Form 990 305

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 2017

Open to Public Inspection

 ∞

A F	or the	e 2017	calendar year, or tax year beginning	April 1 ,	2017, and	ending	March 31		, 20 18				
			C Name of organization				D Employer ide	ntification	number				
B c	heck if 8	pplicable	P.E.O. Sisterhood MI	State Chapter			j						
	Addr€		Doing business as				38-6	514768	7				
-		change	Number and street (or P O box if mail is	not delivered to street address)	Root	m/suite	E Telephone nu	mber					
\vdash	Initial	return	3700 Grand Ave				515	255 3	153				
-	Final	return/	City or town, state or province, country,	and ZIP or foreign postal code			 						
	termit Amen	ded	Des Moines, IA 50312	-2899			G Gross receipts	s \$	536.	,063			
-	return Appli	ation	F Name and address of principal officer				H(a) is this a gro			X N			
L	_ pendi	ng	Rachel D McMenamin -	same as C above		m/	Subordinates H(b) Are all subord		├ ──┤	A N			
		empt st	'		(a)(1) or	527	⊣ ``		ee instructions)				
					(a)(1) 01	327	H(c) Group exem						
_			www.peointernational.		#	1 Van al farm							
		of organ		Association Other	_	L Year of forma	ation 1919 M	State of leg	gai domicile	IA_			
	art I		mmary				 						
	1		describe the organization's mission of										
Governance		supporting six philanthropic projects for women. These are scholarship loan and award programs and a women's college owned by the organization											
nar	l								•				
ě.	2		this box 🕨 💹 if the organization of		-			S					
ŏ	3		er of voting members of the governing					3		5			
Activities &	4		er of independent voting members of					4		5			
	5	Total i	number of individuals employed in cal	endar year 2017 (Part V, line 2a)				5		0			
	6	Total i	number of volunteers (estimate if neces	sary) <i>,</i>				6		100			
ĕ	7a	Total (unrelated business revenue from Part V	'III, column (C), line 12				7a					
	b	Net ur	related business taxable income from	Form 990-T, line 34	<u> </u>		<u> </u>	7b					
Revenue		_					Prior Year		Current Yea	ar			
	8	Contri	butions and grants (Part VIII, line 1h)			[423,4	58	467,	674			
	9		am service revenue (Part VIII, line 2g)										
	10		ment income (Part VIII, column (A), line										
œ	11		revenue (Part VIII, column (A), lines 5,				1,7	63	68,	101			
	12		evenue - add lines 8 through 11 (mus				425,2		535,				
			s and similar amounts paid (Part IX, coli				227,9		267,				
	14		its paid to or for members (Part IX, colu										
	1 -		es, other compensation, employee ben										
Expenses	150		sional fundraising fees (Part IX, column										
ĕ	104		undraising expenses (Part IX, column (D) to 200									
EX	47						222 0	50	212,	712			
			expenses (Part IX, column (A), lines 11				222,8 450,7						
	1		expenses Add lines 13-17 (must equal						480,				
<u>_ 0</u>	19	Reven	ue less expenses Subtract line 18 from	n line 12) •	`-`-'-	-25,5		End of Year	542			
Net Assets or Fund Balances				Line in	- 6-7 -	Deg.							
sse	20		assets (Part X, line 16)			· · · ·	<u> 187,0</u>	90[242,	632			
A P	21		iabilities (Part X, line 26)		8	· · · ·							
			sets or fund balances Subtract line 21	from line 20	<u></u>	· · · · · · · · · · · · · · · · · · ·	187,0	90]	242,	632			
	irt li		nature Block										
Un	der per e corre	naities o	f perjury, I declare that I have examined the complete. Declaration of preparer (other that	is return, including accompanying to officer) is based on all information.	schedules at of which or	nd statements, eparer has anv k	and to the best of	my knowl	edge and beli	ef, it is			
		1				<u> </u>		1					
0:-			Tainy 4. Inple					168					
Sig		"	Signature of officer				Date						
Here			Kathy A. Soppe, Direct	or of Finance				 -					
		1	Type or print name and title										
		Print/	Type preparer's name	Preparer's signature	Ō	ate	Check	If PTIN					
Paid		}	·	<u></u> _	}		self-employe	∍d					
	parer	Firm's	name ►				Firm's EIN						
USE	Only		address >				Phone no						
Ma	y the		scuss this return with the prepare	shown above? (see instruct	tions)				Yes	No			
_			Partition Ant Notice con the congre						F 990				

