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)

OMB No 1545-0047

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.

Open to Public Inspection

A F	or th	e 2017	calendar year, or tax year beginning	April 1	2017	, and endi	ng	March 31		, 20 18	3
			C Name of organization					D Employer ide	ntification	number	
В	heck of a	ipplicable	P.E.O. Sisterhood AR	State Chapter							
	Addr		Doing business as				••	71-6	505553	13	
	-1 '	e change	Number and street (or P O box if mail is	not delivered to street address)		Room/suit	e	E Telephone nu			
	⊣	return	3700 Grand Ave					515	255 3	1153	
		return/	City or town, state or province, country,	and ZIP or foreign postal code				313	200 0	155	
	Amer		Des Moines, IA 50312	-2899				G Gross receipt	s \$	50	4,749
-		cation	F Name and address of principal officer					H(a) is this a gro			$\overline{}$
	pend	ung	Jean Fitch Justice -	same as C above			e. 1	Subordinates  H(b) Are all subord		<b>—</b>	
_	Tax-ex	cem pt st			7(a)(1)	or	522	1		see instruction	
<u>:</u>			www.peointernational.		<u>(a)(1)</u>	<u> </u>	JED /	H(c) Group exem			
		of Organ		Association Other ►	-#-	I Von	r of forma	tron 1933 <b>M</b>			
_	art I		mmary	Association	-1	L rea	i or iorina	1011 1933 14	State of le	gai domicile	: IA
	1		describe the organization's mission of	er most significant nativities. Id.o.		la momi	borob	in annani			
•	<b>'</b>		porting six philanthrop					re schola			
ĕ			n and award programs ar								τ,
EL.	_									•	
Governance	2		this box 🕨 🔛 if the organization d						1 1		_
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		5
ctivities &	4		er of independent voting members of t						4		5
ΖĖ	5	Testal	number of individuals employed in cale	endar year 2017 (Part V, line 2a)	· · ·	• • • • •	• • • •		5		0
Acti	6	Otali	number of volunteers (estimate if neces	sary)		• • • • •	• • • •		6		100
_			unrelated business revenue from Part V						7a		
	b	Net ur	nrelated business taxable income from	Form 990-T, line 34	• • •	<u></u>	<del></del>		7b		
								Prior Year		Current	
ě	8	Contri	butions and grants (Part VIII, line 1h).	• • • • • • • • • • • • • • • • • • • •			•	419,8	81	50	<u>4,435</u>
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	• • • • • • • • • • • • • • • • • • • •			•			· · · · · · · · · · · · · · · · · · ·	
Re	10		ment income (Part VIII, column (A), line					2	52		314
	11		revenue (Part VIII, column (A), lines 5,								
	12		revenue - add lines 8 through 11 (must					420,1		504	4,749
	13		s and similar amounts paid (Part IX, coli					233,1	16	28	5 <b>,</b> 792
`	14		its paid to or for members (Part IX, colu					<del> </del>			
es	15		es, other compensation, employee bene								
Expenses			ssional fundraising fees (Part IX, column								
×	b		undraising expenses (Part IX, column (I								
	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				189,2	96	193	3,569
	18	Total e	expenses Add lines 13-17 (must equal	Part IX, column (A), line 25) .				422,4	12	479	9,361
	19	Reven	ue less expenses Subtract line 18 from	n line 12	, 11 .	ا <u>، واورو ه</u> ه		-2,2	79	25	5,388
Net Assets or Fund Balances				المراجع والمستحدد المراجع المر		一·(, )	Begin	ning of Current Y	'өаг	End of Ye	ar
set	20	Total a	assets (Part X, line 16)		a (O)		. 🗀	182,6	60	208	3,048
A B	21	Total I	iabilities (Part X, line 26)	AUu 1 4 Z	010						
象	22	Net as	sets or fund balances Subtract line 21	from line 20	<u>,</u>	<u> </u>		182,6	60	208	3,048
Pa	rt II	Sig	nature Block								
Und	der per	nalties o	f perjury, I declare that I have examined thi complete Declaration of preparer (other than	is return, including accompanying	schedu	les and stat	ements, a	nd to the best of	my knowl	edge and b	elief, it is
- iiuc	, сопе	Ct, and	Complete Declaration of preparer (other than	officer) is based off all information	or which	cn preparer	nas any kn		1.0		
0			grainif a. Soupe					8/4	118		
Sig			Signature of officer					Date			
He	re		Kathy A. Soppe, Direct	or of Finance							
			Type or print name and title								
		Print/1	ype preparer's name	Preparer's signature		Date		Check	If PTIN		
Paid								self-employe	∌d		
	parer	Firm's	name ►	·				Firm's EIN			
USE	Only		address ►				_	Phone no			
May	/ the		scuss this return with the preparer	shown above? (see instruct	ions)		• • • •			Yes	No
For	Pape	rwork i	Reduction Act Notice, see the separate	e instructions.							0 (2017)

