# SCAMMED OCT I 6 2018

Department of the Treasury Internal Revenue Service

## **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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

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Ā	For th	e 2017	calendar year, or tax year beginning	April 1 , 2017	, and ending	March 3	1	<b>, 20</b> 18	
_			C Name of organization			D Employer id	entification r	umber	
В	Check if a	applicable	P.E.O. Sisterhood IN	State Chapter					
Г	Addr chan		Doing business as			35-	6074424		
	-7	e change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite	E Telephone n	umber		
	{	ireturn	3700 Grand Ave			515	255 31	53	
$\vdash$	Final	return/	City or town, state or province, country	and ZIP or foreign postal code	<u> </u>		_200 01		
$\vdash$	Ame	inated nded	Des Moines, IA 50312	-2899		G Gross receip	ts \$	432	2,161
-	Appli	ication	F Name and address of principal officer			H(a) Is this a gr		Yes	
L	pend	ling	Jennifer Sponafrank -	same as C above	~	subordinate  H(b) Are all subo		Yes	No
_	Tayes	xempt sta	<u> </u>	4 ) <b>(</b> (insert no ) 4947(a)(1)	05   627	<del>"</del>	attach a list (se		
÷			www.peointernational.		1 327	<del>- [ -  </del>	·		•
<u>.</u>				Association Other	J	H(c) Group exert formation 1963 M			
		of organ		Association   Other	L rear or	formation 1963 W	State of leg	ai domicile	1A
نا	art I		mmary		1 1				
	1	-	describe the organization's mission of						
Governance			porting six philanthrop			e are schola		gran	<u> </u>
L			n and award programs ar						
o y e	2		this box 🕨 💹 if the organization d	•					_
			er of voting members of the governing				3		5
S	4		er of independent voting members of t				4		5
Activities &	5		number of individuals employed in cale				5		1
Ę	6		number of volunteers (estimate if neces				6		100
4	/a		unrelated business revenue from Part V				7a		
	b	Net ur	nrelated business taxable income from	Form 990-T, line 34	<del> , , , , , , , , , , , , ,</del>		7b		
	1				ļ	Prior Year		Current Y	
<u> </u>	8		butions and grants (Part VIII, line 1h).			449,	377	427	,032
Revenue	9		am service revenue (Part VIII, line 2g) .						
, es	10		ment income (Part VIII, column (A), line				882	4	,139
	11		revenue (Part VIII, column (A), lines 5,			1,	618		
	12	Total	revenue - add lines 8 through 11 (must	t equal Part VIII, column (A), line 12) .		453,	377	431	,171
	13	Grants	s and similar amounts paid (Part IX, coli	umn (A), lines 1-3)		244,	102	225	,216
	14	Benef	its paid to or for members (Part IX, colu	ımn (A), line 4)	[				
)   	15	Saları	es, other compensation, employee bene	efits (Part IX, column (A), lines 5-10).	<u>l</u>	3,	402	6	364
	16 a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)	[				
xoenses	b	Total f	fundraising expenses (Part IX, column (	D), line 25) ▶ <u>1873</u>	[				
Щ	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		227,	500	154	,916
	18	Total e	expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)		475,	304	386	,496
	19		rue less expenses. Subtract line 18 fron			-21,	127	44	,675
5	6				16/2	Beginning of Current	Year	End of Ye	ar
sets	20	Total a	assets (Part X, line 16)		. 13'. I	341,	191	385	,866
Ass	21	Total I	iabilities (Part X, line 26)	AUG 1 4 2016	""	- <del></del>			
Net Assets or	22	Net as	sets or fund balances. Subtract line 21	I from line 20.		341,	191	385	,866
	art II	Sig	nature Block		1				
Ur	nder pe	nalties o	f perjury, I declare that I have examined th	is return, including accompanying sched	ules and statem	ents, and to the best of	of my knowle	dge and b	elief, it is
tru	e corre	ect, and	complete Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	<del></del>			
			Prathy 9. Soope Signature of officer			8/4	9/18		
Si	-		Signature of officer			Date			
He	ere		Kathy A. Soppe, Direct	or of Finance					
			Type or print name and title						
		Print	Type preparer's name	Preparer's signature	Date	Check	If PTIN		
Pai		L		<u> </u>		self-emplo	/ed		
	eparer	Firm's	name ►			Firm's EIN ▶			
US	e Only		address ►			Phone no			
Ma	y the		scuss this return with the preparer	r shown above? (see instructions)	)		]	Yes	No
Fo	r Pape	rwork i	Reduction Act Notice, see the separat	e instructions.		<del></del>		Form <b>99</b>	
						5	)		

