>			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy Travel				<del></del>
17 18	Payments of travel or entertainment expenses			·	<del></del>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<u> </u>			
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered			* %: \$	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	3,300.		3,300.	
b	CONTRACTED SERVICES	2,900.		2,900.	
С	MISCELLANEOUS	1,785.		1,785.	
d					
е	All other expenses	<del>_</del>			
<u>25</u>	Total functional expenses Add lines 1 through 24e	159,372.	151,387.	7,985.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	t X	Challe Caled the Control of the Caled	a ta anulus := # : D : W			
		Check if Schedule O contains a response or not	e to any line in this Part X	(A)		(B)
				Beginning of year	1	End of year
$\exists$	1	Cash - non-interest-bearing		418,182.	1	260,363
	2	Savings and temporary cash investments	271,000.	2	71,629	
- [	3	Pledges and grants receivable, net			3	
- 1	4	Accounts receivable, net			4	
-	5	Loans and other receivables from current and fo	rmer officers, directors.			
ł	_	trustees, key employees, and highest compensa	•			
-		Part II of Schedule L	and employees complete		5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under			
1	_	section 4958(f)(1)), persons described in section	•			
1		employers and sponsoring organizations of sect	- · · · · ·			
		employees' beneficiary organizations (see instr)	<del></del>	-6		
	7	Notes and loans receivable, net	Sompleto Fart II Of Coff E		7	
	8	Inventories for sale or use	-		8	
ı	9	Prepaid expenses and deferred charges			9	
ì		Land, buildings, and equipment cost or other	1 1	1 2 4	<i></i>	
	104	basis Complete Part VI of Schedule D	10a		<b>'</b>	y / 1
١	ь	Less: accumulated depreciation	10b		10c	7 - 7 - 7 - 19
	11	Investments - publicly traded securities		11		
1	12	Investments - other securities See Part IV, line 1		12	342,14	
-	13	Investments - program-related See Part IV, line		13	312,11	
1	14	Intangible assets		14		
Ţ	15	Other assets See Part IV, line 11		15		
١	16	Total assets. Add lines 1 through 15 (must equ	689,182.	16	674,13	
+	17	Accounts payable and accrued expenses	ai iiile 34)	005,102.	17	074713
1	18	Grants payable			18	
1	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability Complete I	Part IV of Schodulo D		21	
ı	22	Loans and other payables to current and former			~ <u>~</u>	
	22	key employees, highest compensated employee			**************************************	
		Complete Part II of Schedule L	s, and disqualified persons	* * *	22	<u> </u>
	23	Secured mortgages and notes payable to unrela	tod third parties	\	23	<del></del>
	23 24	Unsecured notes and loans payable to unrelated	•		24	
- 1	25	Other liabilities (including federal income tax, pa	•		24	<u> </u>
I	25	parties, and other liabilities not included on lines				
1		Schedule D	17-24) Complete Part A Oi		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	
十	20	Organizations that follow SFAS 117 (ASC 958	), check here		<u>20</u> ≪°	
l		complete lines 27 through 29, and lines 33 an			· ′«	
	27	Unrestricted net assets	u 54.	7 52	27	
.	28	Temporarily restricted net assets			28	
	29 29	Permanently restricted net assets			29	
	LU	Organizations that do not follow SFAS 117 (A	SC 058) check have	X & XX	29	
		Organizations that to not follow SEAS 117 (A				
		and complete lines 20 through 04	• ***** ** *** ***	نست	THE C	
	20	and complete lines 30 through 34.		20		
	30	Capital stock or trust principal, or current funds	uunment fund	0.	30	
	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	•	0.	31	
		Capital stock or trust principal, or current funds	•	0.		674,13 674,13

	990 (2016) OKLAHOMA P.E.O. PROJECTS FUND, INC.	73-6	107830	Pag	<sub>ie</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3'	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,04	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	9,18	<u>82.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	67	4,1	36 <u>.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	<u></u> .		,	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		`	,	`.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	·*	<u>}</u>	<u> </u>
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	š	* \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	separate basis, consolidated basis, or both		',	*4.14	<u> </u>
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	λ,		
	consolidated basis, or both:			3.	1,3
	X Separate basis Consolidated basis Both consolidated and separate basis			· .	**
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	*	**	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	<b>%</b> .	100	S. Specialists
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		<u> </u>	
	Act and OMB Circular A-133?		_3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audite, explain why in Schedule O and describe any stens taken to undergo such audite		34		