Forn	n 990 (201	7)	Page 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	•	escribe the organization's mission	
		. is a philanthropic organization where women celebrate the advancement of	
		; educate women through scholarships, grants, awards, loans and stewardship	01
	Cotte	y College; and motivate each other to achieve their highest aspirations.	
_	Did the	organization undertake any significant program services during the year which were not listed on the	
	prior For		× No
	services?		× No
4	Describe expenses	describe these changes on Schedule O  the the organization's program service accomplishments for each of its three largest program services, as measured to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported	
4a	(Code:	) (Expenses \$ 418,666 including grants of \$ 285,792 ) (Revenue \$ )	
	Progra	am services are accomplished by collecting and forwarding contributions to	
	vario	us P.E.O. projects and scholarships on both the state and national levels; no	0
	speci	fic statistics are available.	
			-
4b	(Code:	) (Expenses \$including grants of \$) (Revenue \$)	
			<u>.</u>
			<del></del>
4c	(Code	) (Expenses \$ including grants of \$) (Revenue \$)	
	`		
			<del></del>
4-1	Other are	ogram services (Describe in Schedule O )	
<b>4</b> 0	(Expense		
40		gram service expenses ► 418,666	
TSA	. otal più	granii service expenses P 410,000	



**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 2 Χ 2 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?......... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 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. 5 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  $X_{\underline{\phantom{a}}}$ 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  $X_{-}$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 10 Х 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 Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII..................... 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.............. X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . . X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . . X 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 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? Χ

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	}
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	em ployees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			<u> </u>
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		
	to defease any tax-exempt bonds?	24c		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	İ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		_	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
С	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		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			
	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,"			
	complete Schedule N, Part II	32		Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		- 1	_
	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

Part	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			$\cdot$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	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)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u>X</u>	L
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.	,		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		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			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or shareholders			ĺ
D	against amounts due or received from them)			
49-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
υ	the organization is licensed to issue qualified health plans			I
_	Enter the amount of reserves on hand			i
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Ves" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	1	_	

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 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 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?... 5 6 Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8b 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.......... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a X 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 Х Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . .

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
rise to conflicts?	12b	X	
	420		
	├ <del>──</del> ┤	^	
Did the organization have a written whistleblower policy?			_X
Did the organization have a written document retention and destruction policy?	14	X	
Did the process for determining compensation of the following persons include a review and approval by			
· · · · · · · · · · · · · · · · · · ·	15a		Х
	15b		X
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 with a taxable entity during the year?	16a		X
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
organization's exempt status with respect to such arrangements?	16b (	1	
	rise to conflicts?	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Tise to conflicts?

Section C. Disclosu	ure
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- 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
  - Another's website X | Upon request Other (explain in Schedule O) Own website
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records > 3700 Grand Ave, Des Moines, IA 50312