_	990 (2017)	Page Z
Pa	Statement of Program Service Accomplishments Check of Schedule O contains a response or note to any line in this Best III	<del></del> -1
_	Check if Schedule O contains a response or note to any line in this Part III	<del></del>
1	P.E.O. is a philanthropic organization where women celebrate the advancement o	f
	women; educate women through scholarships, grants, awards, loans and stewardsh	
	Cottey College; and motivate each other to achieve their highest aspirations.	<u> </u>
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	s × No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	<u> </u>
	services?	s X No
4	n Yes, describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as m	occured by
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported	, , ,
4a	(Code:) (Expenses \$350,775 including grants of \$225,216 ) (Revenue \$	)
	Program services are accomplished by collecting and forwarding contributions t	<u> </u>
	various P.E.O. projects and scholarships on both the state and national levels	
	specific statistics are available.	
4 15	(Code ) (Expanses \$ upolyding greats of \$ ) (Devenue \$	
4 D	(Code) (Expenses \$including grants of \$) (Revenue \$	'
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	)
44	Other program services (Describe in Schedule O )	
→u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 350,775	<del></del>
JSA	Form	990 (2017)
7E1	20 1 000	(5011)

Part IV

**Checklist of Required Schedules** 



No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?........ 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. 5 Χ 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 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a cus todian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X Did the organization, directly or through a related organization, hold assets in temporarily restricted end owments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . Х <u>1</u>1e 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 . . . . . . Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 . Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19