Form **990** (2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2016

Open to Public

Name of the organization **Employer identification number** 73-6107830 OKLAHOMA P.E.O. PROJECTS FUND Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (III) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions)) Total

17-64241

Schedule A (Form 990 or 990-EZ) 2016 OKLAHOMA P.E.O. PROJECTS FUND, INC. 73-6107830 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	105,193.	123,939.	82,090.	332,503.	136,068.	779,793.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				•		
3	The value of services or facilities						
	furnished by a governmental unit to						•
	the organization without charge						
4	Total. Add lines 1 through 3	105,193.	123,939.	82,090.	332,503.	136,068.	779,793.
5	The portion of total contributions		,				
	by each person (other than a	, ,	· , ,	. á.	<i>*</i>		
	governmental unit or publicly		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$ & '	
	supported organization) included						
	on line 1 that exceeds 2% of the			Ĭ: `# \\$	~ ; ~ <u>~</u>		
	amount shown on line 11,	5 } 22.			3. Z		
	column (f)			*			217,879.
6	Public support. Subtract line 5 from line 4	√ %	54° 300		· 3. 3.	* / A	561,914.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	105,193.	123,939.	82,090.	332,503.	136,068.	779,793.
8	Gross income from interest,						
	dividends, payments received on				•		
	securities loans, rents, royalties			i :	i	,	i
	and income from similar sources	6,070.	3,396.	3,078.	4,616.	8,258.	25,418.
9	Net income from unrelated business			,			
	activities, whether or not the				l		
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	* *,		\$ \$ \$	\$ ,8	<b>*</b>	805,211.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor						▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	69.78 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	69.97 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	on qualifies as a p	oublicly supported	organization	· ·	▶□
þ	10% -facts-and-circumstances test	- 2015. If the org	anızatıon dıd not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ						. ▶□
18	Private foundation, If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						dule A (Form 990	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	Public Support	slow, please comp	ete Part II.)	<del></del> -			
	(or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ants, contributions, and	1-1	12,20.0	10,2014	12/-0.0	15,20.0	17.00
-	ship fees received (Do not						
include	any "unusual grants ")	ļ		1		ļ	
	eceipts from admissions.			†			
	ndise sold or services per-			1			
-	or facilities furnished in					1	
	vity that is related to the			1			
=	ition's tax-exempt purpose	<del></del>	<del> </del>	<del> </del>	<del> </del>		
	eceipts from activities that			1		<u> </u>	
	an unrelated trade or bus-			1		i	
	ider section 513	<del> </del>	<del></del>	<del> </del>	<del> </del> -	<u> </u>	<del></del>
	enues levied for the organ-						
	benefit and either paid to			İ		,	
or exper	nded on its behalf			<u> </u>			
5 The value	e of services or facilities			İ		]	
furnishe	d by a governmental unit to			1		ł	
the orga	nization without charge						
6 Total. A	dd lines 1 through 5						
7a Amount	s included on lines 1, 2, and						-
	ed from disqualified persons			1		1	
<b>b</b> Amounts in	icluded on lines 2 and 3 received						
	than disqualified persons that	[		1		1	
	greater of \$5,000 or 1% of the line 13 for the year						
	s 7a and 7b			<del>                                     </del>	<del> </del>	<b></b>	
	support. (Subtract line 7c from line 6)	* * *	1 1 1 1		X % %	2 ¥ %	
Section B.	Total Support		3%_ %\	.1%	<u> </u>	32 38	<u></u>
	(or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	s from line 6	(2) 2012	10) 2015	(6) 2014	(4) 2015	(e) 2010	(I) Total
	come from interest,			<del> </del>			
	ls, payments received on						
	s loans, rents, royalties			1	]	]	
	ome from similar sources	<del></del>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	
	business taxable income						
•	ion 511 taxes) from businesses			1	Į.	ļ	
acquired	after June 30, 1975						
c Add line	s 10a and 10b		 	<u> </u>			
	me from unrelated business						
	s not included in line 10b, or not the business is				}	}	
	carried on						
	come Do not include gain						
	rom the sale of capital Explain in Part VI )					1	
	<b>PORT.</b> (Add lines 9, 10c, 11, and 12)			<del> </del>	<del> </del>		
	e years. If the Form 990 is for	the organization's	first second the	rd fourth or fifth to	ay year as a section	501/c\/3\ organiza	ation
	is box and stop here	ine organization s	mat, second, un	ia, ioditii, oi mai t	ax year as a section	1 30 1(c)(3) Organiza	LUOII,
	Computation of Publi	c Support Per	centage				
	upport percentage for 2016 (li			column (fl)		15	%
	upport percentage from 2015		=	Column (i))		16	
	Computation of Inves			··· <u>·</u>	<del></del>	1 101	
	ent income percentage for 20		<del></del>	ne 13. column (fi)		17	9
	ent income percentage from 2	•	•	ine 15, column (i)		18	9
	support tests - 2016. If the			on line 14, and has	a 15 is more than ?		
	· ·	•		·		•	, is not
	an 33 1/3%, check this box ar	-	•				<b>▶</b> L
	support tests - 2015. If the	<del>-</del>			•		ina 🛌
	s not more than 33 1/3%, che		•	•	, , , , ,	•	<b>P</b>
zu Private :	foundation. If the organization	a dia not check a l	oox on line 14, 19	aa or 190 check fi	ous dox and see ins	TRUCTIONS	▶ 1