Forr	n 990 (<u>2017)</u> Pa	ge 2
Pa	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	
	P.E.O. is a philanthropic organization where women celebrate the advancement of women; educate women through scholarships, grants, awards, loans and stewardship of	
	Cottey College; and motivate each other to achieve their highest aspirations.	
	Cottey correge, and motivate each other to achieve their highest aspirations.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 403,535 including grants of \$ 267,520) (Revenue \$)	
	Program services are accomplished by collecting and forwarding contributions to	
	various P.E.O. projects and scholarships on both the state and national levels; no	
	specific statistics are available.	
4b	(Code) (Expenses \$	
4 c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		—–
		_
		_
<u>.</u>	Others and (December 2 School de O.)	
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 403,535	—
75	rotal program service expenses P 400, 000	



Checklist of Required Schedules Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.......... 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. X 10 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," 11a X b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 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 . Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Х 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Χ 18 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

Part	Checklist of Required Schedules (continued)		V	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			<u>X</u>
b 24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	do mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	ĺ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	$\overline{}$		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	$\overline{}$,	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$1 00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	$\overline{}$		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	I I		
	to defease any tax-exempt bonds?	24c	 -	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	.		
a		28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV	28b	-+	
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		$\neg \neg$	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		j	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	ĺ	v
2.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	or IV, and Part V, line 1	34	x	
35 a		35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_		35b	}	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	
	Part VI	37		_ <u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X aan /	(2017)
		· Oill	· · ·	2011)

14a

14b

Form 990 (2017)

	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		}
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ļ		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ļ		ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1	Ì	}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		}
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ĺ	
	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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		
	account)?	4a	 	X
þ	If "Yes," enter the name of the foreign country ▶	ł	ļ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			Ì
	(FBAR)	'		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	v	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	├
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h	x	
_	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		-
C	required to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	 ' <u> </u>		\vdash
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8		 		
ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			{
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		,	(
11	Section 501(c)(12) organizations. Enter			l
	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
	the organization is licensed to issue qualified health plans			ĺ

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

Form 990 (2017) 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 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Χ Each committee with authority to act on behalf of the governing body?........... 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 Yes No 10a Χ 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? . . . Х 11a 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c 13 Х 13 Х Did the organization have a written document retention and destruction policy?.......... 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Х 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 16a Χ 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 List the states with which a copy of this Form 990 is required to be filed ▶ None 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 Own 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

orm 990 (20	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and						
Part VII		and					
	Independent Contractors .						
	C heck 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

- ta 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, rmore than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (B) Position (A) (D) (E) (F) (do not check more than one Average Name and Title Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of officer and a director/trustee) week (list anv from related other hours for the organizations compensation Individual Highest compensated employee nstitutional related (W-2/1099-MISC) organization from the ticer employee organizations (W-2/1099-MISC) organization below dotted and related trustee line) organizations (1) Rachel D McMenamin 10 Presi dent Χ Х 0 0 0 10 Lydia R Bangert Vice President Х Χ 0 0 0 (3) Karen F Kline 10 Х Organizer Χ 0 0 10 (4) Lisa Cooley Treasurer Х Х 0 0 0 Susan A Sundheimer 10 Х Χ 0 Secretary 0 0 (6) (7) (8) (9) (10)(11)(12)(13)(14)