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Page	-

Form 990 (2017<u>)</u>

# 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not ch box, unless officer and or direc		Pos heck ss pe	Position eck more than one s person is both an a director/trustee)  Officer  (C) Position Eck more than one s person is both an a director/trustee)  Officer  Officer		an	(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) Jean Fitch Justice	10			<u> </u>							
President		Х	<u> </u>	Х			<u> </u>	0	0	0	
(2) Tracey Ritchey	5	ļ							_	_	
Vice President		X		X			L_	0	0	0	
(3) Marla K Hunt	5	ļ		ì							
Organizer		X	ļ	X				0	0	0	
(4) Jessica Milam	5	ļ	1	}							
Treasurer		_X		Х				0	0	0	
(5) Janice H Beran	5	ļ									
Secretary		_X	ļ	Х				0	0	0	
(6)	<del> </del>										
(7)				-							
(8)	-										
(9)									<del> </del>		
(10)						\					
(11)	<u> </u>						-			<del></del>	
(12)	1						-				
(13)	+		-								
(14)	+										

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ploy			and H	ligh	est Compensate	d Employ	ees (co	ontinue		Page
(A) Name and title	(B)  Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	rson	e than o	an tee)	(D)  Reportable compensation from the	(E) Reporta compensat relate organiza	on from	ar	(F) stimated nount of other spensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fr org an	om the anization d relate anization	e on ed
(15)													
(16)		<del> </del> -					_						
(17)						-	-			_			
(18)	<del> </del>						-						
(19)													
(20)							-		· · · · · · · · · · · · · · · · · · ·		·· <del>··</del>		
(21)													
(22)							-						
(23)											·		
(24)							-						
(25)				_								_	
1b Sub-total  c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt; &gt;</b>						
Total number of individuals (including but n reportable compensation from the organization)	ot limited to		se lis				who	received more th	nan \$100,0	000 of			
3 Did the organization list any former off	icer, direct	or. o	r tru	uste	e.	kev	emi	plovee, or highes	t compen	sated		Yes	No
employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the	dule J for su	ich ind	dıvıd	ual							3		Х
organization and related organizations g	reater than	1 \$1	50,0	007	1	f "Ye	s, "	complete Schedu	ıle J for	such	4		Х
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mper	nsati	ion	fror	n an	y ur	related organizati	on or indi-	/idual	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest concompensation from the organization Report year	mpensated compensat	indep ion fo	ende r the	ent e ca	cor	ntracto dar ye	ors ear	that received more ending with or wit	e than \$10 hin the org	0,000 d anizatio	of on's tax		
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens	ation	
None				_			-						
					_		1						
							╁┈	<del></del>					
2 Total number of independent contractors received more than \$100,000 of compensations						ted	to	those listed about	ve) who				

314 Form **990** (2017)

$\overline{}$	990 (2 <b>t VII</b> I				<del></del>		Page :
Par	t VIII	Check if Schedule O contains a response	e or note to an	v line in this Part VI	W		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h c d e f	All other program service revenue	Business Code	504,435			
<u> </u>	9	Total. Add lines 2a-2f				<del></del>	<del>                                     </del>
	3 4 5	Investment income (including dividends and other similar amounts)	roceeds . ▶	314			314
	6a b c	Gross rents			<u> </u>		
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) Other				
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
0	c	Net income or (loss) from fundraising events					<u> </u>
	9a b	Gross income from gaming activities  See Part IV, line 19					
	10a	Gross sales of inventory, less returns and allowances					
	_ c	Net income or (loss) from sales of inventory	Business Code			<u> </u>	<del> </del>

504,749

d All other revenue . . . e Total. Add lines 11a-11d . .

Total revenue. See instructions

# Part IX Statement of Functional Expenses

					all columns			

	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	277,792	277,792		
,	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	8,000	8,000		
2	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del> </del>
	Compensation of current officers, directors,			<del></del>	
9					
	trustees, and key employees		<del></del>		
6	Compensation not included above, to disqualified	Ì	]		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del> </del>
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)		ļ		
	Management				
	Legal				
	Accounting	9,106		9,106	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column		)		
42	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	2,005			2,005
14	Information technology	2,003			2,003
15	Royalties				
16	Occupancy	E4 0E4	10 205	26 560	
17	Travel	54,854	18,285	36,569	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		2.050		1 100
19	Conferences, conventions, and meetings	10,936	3,252	6,504	1,180
20	Interest				
21	Payments to affiliates	108,905	108,905		<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance	466		466	
	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 O)			L	
a	Operating Expense	7,297	2,432	4,865	
Ł					
,					
Ì					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	479,361	418,666	57,510	3,185
	Joint costs. Complete this line only if the			3.7.3	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here			1	
	following SOP 98-2 (ASC 958-720)				
JSA		<del></del>			Form <b>990</b> (2017)