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	edule A (Form 990 or 990-EZ) 2016 OKLAHOMA P.E.O. PROJECTS FUND, INC. 73-61	<u>0783</u>	0 Pa	age_5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<b></b>
	A family member of a person described in (a) above?	_11b_		<u> </u>
Car	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	لــــا	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		]	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<u> </u>	$\vdash$
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported		1 1	i
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	, , , , , , , , , , , , , , , , , , ,		ŀ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			<b></b>
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
	Want a manner of the annual relationship described and the state of th	•	Yes	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		<i>'8</i> ;
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3	
	or management of the supporting organization was vested in the same persons that controlled or managed	7. 3		لــــــــــــــــــــــــــــــــــــــ
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1_1		<u> </u>
000	tion b. All Type III Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	Did the erganization provide to each of its supported erganizations, but he less day of the fifth month of the	· 8	Yes	No %
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, , , , , , , , , , , , , , , , , , ,		N.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	À \$	, ,	š .
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	3.5	4%	₹.
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	7.77		
	·	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			ž
Ū	significant voice in the organization's investment policies and in directing the use of the organization's	100 m		3
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	X .	*
	·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insti	uctione)		
2	Activities Test. Answer (a) and (b) below.	ucions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	`	100	, 3 <sub>1,</sub>
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	1 2
	those supported organizations and explain how these activities directly furthered their exempt purposes,	\$ 3	333	8
	how the organization was responsive to those supported organizations, and how the organization determined	` X X X	`	**
	that these activities constituted substantially all of its activities	2a	<del> </del>	r
b		8		,ś.
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	) ž	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*
	reasons for the organization's position that its supported organization(s) would have engaged in these	,*	\display \di	<u> </u>
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.	ž,	5 /	7
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3.	`, E,	
4	trustees of each of the supported organizations? Provide details in Part VI.	3a	T	<u>*</u> _
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>~~</u>		8,
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<del>                                     </del>	<u> </u>
63202	5 09-21-16 Schedule A (Form S		10-EZ	2016

	edule A (Form 990 or 990 EZ) 2016 OKLAHOMA P.E.O. PROJECTS			3-6107830 Page 6
<u> </u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com-	iplete S	Sections A through E.	<del></del>
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	_1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u></u>
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	[		
	maintenance of property held for production of income (see instructions)	6		1
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1,	\$ 7 3 W X X	1 2 / 1
	instructions for short tax year or assets held for part of year)	$\mathbf{k}_{2}$		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	\	* * * * *	
	factors (explain in detail in Part VI)	\		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	T -		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	\$ \$ m.	
2	Enter 85% of line 1	2	* 4 , *	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* > * \ % % %	
_4	Enter greater of line 2 or line 3	4	, , , , , , , , , , , , , , , , , , ,	
_5	Income tax imposed in prior year	5	W & & & & W	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		<del></del>	
	emergency temporary reduction (see instructions)	6		]
7	Check here if the current year is the organization's first as a non-functionally			nization (see
	instructions)	- 5.4		