(A) Name and title	(B) Average hours per week (list any	Position (do not check more the box, unless person is bofficer and a director/t			is both or/trust	an ee)	compensation	(E) Reportable compensation from related		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)	organization (W-2/1099-Mi		from organ and	ensation m the nization related nizations
(15)									 	_		
(16)					_							
(17)			\dashv	+								
(18)			_	-			· i					
(19)			\dashv	+								
(20)			\dashv	\dashv	-							
(21)			-	_	-							
(22)			+	+								
(23)			\dashv	+			—	 				
(24)				\dashv	-							
(25)			\dashv	-		1				_		
1b Sub-total c Total from continuation sheets to Pa d Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organization)	art VII, Section A g but not limited to	 <u></u>	· ·	ted			▶ ▶ who	received more th	nan \$100,000	of of		
	· · · · · · · · · · · · · · · · · · ·										<u></u>	res No
3 Did the organization list any form employee on line 1a? If "Yes," complete	ner officer, director re Schedule J for su	or, or ch ind	tru <i>ividu</i>	istei <i>ial</i> ,	e, 	key e	· ·	oloyee, or highes	t compensat	ed · _	3	X
4 For any individual listed on line 1a, organization and related organizationdividual	ions greater than	\$15	0,00	202	lf.	"Yes	s, "	complete Schedu	ile J for su	ch	4	×
5 Did any person listed on line 1a re- for services rendered to the organization	ceive or accrue co	mpen	satio	on f	ron	n anv	un	related organizati	on or individi	al lau	5	Х
Section B. Independent Contractors												
 Complete this table for your five high compensation from the organization year 	est compensated i Report compensati	ndepe on for	ende the	nt o cal	end	tracto dar ye	ers t	that received more ending with or with	e than \$100,0 hin the organ	000 of ization's	tax	
(A Name and busi			_					(B) Description of ser	vices	Com	(C) pensat	lion
None							_					
							l		İ			

			_					
Form	990 (2	2017)						Page 9
	t VIII	Statement of Revenue						
		Check if Schedule O contains	a resp	onse or note to an	y line in this Part VI	<u> II</u>	<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>য ম</u>	1a	Federated campaigns	. 1a					
oun our	b	Membership dues		196,921				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	. 1c		Ì		}	
	d	Related organizations	1					
	e	Government grants (contributions)	1 .		ì			
er S	f	All other contributions, gifts, grants,	ŀ	1				
e i i i		and similar amounts not included above	. <u>1f</u>	270,753				
<u> </u>	g	Noncash contributions included in lines			1		İ	
	<u>h</u>	Total Add lines 1a-1f	<u></u>		467,674			
une				Business Code				
eve	2a			·				
و په	b			.			ļ <u>-</u>	
Program Service Revenue	С						 	
Se	d							
ran	е			·				
rog	f	All other program service revenue					<u> </u>	
	g	Total. Add lines 2a-2f					<u> </u>	
	3	-		ends, interest,	į.			
	١.	and other similar amounts)		1				+
	5	Income from investment of tax-ex-					<u></u>	
	"	Royalties) Real	(II) Personal		- -		+
		G						
	6a	Gross rents			}			
	b	Rental income or (loss)			·			
	ď	Net rental income or (loss)						
	7a		ecunties	(II) Other				
	ĺ	assets other than inventory	_		j		1	
	ь	Less cost or other basis						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ø	8a	Gross income from fundraising						
enn		events (not including \$		1	}			
er Revenue	}	of contributions reported on line 1c	ı	1	1			
_]	See Part IV, line 18		a	ŀ			

1	•		1		
C	Net income or (loss) from gaming activities.	<u> </u>			
10a	Gross sales of inventory, less returns and allowances a	1,774			
b	Less cost of goods sold b Net income or (loss) from sales of inventory.		1,486		 1,486
	Miscellaneous Revenue	Business Code			
11a	Convention Payments	900099	66,615	66,615	
ь					 ļ
C					 ļ
d	All other revenue	L			
e	Total. Add lines 11a-11d	<i>.</i> >	66,615		
12	Total revenue. See instructions	>	535,775	66,615	 1,486
051 1 000					 Form 990 (2017)

b Less direct expenses b

See Part IV, line 19 a b Less direct expenses b

9a Gross income from gaming activities

c Net income or (loss) from fundraising events. ▶

	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250,819	250,819		
2	Grants and other assistance to domestic individuals See Part IV, line 22	16,701	16,701		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees) Management				
	Legal				
c	Accounting	4,300		4,300	
d	Lobbying				
	Professional fundraising services See Part IV, line 17.				
1	Invest ment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O),				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	3,217			3,217
	Royalties				
	Occupancy	22 500	10.000	21 720	
	Travel	32,580	10,860	21,720	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	56,514	18,621	37,242	651
	Interest	101 000	101 060		
21	Payments to affiliates	101,960	101,960		
	Depreciation, depletion, and amortization	419		419	
	Insurance	419		419	
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 ()			į	
	Operating Expense	13,723	4,574	9,149	
					