Form 990 (2017) **Balance Sheet** Part X Beginning of year End of year 1 208,048 182,660 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net .......... 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 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 14 Intangible assets 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 182,660 16 208,048 17 17 18 18 19 19 Deferred revenue 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, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L...... 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 of Schedule D 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 Unrestricted net assets ....... 27 27 Temporarily restricted net assets 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

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances....\_...

Form 990 (2017)

208,048

208,048

208,048

30

31

182,660 32

182,660 33

182,660 34

Assets 30

Net/

31

32

33

34

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			504,	749
2	Total expenses (must equal Part IX, column (A), line 25)	2			479,	361
3	Revenue less expenses Subtract line 2 from line 1	3			25,	388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			182,	660
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					
	33, column (B))	10			208 <u>,</u>	048
Part Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		<u></u>	X
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			i	٠	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
	Schedule O					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
b	We're the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis		}			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	•	-			.,
	of the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements.			2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, e	explain	ın			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se			2.		v
	the Single Audit Act and OMB Circular A-133?			3a_		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		ne	3b	Ì	
_	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such at	นแร			aan	(2017)
				OHIII	220	(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

Schedule C (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

• Section 527 organizations Complete Part I-A only

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

► 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.

Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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-B 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) organizations Complete Part III Name of organization Employer identification number P.E.O. Sisterhood AR State Chapter 71-6055533 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)........ Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 \_ \_ > \$ Yes . No No b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3) (4) (5)(6)

Scl	nedulė C (Form 990 or 990-EZ) 2017						Page 2
	art II-A Complete if the organize section 501(h)).	ation is exe	empt under section	on 501(c)(3) and	filed Form 5768 (ele	ction under	
A	Check ▶ if the filing organization address, EIN, expense				ach affiliated group mem	ber's name,	
В	Check ▶ if the filing organization	checked box	A and "limited cont	rol" provisions app	oly		
	Limits on L (The term "expenditures	obbying Expe ' means amo	nditures unts paid or incurred	d.)	(a) Filing organization's totals	(b) Affiliate group tota	
	a Total lobbying expenditures to influe						
	b Total lobbying expenditures to influe						
	c Total lobbying expenditures (add line						
	d Other exempt purpose expenditures						
	e Total exempt purpose expenditures			To the second se			
	f Lobbying nontaxable amount Ente	r the amount	from the following	; table in both			
	columns					-	
	If the a mount on line 1e, column (a) or (			t is:			
	Not over \$500,000		e amount on line 1e				
	Over \$500,000 but not over \$1,000,000		plus 15% of the exces				
	Over \$ 1,000,000 but not over \$1,500,00		plus 10% of the exces				
	Over \$ 1,500,000 but not over \$17,000,0		plus 5% of the excess	over \$1,500,000			
_	Over \$ 17,000,000	\$1,000,00				<del> </del>	
	g Grass roots nontaxable amount (ent						
	h Subtract line 1g from line 1a If zero						
	i Subtract line 1f from line 1c If zero j If there is an amount other than z				tion file Form 4720	-	
	reporting section 4911 tax for this y					Yes	
	reporting section 4911 tax for this y		eraging Period Und		<u> </u>	res	No
	(Some organizations that ma		• •		ete all of the five colum	ne helow	
	, ,		ate instructions for	-		ms ociow.	
_		obbying Exp	enditures During 4-	rear Averaging Pe	riod	ı	
	Calerndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Tota	ı
2	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))						
	c Total lobbying expenditures						
	d. Cross cate postavable amount						