Checklist of Required Schadules (continued)  10 a Did the organization operate one or more hospital labities? If "Yes," complete Schadule H	Form 99	00 (2017)			Page <b>4</b>
Do In the organization operate one or more hospital flacitios? If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?. 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?. 21 If I but the organization report more than \$5,000 of grants or other assistance to any domestic organization. 21 I X domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and III. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III. 32 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organizations aware "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organizations was were "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization answer Yes" to Part IVI, Section I and so ustaining 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 24 through 24d and complete Schedule K If "No," go to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year.  Did the organization act as an "no behalf of issuer for bonds outstanding at any time during the year."  Did the organization act as an "no behalf of issuer for bonds outstanding at any time during the year."  Did the organization act that it engaged in an excess bonetic Did the part of the par	Part	Checklist of Required Schedules (continued)			
b   "Yes" to line 20a, did the organization report more than \$5.000 of grants or other assistance to any domestic organization report more than \$5.000 of grants or other assistance to any domestic organization report more than \$5.000 of grants or other assistance to any domestic organization report more than \$5.000 of grants or other assistance to any domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III.  21 Did the organization naver "Yes" to Part VII, Section A, line 3, 4, or \$6 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$6 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$6 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or \$6 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or \$6 about compensation of the organization answer and former officers, directors, trusteas, key employees, and hiphest compensation of the organization and sections and the properties of the part of the directors and the properties of the part				Yes	No
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Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), the 22 if "Yes," complete Schedule I, Parts and III.  Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 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 240 through 24d and complete Schedule K if "No." go to line 25a.  Did the organization manitian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization manitian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization manitian an escrow account other than a refunding escrow at any time during the year?  Did the organization as an "on behalf of issuer for bonds outstanding at any time during the year?  Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year?  Did the organization are secretary to the secretary time and the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage 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 of proms 990 of 980-E27 (11 "Yes," complete Schedule L, Part II.  Did the organization promote a grant or other assistance to an officer, director, frustee, eye 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 IV.  A nemity of which a current of f	21	· · · · · · · · · · · · · · · · · · ·	1	,,	ł
Part IX. column (A). Inte 2º If "res," complete Schedule I, Parts I and III.  2 Did the organization answer "res" to Part VIII. Section A. Inte 3. 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Intrough 24d and complete Schedule II "Yon," gro to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization anatian an escrow account other than a refunding escrow at any time during the year?  c Did the organization anatian an escrow account other than a refunding escrow at any time during the year?  d Did the organization anatian an escrow account other than a refunding escrow at any time during the year?  24c 24c 25s Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year?  25b 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 thes organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L. Part II.  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, 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 IV.  27c Y. X.  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  28d A family member of a current or former officer, director, trustee, or ke		- · · · · · · · · · · · · · · · · · · ·		_X	<del> </del>
Did the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organizations current and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes" complete Schedule I	22		1		V
organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule I. 2  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule I. 17 No." go to line 25a.  b Did the organization ministral an exercise covariation of the organization aministral an exercise account of the thin a refunding escribe at any time during the year to defease any tax-exempt bonds?  Did the organization aniantal an exercise account of the thin a refunding escribe at any time during the year to defease any tax-exempt bonds?  Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization was a "on behalf of" issuer for bonds outstanding at any time during the year?  Bection 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage 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 sport Forms 990 or 990-E27 If "Yes," complete Schedule I. Part II.  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, or disqualified persons? If "Yes," complete Schedule I. Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, and the organization provide a grant or other assistance to an officer, director, trustee, we will report to the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Did the organization provide a grant or other assist	22				
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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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25a 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 1			24a		X
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			(
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		to defease any tax-exempt bonds?	24c		<u> </u>
transaction with a disqualified person during the year? II "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 // "Yes," complete Schedule L. Part I	25 a			1	}
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.  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.  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
1	b				l
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			1		,,
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II					<u> </u>
disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantal 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.  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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III.  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.  Was the organization have a controlled entity within the meaning of section 512(b)(13)?  Bit "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)? "Yes," complete Schedule R, Part V, Inne 2.  Bit the organization condu	26	·			
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			26		v
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part III	27		20		
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	2,				ĺ
Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions)  A current or former officer, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28b 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 contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 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.  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Bection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax p			1 1		X
Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct 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.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O					
Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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 II.  33 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	а	· · · · · · · · · · · · · · · · · · ·	28a		Χ_
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV					X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	C		í l		
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M					
conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?			29		<u> X</u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		_		.,
Part I	0.4		30		_ <u>X</u> _
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		24		v
complete Schedule N, Part II	32		31		
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	32		32		х
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33				
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			33		Х
or IV, and Part V, line 1	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			34	I	Х
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a		35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		]	
related organization? If "Yes," complete Schedule R, Part V, line 2			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	36			ł	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI			36		
Part VI	37		{		
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 X			.		,,
19? Note. All Form 990 filers are required to complete Schedule O			37		<u> </u>
	38		30	. I	
		19. Mote. All Point 990 mers are required to complete schedule o			(2017)

	990 (2017)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · ·</u>	7	<del>!</del>
	Enter the number reported in Day 2 of Form 1006. Enter 0 if not employed.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		ļ	}
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ĺ	1
С	reportable gaming (gambling) winnings to prize winners?	1c	X	
<b>0</b> -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<del>  ^</del>	<del> </del>
2 a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	l		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ		
	account)?	4a	L	X
b	If "Yes," enter the name of the foreign country ▶		1	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		}	1
	(FBAR)		}	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del> -	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del> -	
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6	v	
L	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	X	
D	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	00	<u> </u>	
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b></b>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		į	
11	Section 501(c)(12) organizations. Enter		1	
	Gross income from members or shareholders	1	}	
	Gross income from other sources (Do not net amounts due or paid to other sources	Ì	}	
-	against amounts due or received from them )	į	ļ	
12 a	<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ł	

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

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

14a

14b

Χ

Form 990 (2017) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No 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 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 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3 Х 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following Х The governing body?..... 8a а 8ь Χ Each committee with authority to act on behalf of the governing body?............ 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........ Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Х affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Х Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Х 13 14 Did the organization have a written document retention and destruction policy?....... 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? 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Indiana 17