,					
	All other expenses				
	Total functional expenses Add lines 1 through 24e	480,233	403,535	72,830	3,868
	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)	, ====	. , ===		3,300

Balance Sheet Part X Beginning of year End of year 187,090 242,632 1 2 2 3 3 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 7 8 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 187,090 16 16 242,632 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 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25. 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. ö Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 242,632 187,090 32 Net. 33 242,632 187,090 33 242,632 34 Total liabilities and net assets/fund balances. 187,090 34

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

Form 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

2017

OMB No 1545-0047

Open to Public Inspection

Departmen t 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

- Secti on 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Secti on 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see Separate instructions), then

	Section 501(c)(4), (5), or (6) org					
	e of organization			Employer ide	ntification number	
	E.O. Sisterhood MI	State Chapter		38-6147	687	
	t I-A Complete if the c	organization is exempt under	section 501(c) or			
1		organization's direct and indirect				
•	definition of "political campa		somour campaign a	otivities in a dictivities (see in	ioti detions ioi	
2	•	xpenditures (see instructions)		▶ \$		
		campaign activities (see instruction				
		organization is exempt under				
		cise tax incurred by the organization				
1	Enter the amount of any exc	cise tax incurred by the organization m	anagers under section	on 4955 • \$		
2 3		a section 4955 tax, did it file Form				No
		a section 4000 tax, did it me i offi				No
	If "Yes," describe in Part IV				· · L Tes	NO
	t I-C Complete if the c	organization is exempt under	section 501(c) ex	cent section 501(c)(3	,	
		expended by the filing organization			71.	
1		expended by the filing organization			1	
_		ng organization's funds contributed				
2		es				
		enditures Add lines 1 and 2 En				
3		Add inles I and 2 En				
4	Old the filing organization file	e Form 1120-POL for this year?			Yes	No
4 5	Enter the names addresses	and employer identification numb	er (FIN) of all section	on 527 political organiza	ations to which t	
		s For each organization listed, en				
	the amount of political cont	ributions received that were prom	iptly and directly de	livered to a separate po	olitical organization	on, such
	as a separate segregated fur	nd or a political action committee (PAC) If additional sp	ace is needed, provide i	nformation in Pa	rt IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p	olitical
	,			filing organization's	contributions rece	
				funds If none, enter -0-	promptly and di	-
			}		delivered to a se political organiza	•
					none, enter -	
						
(1)					}	
			 			
(2)						
(3)					•	
(4)						
(5)						
			 			
(6)				ì		

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

Schedule C (Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year 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										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2017

Sche	dule C (Form 990 or 990-EZ) 2017					Pa	age 3
	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		<u> </u>
For	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(;	a)		(p)		
	cription of the lobbying activity	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or						
a	referendum, through the use of Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
ď	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?	L		ļ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			 			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 			
i	Other activities?						
j	Total Add lines 1c through 1i			L			
2 a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?	L		l			
b	If "Yes," enter the amount of any tax incurred under section 4912			ļ			
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?			<u></u>			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	l		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ne.			2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	year?	3		Χ
	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ints (of				
а	Current year			2a			
b	Carryover from last year,			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	-	-	4			
5	and political expenditure next year?		• • •	5			
	t IV Supplemental Information						
	vide 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	d grou	ip list), Part I	l-A, lin	es 1	and
							
		_					
							

Schedule 🥥	(Form 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
		
		
		
		·
		
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and 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 Sisterhood MI State Chapter 38-6147687 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b h 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 historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(t) 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990, Part X.