Schedule C (Form 990 or 990-EZ) 2017

e Grassroots ceiling amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Par	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	filed	i For	m 5768	
 For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	)		(b)
	emption of the lobbying activity	Yes	No	A	mount
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		1		
	referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				~
C	Media advertisements?				
d e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Other activities?				
j	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	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	or s	ection	
	33.13/(3)				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			[_1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? $N_{\rm O}$	ne.		2	<del></del>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3 X
ı a	t III-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."				ne 3, is
1	Dues, assessments and similar amounts from members			1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts d	of	-	
	political expenses for which the section 527(f) tax was paid).		ı		
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		1	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 id	•	_	4	
5	and political expenditure next year?	• • •	• • •	5	
	t IV Supplemental Information	•••			
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	grou	p list	), Part II-A	, lines 1 and
2 (s	e instructions), and Part II-B, line 1. Also, complete this part for any additional information	-	•		
				<del></del>	

Schedule C (f	Form 990 or 990-EZ) 2017	Page <b>4</b>
Part IV	Supplemental Information (continued)	
	<del></del>	
<del></del>		
	~-~- <del>~~</del>	
		-
		<del></del>
		<del></del>
		·
		•
JSA		Schedule C (Form 990 or 990-EZ) 2017

JSA 7E1267 1 000

## 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.

Department of the Treasury Internal Reversus Service

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
P.E	.O. Sisterhood AR State Chapter		71-6055533
	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		<del></del>
2	Aggregate value of grants from (during year)		
3	Aggregate value at end of year		<del></del>
4	•	advences in writing that the courts hold i	n depar adveced
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<del> </del>	Yes No
Pa	rt II Conservation Easements.	Week on Form COO Best W. Hor 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	·	•
	Preservation of land for public use (e g , rec	· —	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	
	easerment on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements ,		2a
b	Total acreage restricted by conservation easements		26
С	Number of conservation easements on a certified		2c
ď	Number of conservation easements included in (d		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		ated by the organization during the
•	tax year ▶		- har and a second a second and
4	Number of states where property subject to conse	rvation easement is located ▶	1. 4. 1c
5	Does the organization have a written policy reg		on handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
0	Stati And volunteer hours devoted to monitoring, maped	and emorning of violations, and emorning cons	ervation easements during me, year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing on	nearwation ageoments during the year
′	Amount of expenses incurred in monitoring, inspec	ting, nariding of violations, and emorcing co.	nservation easements during the year
	Does each conservation easement reported on line 2	2(d) shave satisfy the requirements of section	n 170/h\/4\/D\/\\
8			
_	and section 170(h)(4)(B)(ii)?		Yes L. No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		istatements that describes the
Đ,	ort III Organizations Maintaining Collections		Similar Assats
Г	Complete if the organization answered		Jillilai Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the formal services are considered.	FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ-	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that desc	ribes these items
b	If the organization elected, as permitted under		
_	works of art, historical treasures, or other similar	ar assets held for public exhibition, educ-	ation, or research in furtherance of
	public service, provide the following amounts relati	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a	t, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		, <b>&gt;</b> \$
b	Assets included in Form 990, Part X	<del> </del>	▶ \$
For	Paperwork Reduction Act Notice, see the Instructions for	Form 990	Schedule D (Form 990) 2017