Schedule A (Form 990 or 990-EZ) 2016

. Sch	nedule A (Form 990 or 990 EZ) 2016 OKLAHOMA P.E art V Type III Non-Functionally Integrated 509	O. PROJECTS FU		73-6107830 Page 7
Sec	ction D - Distributions	- (-)(-) cupper ting Org	anizations (continued)	T
1	Amounts paid to supported organizations to accomplish ex	emnt nurnoses		Current Year
2	Amounts paid to perform activity that directly furthers exem		<del></del>	<del> </del>
	organizations, in excess of income from activity	pr parposes or supported		
_3		ses of supported organization		<del> </del>
4	Amounts paid to acquire exempt-use assets	see of supported organization	<u> </u>	<del> </del>
_ 5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
_6	Other distributions (describe in Part VI). See instructions			<del> </del>
_7	Total annual distributions. Add lines 1 through 6	<del></del>		
8	Distributions to attentive supported organizations to which	the organization is responsive		<del> </del>
	(provide details in Part VI). See instructions	organization is responsive	•	
_9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	/:::\
6	Man F. Blakette et an en	Excess Distributions	Underdistributions	(iii) Distributable
Sec:	tion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6	* 1/ 1/ 3/ 1/	41 1/4 1/4 "	
2	Underdistributions, if any, for years prior to 2016 (reason-	W 4 2		** \$ 5 3
	able cause required- explain in Part VI) See instructions			
_3_	Excess distributions carryover, if any, to 2016	* * *	\$ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a		1 % *1 % XX V	4 1	1 1 1 1 1
<u>_b</u>		X	· * * * * * * * * * * * * * * * * * * *	3 14 3
<u>c</u>	From 2013		9 // <sub>2</sub> // (1	
<u>d</u>	From 2014		· · · · · · · · · · · · · · · · · · ·	\$ \(\frac{1}{2}\)
	From 2015		X	
	Total of lines 3a through e		** ** *** ***	4 * * *
	Applied to underdistributions of prior years			* 7 82 7
<u>h</u>	Applied to 2016 distributable amount	*		
	Carryover from 2011 not applied (see instructions)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,		à à à à '	
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	* * * * * * * * * * * * * * * * * * *	We to the the	
	Remainder Subtract lines 4a and 4b from 4		* *	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions	. C		£ 4, 3, 3
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in	(%		
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$\$ 3 4 / NO	/ 🐉 🗸 🛠
<u>a</u> h	Excess from 2013			
	Excess from 2014	× , , , ,		\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}
	Excess from 2015	/ \ 48	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	* * * *
	Excess from 2016		\$\text{\$\text{\$\times\$}\$ \$\times\$ \$\times\$\$ \$\times\$\$	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	2.22 2.010	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		* * .

Schedule A (Form 990 or 990-EZ) 2016

, Schedule A	(Form 990 or 990	-EZ) 2016	OKLAH	AMO	P.E.O.	PROJECTS	FUND,	INC.	73-6107830	Page 8
Part VI	Supplement Part IV, Section	al Infori A, lines 1	<b>mation.</b> F	Provide th	e explanat , 6, 9a, 9b	tions required by Pa , 9c, 11a, 11b, and	art II, line 10 11c, Part IV	; Part II, line , Section B,	17a or 17b, Part III, line 12, lines 1 and 2; Part IV, Section ( Part V, Section B, line 1e; Part	 D.
	Section D, lines (See instructions	5, 6, and	8; and Part	V, Sectio	n E, lines 2	2, 5, and 6. Also co	mplete this p	part for any a	dditional information	
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## 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 16