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Upon request
- Another's website Other (explain in Schedule O)
- 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 > 20 Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 (515)255-3153

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Page 7

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

X Check this box if neither the organization nor	any related	orga	nıza	tior	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unle er an	Pos heck ss pe	erson	e than or Highest compensated	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jennifer Sonafrank	20									
President	10	X	-	Х		<u> </u>	<u> </u>	0	0	0
(2) Joan C Pattison Vice President	110	Х		X	[			0	0	0
(3) Karen Fritz	15		-	^			-	<del></del>		<del></del>
Organizer	+ = = = = = = = = = = = = = = = = = = =	Х		X				0	o	0
(4) Martha Ramsey	15				<u> </u>		<del>                                     </del>	<u>`</u>		
Treasurer	<del>                                     </del>	Х	Ì	х			Ì	0	o	0
(5) Julia L Moll	15									
Secretary		Х		Х			}	0	0	0
(6)										
(7)										
(8)										
(9)										
(10)		<u> </u>		_			-			
(11)							-			
(12)										
(13)										
										<del></del>
(14)	<del> </del>									

(A) Name and title	(B) Average hours per week (list any	box,	unle: er an	Pos heck ss pe	rson	e than o	an tee)	(D)  Reportable compensation from	(E) Reporta compensati relate	on from	an	(F) stimated nount o other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızat (W-2/1099-		fr org an	pensati om the anizatio d relate anizatio	e on ed
(15)			-	-									
(16)	<b></b>				-								
(17)			-										
(18)			-										
		ļ		_									
(19)			ļ —										
(20)													
(21)	<del> </del>												
(22)									·				
(23)													
(24)													
(25)											<del></del>		
1b Sub-total		<u> </u>					<b>•</b>		<del></del>				
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt;</b>						
Total number of individuals (including but n reportable compensation from the organization)	ot limited to		se li				who	received more th	an \$100,0	00 of			
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schero	icer, direct dule J for su	or, o ich ind	r tr	uste lual	е,	key	emi	ployee, or highes	t compens	sated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of re reater thar	portal	ble 50,0	con	pei	nsatio "Ye	n a s,"	and other compens	sation from	the such	4		х
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mper	nsat	ıon	fror	n any	ur ur	related organizati	on or indiv	idual	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest concompensation from the organization Report year													
(A) Name and business add	fress							(B) Description of ser	vices	Co	(C) ompens	ation	
None				_			F						
					_			<del></del>					
							上						
2 Total number of independent contractors received more than \$100,000 of compensations.						ed t	0 1	those listed abov	ve) who				
JSA 7E1050 1 000								<del></del>			Form	990 (	2017)

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	201,178				
	h_	Total. Add lines 1a-1f		427,032			
Program Service Revenue	2a b c d e f	All other program service revenue					
<u>a</u>	<u>g</u> 3	Total. Add lines 2a-2f	1				<del></del>
	4 5 6a	and other similar amounts)	nd proceeds . 🕨	4,139			4,13
j	b d	Rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory  Less cost or other basis					
	c d	and sales expenses			i		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18					
Oth	b c	Less direct expenses					
	9a	Gross income from gaming activities See Part IV, line 19	а				
	b c	Less direct expenses					<u> </u>
	10a b	Gross sales of inventory, less returns and allowances					
		Net income or (loss) from sales of inventory					<del> </del>
	11a	Miscellaneous Revenue	Business Code				

431,171

d All other revenue . . . .

e Total. Add lines 11a-11d . . . . .