(b) Cost or other basis

(c) Accumulated

depreciation

(a) Cost or other basis

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

 	 		_
 	 	 	—
 	 	 	_
ļ			

(d) Book value

Schedule D (Form 990) 2017

Description of property

 1a
 Land

 b
 Buildings

 c
 Leasehold improvements

 d
 Equipment

			Part IV, line 11b 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) Financia	al derivatives		
	-held equity interests		
		 - - - - - - - -	····
(A)			
(B)		 	
(C)		ļ	
(D)			
(E)		 	
(F)		 	
(G) (H)		 	· · · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col. (B) line 12.)	+	
Part VIII	Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·
uit viii		ed "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 valuation Cost or end-of-year market value
(1)		+	·
(2)		 	
(3)			
(4)			
(5)			
(6)			
_(7)			
_(8)		 	
_(9)		 	
	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets.	d "Yes" on Form 990	Part IV, line 11d See Form 990, Part X, line 15
		escription	(b) Book value
(1)	(4) 5	00011741011	(b) Book value
(2)			
(3)			
	· · · · · · · · · · · · · · · · · · ·		
(4)			
(4) (5)			
(4) (5) (6)			
(5)			
(5) (6)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, col (B)	line 15)	
(5) (6) (7) (8) (9)	Other Liabilities.		
(5) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answere		
(5) (6) (7) (8) (9) Total. (Columbia)	Other Liabilities. Complete if the organization answere line 25	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columna X	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia) Part X	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia) Part X 1. (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia Columbia Co	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990,	
(5) (6) (7) (8) (9) Total. (Columbia	Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	d "Yes" on Form 990, (b) Book value	

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	535,775
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Ne t unrealized gains (losses) on investments		
b	Do nated services and use of facilities		
C	Re coveries of prior year grants		
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d	1 - 1	F2C 77C
3	Subtract line 2e from line 1	3	535,775
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	
	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	535,775
Part			
1	Total expenses and losses per audited financial statements	1	480,233
2	Am ounts included on line 1 but not on Form 990, Part IX, line 25		
– a	Do nated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1	3	480,233
4	Am ounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	400 022
5 Port	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	480,233
2, Part	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
			
			 -
			· · · · · · · · · · · · · · · · · · ·
	•		

ichedule D (F	orm 990) 2017							Page 5
Part XIII	Supplementa	I Information (co	ontınued)					
		<u> </u>						
			·			· 		
								
								
		-						
								
								
								
		<u> </u>						
								
								
								

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

2017	n to Dublic
Ñ.	Onon

OMB No 1545-0047

Open to Publ

Employer identification number

38-6147687

Chapter	nd Assista
State Char	on Grants and
ΞW	nation
Sisterhood	General Inforn
P.E.O.	Part

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

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

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

1 (a) Name and address of organization or government	(b) 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)	59,304	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund	·						
Des Moines, IA 50312	426078059	501 (c) (3)	27,765	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	31,936	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	45,588	0			Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	30,349	0		:	Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	34,025	0		!	Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	21,852	0			Schol/Grants
(8)							
(6)		-					
(10)							
(11)							
(12)							
	government o		janizations listed in the line 1 table	<u>e</u>		▲ :: :: :: ::	7
3 Enter total number of other organizations listed in the line 1	ed in the line	1 table				A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 9	90.				Sch	Schedule I (Form 990) (2017)

JSA 7E1288 1 000 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 Part III

	popolio, condo income il acceptante della constante della cons	con or orada	-			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Scho	1 Scholarships to Cottey College	3	16 701		K 7	47.14
	המבדרים להחבים	,	101101		N/A	N/A
2						
6						
4						
2						
9						
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 information	on required in Pa	art I, line 2, Part	II, column (b); and any c	ther additional information

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

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

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

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

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P.E.O. Sisterhood MI State Chapter	38-6147687			
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 members 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 Michigan State Chapter prior to filing. Board	d 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	ges are distributed			
each year to all executive board members and to any committee mem	bers having influence			
over financial transactions. Signature pages are collected by th	e state president and			
monitored for completion. Any conflicts of interest that arise a	re to be reported			
immediately to the affected committee/board, and the remaining me	mbers 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.				