Name	of the	e organization	l

Employer identification number

	OKLAHOMA P.E.O. PRO	OJECTS FUND, 1	INC.	73-6107830
Pai				counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.		·
		(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	In donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes"	on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Prese	rvation of a historically	ımportant land area
	Protection of natural habitat	Prese	rvation of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	ion in the form of a co	nservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a	historic structure	<b>,</b> ,
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or ter	minated by the organi	zation during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	• .	n, handling of	
•	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dina of malations and auto		coments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enio	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of coction 170/b\/4\/P\	(1)
٥	and section 170(h)(4)(B)(ii)?	re sausty the requirements	or section trophy(h)	Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its reveni	e and expense statem	
Ŭ	include, if applicable, the text of the footnote to the organization		•	
	conservation easements	aron o mianolal otatomorno	and docombos and ong	a
Par	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its	revenue statement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or rese	arch in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items		•
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revi	enue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in fur	therance of public ser	vice, provide the following amounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art, historical tre	easures, or other similar ass	sets for financial gain,	
	the following amounts required to be reported under SFAS 1		<del>-</del>	
а	Revenue included on Form 990, Part VIII, line 1	· -		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X			<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2016

632051 08-29-16

	dule D (Form 990) 2016 OKLAHOM t III Organizations Maintaining C	A P.E.O. Pl					Simila	73-61 r <b>Asset</b>			age 2
3	Using the organization's acquisition, accession										
	(check all that apply):			•	•	•	-				
а	Public exhibition	c	ا 🗀 ده	an or exch	nange progra	ams					
b	Scholarly research	€	e 🗀 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ilections and explain	n how they	further the	e organizatio	n's exen	npt purpo	se in Part	XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, histo	orical treas	ures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganızatıor	n answered '	"Yes" on	Form 990	0, Part IV,	lıne 9, or		
	reported an amount on Form 990, Pai	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cor	ntributions	or other ass	sets not i	ncluded		_		_
	on Form 990, Part X?								Yes	L_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le.							
							<u> </u>	ļ	Amoun	t	
C	Beginning balance						1c	ļ			
d	Additions during the year						1d	ļ			
e	Distributions during the year						_1e_				
f	Ending balance						1f	<u> </u>			
	Did the organization include an amount on Fe						rty?	L	_ Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII										<u></u>
Par	t V Endowment Funds. Complete								<del></del>		
		(a) Current year	<b>(b)</b> Pric	or year	(c) Two yea	rs back	(d) Three	years back	(e) Four	<u>years</u>	back_
1a	Beginning of year balance								<del> </del>		
b	Contributions								<del> </del>		
С	Net investment earnings, gains, and losses								<del> </del>		
d	Grants or scholarships	<del></del>							-		
е	Other expenditures for facilities										
	and programs	<del></del>							<del> </del>		
f	Administrative expenses								ļ—		
g	End of year balance	<del></del>	L <u>.</u>						1		
2	Provide the estimated percentage of the cum	ent year end balance	_	column (a))	) held as						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c short										
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	ire held an	d administer	red for th	e organiz	ation	1	,, ]	
	by.								72.0	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
_	If "Yes" on line 3a(ii), are the related organiza	•							_3b_	l	
Par	t VI Land, Buildings, and Equipm		winent tun	us							
<u> </u>	Complete if the organization answered		) Dort IV I	no 11a S	00 Eorm 990	Dort Y	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulat	ed T	(d) Boo	k valu	
	Description of property	basis (investr		basis (			preciation		( <b>a)</b> 500	n value	3
12	Land	Sacis (iiivosti		54313 (	(-5.101)	*	N A				
	Buildings	<del> </del>				<u> </u>	8	<del>*                                    </del>			
	Leasehold improvements	<del> </del>				-					
	Equipment										
	Other	<del></del>									
	Add lines 1a through 1e (Column (d) must a		V == /:	(D) to a 4(	<u> </u>	·		<del></del> +			0.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATION BONDS	112,290.	END-OF-YEAR MARKET VALUE
(B) MUNICIPAL BONDS	229,854.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	342,144.	

Part VIII Investments - Program Related.

	Complete if the organization answered "Yes" of	n Form 99	0, Part IV, line	11c See	Form	990, F	art X,	line 1	3				
	(a) Description of investment	<b>(b)</b> B	ook value	(c)	Metho	d of v	aluatio	n: Co	st or e	nd-of-	year m	narket va	alue
(1)_													
(2)													
(3)													
(4)													
(5)													
(6)				_					_				
(7)													
(8)													
(9)			_										
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			13	5,3	- A	38	6	89	ě	80	š.;	***

Part IX Other Assets.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)

Part X Other Liabilities.