Total revenue. See instructions

Form 990 (2017)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations mu	st complete all column	s All other organization	ns must complete colu	mn (A)
	Check if Schedule O contains a resp				
Do no	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			general expenses	0.5011000
	nd domestic governments See Part IV, line 21	225,216	225,216		
_	Grants and other assistance to domestic				
	ndividuals See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
10	ndividuals See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	rustees, and key employees				
6 (	Compensation not included above, to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
P	ersons described in section 4958(c)(3)(B)				<del></del>
7 (	Other salaries and wages	4,402	1,467	2,935	
8 F	Pension plan accruals and contributions (include	,		1	
S	ection 401(k) and 403(b) employer contributions)				
9 (	Other employee benefits				
10 F	Payroll taxes	1,962	654	1,308	
<b>11</b> F	ees for services (non-employees)				
a M	Management				
ЬL	.egal				- <del></del>
c A	Accounting	5,173		5,173	
dί	obbying				<del></del>
	Professional fundraising services. See Part IV, line 17.				
fl	nvestment management fees	746		746	
g (	Other (If line 11g amount exceeds 10% of line 25 column				
•	A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion		<del></del>		
	Office expenses	1,638			1,638
	nformation technology	1,030			1,030
	Royalties				
	Occupancy	18,277	6,092	12,185	
	Fravel	10/2//	0,032	12,105	
	Payments of travel or entertainment expenses or any federal, state, or local public officials				
	Conferences, conventions, and meetings	14,935	4,900	9,800	235
	nterest				
	Payments to affiliates	111,820	111,820		
	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
	nsurance	449		449	
	Other expenses Itemize expenses not covered				
ε	ibove (List miscellaneous expenses in line 24e If				
1	ine 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O)	<u>_</u>			
a C	Operating Expense	1,878	626	1,252	
b					
c_					
d.					
e /	All other expenses				
	Total functional expenses. Add lines 1 through 24e	386,496	350,775	33,848	1,873
26 J	loint costs. Complete this line only if the organization reported in column (B) joint costs	ļ		{	
f	rom a combined educational campaign and				
	undraising solicitation Check here  If	{			

**Balance Sheet** Part X (A) Beginning of year End of year 209,426 254,907 1 1 1,167 2 1,328 2 Pledges and grants receivable, net \_\_\_\_\_\_\_ 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Assets 7 7 8 8 9 Prepaid expenses and deferred charges . . . . . . . . . 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation. . . . . . . . . . . . 10b 10c 130,598 129,631 11 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 16 341,191 16 385,866 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 23 Unsecured notes and loans payable to unrelated third parties...... 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25. . . . . . . . . . . 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds . . . . 32 341,191 385,866 32 33 341,191 33 385,866 Total liabilities and net assets/fund balances 341,191 385,866 34

01111 33	V (/				go , 🖚
Part 2	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		431,	171
2	Total expenses (must equal Part IX, column (A), line 25)	2		386,	496
3	Revenue less expenses Subtract line 2 from line 1	3		44,	675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		341,	191
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			- ·- <u>-</u>	
	33, column (B))	10		385,	866
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O			{	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis		1	}	
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite				
	separate basis, consolidated basis, or both		ł		
	X Separate basis Consolidated basis Both consolidated and separate basis		ł	1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	ĺ	}	
·	of the audit, review, or compilation of its financial statements and selection of an independent acco	•	2c	}	Х
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O	piani ili			
2 9	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
Ja	the Single Audit Act and OMB Circular A-133?	01(11 111	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3ь		
				990	(2017)

### 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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), their		rax) (see separate n	istructions) or Form 990-	EZ, Part V, line 350 (Prox)
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
Nam	e of Organization			Employer ide	ntification number
Ρ.	E.O. Sisterhood IN	State Chapter		35-6074	424
Pai	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect ;	political campaign a	ctivities in Part IV (see in	nstructions for
	definition of "political campa	ugn activities")			
2		xpenditures (see instructions)			
3_		campaign activities (see instruction			<del></del>
Par		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3	_	a section 4955 tax, did it file Form			
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV	······································			<del> </del>
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	)
1		expended by the filing organization			
					<del></del>
2		ng organization's funds contributed			'
		es			<del></del>
3		enditures Add lines 1 and 2 En			
	line 17b			▶\$	<del></del>
4		e Form 1120-POL for this year?			
5		and employer identification numb s. For each organization listed, en			
	the amount of political cont	ributions received that were prom	ptly and directly de	livered to a separate po	ultical organization such
		nd or a political action committee (I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4,7)	(4)	(0,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
			<u> </u>		
(1)					
(2)					
(2)		<del></del>			
(3)	•	<del></del>			
(4)		<del> </del>			<u></u>
(*)					
(5)	<del></del>	<del></del>	<del></del>	<del> </del>	<del></del>
(3)					
(6)		<u> </u>	<del></del>		<del></del>
(0)		<del></del>	•		