C-boo	Jule D (Form 990) 2017								
Par		a Collection	s of Art. His	torical Treasure	es. or Ot	her Simila	r Asse	ts (cont	Page 2
3	Using the organization's acquisition								
•	collection items (check all that apply			,		and an	- u o.g.	miodric u	36 01 113
а	Public exhibition	•	d [	Loan or excha	nge progra	ms			
b	Scholarly research		e	Other	3.1				
c	Preservation for future gener	ations							
4	Provide a description of the organ		tions and exp	ain how they furt	her the or	ganization's	exemp <sup>r</sup>	tournose	n Part
-	XIII		•	,		J		. ралроо.	,
5	During the year, did the organization	n solicit or rece	eive donations	of art, historical tre	easures, or	other sımıla	r		
	assets to be sold to raise funds rath							Yes	No
Par			<del></del>				<u></u>		1 110
	Complete if the organizati 990, Part X, line 21		"Yes" on For	m 990, Part IV, Ii	ne 9, or re	eported an	amoun	t on For	m
12	Is the organization an agent, truster	e custodian or	other interme	diary for contribute	one or othe	r accete not			
ıa	included on Form 990, Part X?								□ No
h	If "Yes," explain the arrangement in	Part XIII and	omnlete the fo				• • • L	Yes	No
U	Tes, explain the arrangement in	i i ait XIII aila i	complete the ic			Δ~	ount		
С	Beginning balance				10		Tount		
d	Additions during the year								
e	Distributions during the year				1e				
_	Ending balance				1f				
2 a	Did the organization include an amo	ount on Form 9	90 Part X line	21 for escrow o		account liab	lltv2	Yes	No
	If "Yes," explain the arrangement in								$\vdash$
Par		.,		Apidilation nao boo	ii providod	on aream		• • • •	•
· ai	Complete if the organization	on answered	"Yes" on Forr	n 990. Part IV. Iir	ne 10				
		(a) Current yea			years back	(d) Three year	ars back	(e) Four y	rears back
1a	Beginning of year balance					<u> </u>		<del>-`</del>	-
	Contributions								
	Net investment earnings, gains,							-	
·	and losses					ĺ	İ		•
Ы	Grants or scholarships					<del>-</del>	-		-
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
	End of year balance							••-	
2	Provide the estimated percentage of	of the current v	ear end baland	e (line 1a, column i	(a)) held as	•			
a	Board designated or quasi-endowned		%	o (iii)o 1g, oolaiiii	(4)) 11014 45				
b	Perm anent endowment ▶	%	<u></u>						
С	Temporarily restricted endowment	<u> </u>	%						
	The percentages on lines 2a, 2b, ai	nd 2c should ec	ual 100%						
3 a	Are there endowment funds not in t	he possession	of the organiza	ation that are held	and admir	nistered for th	те		
	organization by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related							3b	
4	Describe in Part XIII the intended us	-	-						•
Par	t VI Land, Buildings, and Equip Complete if the organization	oment.			ne 11a. S	ee Form 99	90, Parl	X, line	10
	Description of property	(a) Co	ost or other basis	(b) Cost or other bas	s (c) Acc	umulated	_	) Book value	
1a	Land		investment)	(other)	depr	eciation			
, u	Puldings		<del></del>						

Buildings ...... Leasehold improvements. d Equipment ... e Other

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

Schedule D (Form 990) 2017

. ▶

(a) (1) Financial de (2) Closely-hel (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b)	omplete if the organization answered Description of security or category (including name of security)  erivatives	(b) Book value	(c) Meth Cost or end	nod of valuation -of-year market value
(2) Closely-hel (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	must equal Form 990, Part X, col (B) line 12)  westments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(3) Other(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	must equal Form 990, Part X, col. (B) line 12.) ► evestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	must equal Form 990, Part X, col. (B) line 12.) ► evestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(C) (D) (E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(D) (E) (F) (G) (H) Total. (Column (b) Part VIII In C  (1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(E) (F) (G) (H) Total. (Column (b) Part VIII In (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(F) (G) (H) Total. (Column (b) Part VIII In C  (1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(G) (H) Total. (Column (b) Part VIII In C  (1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(H) Total. (Column (b) Part VIII In C  (1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(1) (2) (3) (4) (5) (6)	vestments - Program Related. omplete if the organization answered		(c) Meti	hod of valuation
(1) (2) (3) (4) (5) (6)	omplete if the organization answered		(c) Meti	hod of valuation
(1) (2) (3) (4) (5) (6)			(c) Meti	hod of valuation
(2) (3) (4) (5) (6)				
(3) (4) (5) (6)				
(4) (5) (6)				
(5) (6)				·
(6)				
_(7)	- · · · · · · · · · · · · · · · · · · ·			
(8)				
(9)	must equal Form 990, Part X, col (B) line 13)		<del></del>	***
	ther Assets.	<u> </u>		
	omplete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See	Form 990 Part X line 15
		scription	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)			, <del></del>	(a) Beek false
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)			<del></del>	
(9)			· · · · · · · · · · · · · · · · · · ·	
	(b) must equal Form 990, Part X, col (B) li	ne 15)	<u> </u>	<u></u> ▶
C	ther Liabilities. omplete if the organization answered ne 25	"Yes" on Form 990	, Part IV, line 11e or 11f	See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	e	
(1) Federal in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			]	
(9)				
Total. (Column (b	) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	504,749
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	<b>↓</b>	
d	Other (Describe in Part XIII )	<b>.</b>   .	
е	Add lines 2a through 2d	1	
3	Subtract line 2e from line 1	3	504,749
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII )	1.	
_	Add lines 4a and 4b		504 740
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		504,749
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	479,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	İ	
а	Donated services and use of facilities		
b	Prior year adjustments	4	
С	Other losses	<b>↓</b>	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d		470 261
3	Subtract line 2e from line 1	3	479,361
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
_	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII )	10	
С 5	Add lines 4a and 4b		479,361
	XIII Supplemental Information.		475,501
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
			•
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Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990) Department of the Treasury