	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 11e or 11f See For	m 990	, Part	X, lin	e 25				
1.	(a) Description of liability	(b) Book value	Ţ-"	ŠŠ.	<u>ک</u>	<b>*</b> >	***	Š	<u> </u>	2/2
(1)	Federal income taxes		].			3		700		× 1
(2)			)%,	,		38.	. Sign	¥		
(3)			],		*	1.	81	<b>&gt;</b>	. \$	<b>∜</b> ≻
(4)			×4.	,	, 83,	4	13	* *	- \$\%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$25.60
(5)			_],	3/4	· San		· '	3.	, *	, %
(6)				9,	Ş	× .	J. Prince	*3	\$14. \$15.	3,4
(7)			<u></u> ]``	1	ಭ್ನ	ş	3.45	*	7,65	\$ \$
(8)			_*^^	1,1	18	· ,~	18	^*		
(9)			_  ՝	1		, <u>,</u>	**	\$ 10	. **	İ
Total.	(Column (b) must equal Form 990, Part X. col. (B) line 25.)	_ <b>&gt;</b>	^&>				42.	- K*	- 4	<i>^</i>

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Selective D. (Form 900) 2016

$\overline{}$	dule D (Form 990) 2016 OKLAHOMA P.E.O. PROJECTS F		73-610	7830 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue po	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	·	
1	Total revenue, gains, and other support per audited financial statements		1	144,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	1 1	
а	Net unrealized gains (losses) on investments	<u>2a</u>	/	
b	Donated services and use of facilities	<u>2b</u>		
С	Recovenes of prior year grants	2c		
đ	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	144,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	<b>t</b> 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del></del>	5	144,326.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	•	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		150 272
1	Total expenses and losses per audited financial statements		1	159,372.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d	"	_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	159,372.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	*	_
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	159,372.
	rt XIII  Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		, line 4, Part X, line	2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad	ditional information		
	<del></del>			
	N. W. T. T. T. O.			
PA	RT X, LINE 2:			
mui	, ОБСАМТУАФТОМ ВАС БИЛГИАФБ ФВЕТО МАМББТА	T TO TO TO TO TO	וכ אאר הפתי	משואונים
1111	ORGANIZATION HAS EVALUATED THEIR MATERIA	L IAA POSITION	AS AND DELL	EKMINED
NΟ	INCOME TAX EFFECTS WITH RESPECT TO THE FI	ΝΔΝΌΤΔΙ, ΩΦΔΦΕΝ	TENT.	
210	INCOME IIM DITECTO WITH REGISET TO THE IT	MANCIAL DIALL	111111	
		<del></del>		
		<del></del>		

SCHEDULE I (Form 990)

Grants and (
Governments,
Complete if the organiz

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990.

INC.

OKLAHOMA P.E.O. PROJECTS FUND,

Part I General Information on Grants and Assistance

Name of the organization

Department of the Treasury Internal Revenue Service

2016

Employer identification number

Inspection

73-6107830

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

Schedule I (Form 990) (2016) % ⊠ (h) Purpose of grant or assistance § [] 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

29

Page 2 (f) Description of noncash assistance 73-6107830 (e) Method of valuation (book, FMV, appraisal, other) Part IV 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 Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 。 Ö 0 INC. 82,850. 35,287. 33,250. (c) Amount of cash grant (b) Number of recipients 8 67 26 SCHOLARSHIPS TO OKLAHOMA WOMEN WHO ARE ATTENDING GRANTS TO WOMEN ATTENDING COLLEGE FOR ACADEMIC SCHOLARSHIPS TO WOMEN TO ASSIST IN CONTINUING (a) Type of grant or assistance STUDIES OR TECHNICAL COURSES. COTTEY COLLEGE, NEVADA, MO. Schedule I (Form 990) (2016) THEIR ACADEMIC CAREER. Part III

OKLAHOMA P.E.O. PROJECTS FUND,

Schedule I (Form 990) (2016)

30

632102 11-01-16

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> OMB No 1545-0047 b Inspection

Name of the organization

Employer identification number OKLAHOMA P.E.O. PROJECTS FUND 73-6107830 FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 TAX RETURN BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF INTEREST POLICIES ARE UPDATED AND REVIEWED ANNUALLY FOR EACH BOARD MEMBER. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT OF FIANCIAL STATEMENT AND SELECTION OF THE INDEPENDENT AUDIT FIRM.