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

Schedule C (Form 990 or 990-EZ) 2017

### 4-Year Averaging Period Under section 501(h)

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

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

	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					<del></del>
e Grass roots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Yes

No

Sche	dule C (Form 990 or 990-EZ) 2017					Page :
	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	cription of the lobbying activity	Yes	No	Ar	nount	
a b c d e f g h i j	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	]	}			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		}			
Pa	ct III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ection		
	301(0)(0).				Yes	No
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members?	ne n the c)(5)	prior or s	year? 3	Х	X
1	Dues, assessments and similar amounts from members			1		
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year			2a 2b		
b	Carryover from last year			2c		
C	Total			3		
3	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 and political expenditure next year?	of th bbyin	e g	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pro	Supplemental Information ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated see instructions), and Part II-B, line 1. Also, complete this part for any additional information	l grou	p list)	, Part II-A,	lines 1	and
						<del></del>
_						

Schedule C	(Form 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
u.c.		
_		
_		
		-
		<del> </del>

### SCHED ULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number 35-6074424 P.E.O. Sisterhood IN 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 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c ¢ Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 8 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. Part III 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

4	Describe in Fait Am the intended uses of the	e organization s endo	WILLELLELIANGS			
Par	t VI Land, Buildings, and Equipment. Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, line	11a. See Form	990, Part X, line 10	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	_
1 a	Land					
b	Buildings					_
	Leasehold improvements					
d	Equipment [					
е	Other					
Tota	I. Add lines 1a through 1e (Column (d) must	egual Form 990, Part	X. column (B), line 10	Oc ) •		

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.......

3b

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)		_	
(F)			
(G)			
(H)			
al. (Column (b) must equal Form 990, Part X, col (B) line 12)			
art VIII Investments - Program Related.		<del></del>	<del></del>
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 990	, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valua	
(-)	(2) 2300 (2.00	Cost or end-of-year mark	
1)			
2)	<del> </del>		
3)			<del></del>
	<del> </del>	<del></del>	<del></del>
4)	<del> </del>		
5)	<del> </del>		
6)	<del>                                     </del>		
7)	<del> </del>		<del></del>
8)			<del></del>
9) tal (Column (b) must equal Form 990, Part X, col (B) line 13)	<del> </del>		
	<u> </u>		<del></del>
art IX Other Assets.  Complete if the organization answered	d "Ves" on Form 000	Part IV June 11d See Form 000	Doet V June 15
	escription	rattiv, line i id See i oilli 990	
12117			
	as cription		(D) BOOK VAIC
1)	escription		(B) BOOK VAID
1) 2)	25011111011		(B) BOOK VAIC
1) 2) 3)	escription		(b) Book valu
1) 2) 3) 4)	sscription		(b) Book valu
1) 2) 3) 4) 5)	sscription		(B) BOOK VAIL
1) 2) 3) 4) 5)	sscription		(B) BOOK VAIL
1) 2) 3) 4) 5) 6)	sscription		(B) BOOK VAIL
1) 2) 3) 4) 5) 7) 8)	scription		(B) BOOK VAIL
1) 2) 3) 4) 5) 6) 7) 8)			(B) BOOK VAIL
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B)			(B) BOOK VAIL
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities.	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities.	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X  Other Liabilities.  Complete if the organization answered line 25	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X  Other Liabilities.  Complete if the organization answered line 25  (a) Description of liability	line 15)		
1) 2) 3) 4) 5) 6) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) (art X) Other Liabilities. Complete if the organization answered line 25  (a) Description of liability  1) Federal income taxes	line 15)		
1) 2) 3) 4) 5) 6) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) (art X) Other Liabilities. Complete if the organization answered line 25  (a) Description of liability  1) Federal income taxes 2)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X  Other Liabilities.  Complete if the organization answered line 25  (a) Description of liability  1) Federal income taxes 2) 3)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities. Complete if the organization answered line 25  (a) Description of liability 1) Federal income taxes 2) 3) 4)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities. Complete if the organization answered line 25  (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities. Complete if the organization answered line 25  (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities. Complete if the organization answered line 25  (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) art X Other Liabilities. Complete if the organization answered line 25  (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8)	line 15)		
1) 2) 3) 4) 5) 6) 7) 8) 9) Ital. (Column (b) must equal Form 990, Part X, col (B) art X  Other Liabilities.  Complete if the organization answered line 25	line 15)d "Yes" on Form 990, I		