Internal Revenue Service

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.

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

Open to Public	Inspection

Employer identification number

71-6055533

OMB No 1545-0047

Sisterhood AR State Chapter Name of the organization P.E.O.

General Information on Grants and Assistance Partl

Š X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? . . . . . . .

Part II 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.	
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1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (hook FMV appraisal	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncasn assistance	or assistance
(1) Cottey College, 1000 W Austin							
Nevada, MO 64772	440545271	501 (c) (3)	67,174	0			Gen Supp/Schol
(2) P.E.O. Educational Loan Fund							
Des Moines, IA 50312	426078059	501(c)(3)	21,571	0			Educ Loans
(3) P.E.O. Int'l Peace Scholarship							
Des Moines, IA 50312	426078058	501(c)(3)	32,041	0			Scholarships
(4) P.E.O. Program for Contin Educ							
Des Moines, IA 50312	237405311	501(c)(3)	41,550	0		i	Educ Grants
(5) P.E.O. Scholar Awards							
Des Moines, IA 50312	421379026	501(c)(3)	35,241	0			Educ Awards
(6) P.E.O. STAR Scholarship							
Des Moines, IA 50312	300583651	501(c)(3)	49,546	0		1	Scholarships
(7) P.E.O. Foundation							
Des Moines, IA 50312	426094564	501(c)(3)	30,669	0			Schol/Grants
(8)							
				i			
(6)							
(10)							
(11)						! !	
	; ;						
(12)							!       
2 Enter total number of section 501(c)(3) and government or	government o	organizations list	ganizations listed in the line 1 table.	le			7
	,	,					

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)

Schedule I (Form 990) (2017)

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

	ו מוני ווו כמון מכ מתלווים ווים מתחווים ווים אמכב וא ווכבתבת	שלבי ווכר	200			
	(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
1 Scho	1 Scholarships to Cottey College	1	8,000	0	N/A	N/A
2						
က		i				
4						
ស						
ဖ						
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 o	ther additional information

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

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

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

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

3700 Grand Ave, Des Moines, IA 50312.

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

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

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

► Attach to Form 990 or 990-EZ.

▶ 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 Sisterhood AR State Chapter 71-6055533 Part VI, Lines 6-7b: The organization's members consist of the active, dues-paying members of P.E.O. chapters within the state. Delegates from each chapter attend annual state conventions where new officers are elected by the voting members present. In addition, certain proposed amendments to the bylaws are presented and voted upon. Part VI, Line 11b: copies of the final Form 990 were provided to each member of the executive board of Arkansas State Chapter prior to filing. Board members are asked to review the return and respond with any questions, though no formal review process is currently in place. Part VI, Line 12c: Conflict of Interest policies and signature pages are distributed each year to all executive board members and to any committee members having influence over financial transactions. Signature pages are collected by the state president and monitored for completion. Any conflicts of interest that arise are to be reported immediately to the affected committee/board, and the remaining members vote on the appropriate action. Part VI, Line 19: Governing documents, conflicts of interest policy and financial statements are available to members upon request. These items are not made available to the general public. Part XII, Line 2b: The organization's financial statements were audited by an independent accountant on a cash basis.

Schedule O	organization	Employer Identification number	Page Z
	Sisterhood AR State Chapter	71-6055533	
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