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the	rganization	Employer identification number	
P.E.O.		38-6147687	
1.1.0.			
		<u> </u>	
			
			-
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Sisterhood MI State Chapter

P.E.O.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2017	Open to Public
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OMB No 1545-0047

38-6147687

Employer identification number

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	e organization answ	ered "Yes" on Fo	orm 990, Part N	/, line 33			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling	ı
<u>(1)</u>								l
(2)								ı
(3)								ı
(4)								1
(5)								1
(9)								ł
Part II	Identification of Related Tax-Exempt Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	anization answei	red "Yes" on Fo	irm 990, Part IV, I	line 34, because	ıt had	1
		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	١ -
							Yes No	1
(1) Mich Kal	(1) Michigan P.E.O. Home Fund, Inc., 7515 Thrasher Ln Kalamazoo, MI 49009 EIN 38-6107780	Grants-Elderly	Michigan	501(c)(3)	7	N/A		{ !
(2)								}
(3)								1
(4)								1
(5)								1
(9)								1
(2)								1
For Papen	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2017	1 ~

JSA

7E1307 1 000

Schedule R (Form 990) 2017

(i) Section 512(b)(13) controlled entity? Yes No Percentage ownership Percentage 5 Ξ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year managing partner? General or Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g)
Share of
end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Orsproportorate allocatora? ŝ Yes (g) Share of end-of-(C corp. S corp or trust) year assets (f) Share of total (d)
Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year (e)
Predomnant
Income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile state or foreign country) (b) Primary activity (d)
Direct controlling Pentity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization JSA 7E1308 1 000 (1) N/A Part III Part IV (1) N/A 2 **3** 9 (7) 3 9 2 3 3 9 3 2

Schedule R (Form 990) 2017

	With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
(Form 990) 2017	Transactions With Related
Schedule R	Part V

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule			\ <u>\</u>	Yes No	<u>ه</u>
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts IL-IV2	lated organizations list	ed in Parts II-IV?			{
Receipt of (ii) interest (iii) annuities (iii) rovalties or (iv) rent from a			19	×	بر
Giff grapt or capital contribution to related organization(s)			1p	×	×
Giff grant or capital contribution from related organization(s).			100	×	 ~
			17	×	۷,
b to one or loan guarantees by related organization(s)			- 1	×	
					.[
f Dividends from related organization(s)	•	•	:	×	ایر
g Sale of assets to related organization(s)			19	×	ایج
h Purchase of assets from related organization(s).			무	×	ایر
i Exchange of assets with related organization(s)			;	×	ایر
j Lease of facilities, equipment, or other assets to related organization(s)			11	×	<u>~</u>
k Lease of facilities, equipment, or other assets from related organization(s)			*	×	*
			=	×	ایر ا
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	X	<u>,</u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1	×	ا پر
o Sharing of paid employees with related organization(s)			10	×	<u>~</u>
p Reimbursement paid to related organization(s) for expenses				×	sel.
q Reimbursement paid by related organization(s) for expenses			10	×	ļ
r Other transfer of cash or property to related organization(s)				×	×
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cover	red relationships and trans	saction thresholds	×	×l
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	guining Ped	
(1) N/A					1
(7)					1
(3)					
				}	ļ
(4)					ļ
(5)					į
(9)					
JSA 7E1309 2 000		38	Schedule R (Form 990) 2017	30) 2017	11

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(8)	L		(4)	:	1		6	3	
Name address, and EIN of entity	Primary activity	Predominant income (related, unrelated excluded	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year	(n) Disproportionate	Code V - UBI amount in box 20 of Schedule K-1	General or managing	(k) Percentage ownership
			organizations				(Form 1065)		
		sections 512-514)	Yes No			Yes No		Yes No	
(1) N/A									
								-	
(2)									
(3)		1							
(4)								-	
(5)	····								
(6)	r								
(7)									
			_						
(8)								-	
107						1			
(10)									
(11)								-	
(12)									
(13)									
			_						
(14)	_							 ,	
(15)								-	
(16)									
JSA							Sche	Schedule R (Form 990) 2017	n 990) 2017

Schedule R (F	orm 990) 2017	Page 5
	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions	
Part VII	Provide additional information for responses to questions on Schedule R. See instructions	
		
		
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