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	).	
1	Total revenue, gains, and other support per audited financial statements	1	431,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<del></del>
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	(	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	431,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a	ĺ	
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	431,171
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	386,496
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	Ì	
b	Prior year adjustments	1	
С	Other losses	}	
d	Other (Describe in Part XIII )	ł	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	386,496
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	386,496
Provide 2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	rt V, line	e 4, Part X, line
			<del> </del>
			<del></del>
		. <del></del>	

Schedule D (FC	Form 990) 2017	Page 3
Part XIII	Supplemental Information (continued)	
		<del></del>
		<del></del>
		<del></del>
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_		
		<del></del>

Schedule D (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury

Part I

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.

OMB No 1545-0047	2017
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Open to Public

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▶ Go to www.irs.gov/Form990 for the latest information.

Employer Identification number × 35-6074424 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance Sisterhood IN State Chapter Internal Revenue Service Name of the organization P.E.O.

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cottey College, 1000 W Austin					!		
Nevada, MO 64772	440545271	501(c)(3)	60,564	0	1		Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	24,558	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship						)	
Des Moines, IA 50312	426078058	501(c)(3)	25,935	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Monnes, IA 50312	237405311	501(c)(3)	37,537	0	-		Educ Grants
(5) P.E.O. Scholar Awards					)		
Des Moines, IA 50312	421379026	501(c)(3)	28,192	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	27,970	0			Scholarships
(7) P.E.O. Foundation					<u> </u>		
Des Moines, IA 50312	426094564	501(c)(3)	20,460	0			Schol/Grants
(8)							
(6)							
(10)	·						
(11)							
					;		
(12)							

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

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

Schedule I (Form 990) (2017)

JSA 7E1288 1 000

Schedule I (F	Schedule I (Form 990) (2017)						Pag
Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space	mestic Individual	<b>duals.</b> Complete ded	e if the organizat	on answered "Yes" on F	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 is needed	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-							
7							1
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7							[
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	the informati	ion required in P	art I, line 2, Part	II, column (b); and any o	ther additional information	1

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

Part II, Line 1(a)--With the exception of Cottey College, all other organizations share a mailing address of 3700 Grand Ave, Des Moines, IA 50312.

Schedule I (Form 990) (2017)

### **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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood IN State Chapter	35-6074424
Part VI, Lines 6-7b: The organization's members consist of the ac	ctive, dues-paying
members of P.E.O. chapters within the state. Delegates from each	chapter attend annual
state conventions where new officers are elected by the voting me	embers present. In
addition, certain proposed amendments to the bylaws are presented	d and voted upon.
Part VI, Line 11b: copies of the final Form 990 were provided to	each member of the
executive board of Indiana State Chapter prior to filing. Board	members are asked to
review the return and respond with any questions, though no forma	al review process is
currently in place.	
Part VI, Line 12c: Conflict of Interest policies and signature pa	ages are distributed
each year to all executive board members and to any committee mem	bers having influence
over financial transactions. Signature pages are collected by the	ne state president and
monitored for completion. Any conflicts of interest that arise a	are to be reported
immediately to the affected committee/board, and the remaining me	embers vote on the
appropriate action.	
Part VI, Line 19: Governing documents, conflicts of interest poli	cy and financial
statements are available to members upon request. These items ar	e not made available
to the general public.	
Part XII, Line 2b: The organization's financial statements were a	udited by an
independent accountant on a cash basis.	

Name of the organization	Employer identification number
P.E.O. Sisterhood IN State Chapter	35-6074424
	<del></del>