**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its Instructions is at www.irs.gov/form990.

Open to Public

A F	or the	2016 calendar year, or tax year beg	inning July 1 , 2016,	and ending J	_	, 20 17			
<b>D</b> a		C Name of organization			D Employer identifi	cation number			
<b>D</b> C	neck if applie	International Chapter	P.E.O. Sisterhood						
	Address change	Doing business as			42-045				
	Name ch	Number and street (or P O box if mail is	s not delivered to street address)	Room/suite	E Telephone number				
	Initial ret				515-25	55-3 <u>153</u>			
	Final reti		and ZIP or foreign postal code						
	Amended return	Des Moines, IA 50312	2-2899		G Gross receipts \$	9,149,586			
	Applicati pending	F Name and address of principal officer			H(a) Is this a group re subordinates?	eturn for Yes X N			
		Kathy Soppe, same as	C above		H(b) Are all subordinate	es included? Yes N			
ī	Tax-exen	npt status 501(c)(3) X 501(c) (	4 ) <b>◄</b> (insert no ) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)			
J	Website	www.peointernational.	org			number ▶ 1072			
K	Form of	organization X Corporation Trust	Association Other	L Year of form	mation 1869 <b>M</b> Sta	ite of legal domicile IA			
Pa	art I	Summary							
	<b>1</b> B	riefly describe the organization's mission	or most significant activities. Women	's members	hip organiza	ıtion			
e,		upporting six philanthro							
an(	s	cholarships, grant, loan	and award programs ar	nd a liber	al arts wome	n's college.			
Activities & Governance		heck this box   if the organization							
<u>်</u>		umber of voting members of the governing			l l				
<b>9</b> 5		umber of independent voting members of			<b>I</b>	,			
ties		otal number of individuals employed in ca				4:			
ξi		otal number of volunteers (estimate if nece			l _	50			
Ä		otal unrelated business revenue from Part			i i	a .			
		et unrelated business taxable income from				D			
					Prior Year	Current Year			
Revenue	<b>8</b> C	ontributions and grants (Part VIII, line 1h)			7,181,440	3,840,87			
		rogram service revenue (Part VIII, line 2g)			1,174,73	7 1,162,185			
eve					505,951	1 548,460			
œ	11 C	nvestment income (Part VIII, column (A <del>), In</del> other revenue (Part VIII, column (A), lines t	5. 60.8c. 9c. 10c. and 11e)		82,888	3 109,270			
		otal revenue - add lines 8 through 11 (mu			8,945,016	6 5,660,792			
		Frants and similar amounts paid (Part I							
	14 B	enefits paid to or for members (Part IX, %)	umn (A), line 4)						
ú	15 S	alaries, other compensation, employee be	Terits (EarLIX-column (A), lines 5-10)		1,589,689	9 1,775,310			
Expenses	16a P	alaries, other compensation, employee be rofessional fundraising fees (Part IX, colum	OGDEN, UT						
e d		otal fundraising expenses (Part IX, column			3	•			
ũ	ŧ	other expenses (Part IX, column (A), lines 1	· · · · · · · · · · · · · · · · · · ·		3,366,429	9 2,030,84			
		otal expenses Add lines 13-17 (must equi			4,956,118				
	l	tevenue less expenses Subtract line 18 fro			3,988,898	1,854,63			
e o					ginning of Current Yea				
ssets or	20 T	otal assets (Part X, line 16)			71,382,198	8 73,679,159			
υ ::	104 7	otal liabilities (Part X, line 26)			80,11	7 522,44:			
Fund	22 N	let assets or fund balances Subtract line 2	21 from line 20		71,302,083				
	rt II	Signature Block							
Un	der pena	Ities of perjury. I declare that I have examined t	this return, including accompanying schedu	ules and statement	s, and to the best of m	y knowledge and belief, it			
true	e, correct	, and complete Declaration of preparer (other the	an officer) is based on all information of whi	ch preparer has an	y knowledge	<u></u>			
		Wather A. Some			(([i	917			
Sig	n	Signature of officer			Date	<del></del>			
He	re	Kathy A. Soron, r	rivector of Finance/	Treasure					
		Type or print name and title	, , , , , , , , , , , , , , , , , ,	7- 27-7-		· -			
		Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN			
Paid	i t				self-employed				
	parer	Firm's name	1		Firm's EIN ▶	<del></del>			
Use	· Only -	Firm's address			Phone no	<del></del>			
May		S discuss this return with the preparer show	wn above? (see instructions)			. Yes N			
		vork Reduction Act Notice, see the separa				Form <b>990</b> (201			

Form 990 (2016)

JSA 6E1020 1 000

ı aıı	Checklist of Required Schedules		Yes	No
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		165	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			٠.
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 . 1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>	_	<del></del>
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	<b> </b>		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	, ,		١.,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	, t.	~ . '5	
	VII, VIII, IX, or X as applicable		-4 <u>4</u>	ا <b>ن</b> ا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	'		
	complete Schedule D, Part VI	11a	<u> X</u>	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			ł
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	) ,		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· · · ·		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_ <u>^</u>
10		16		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			l .
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	_ X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> X</u>

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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		l	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ĺ	
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X_
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	_	
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		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?			İ
	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		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		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)			٠,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV.	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		<sub>v</sub>
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I	<b>–</b> '–		<u> </u>
JZ	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"		<del>  ^</del>
JJ	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,	33		<del>  ^</del>
<b>-</b>	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del> </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua		<del>                                     </del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		<del>                                     </del>
<b>J</b>	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	"		<del>                                     </del>
91	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>  •</del>		<u> </u>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
				(2016

Test Note. If the anomaly reported in Box 3 of Form 1096. Enter-0-if not applicable.  1 a Enter the number reported in Box 3 of Form 1096. Enter-0-if not applicable.  1 b Enter the number of Forms W-2G included in line 1a Enter-0-if not applicable.  2 b Enter the number of Forms W-2G included in line 1a Enter-0-if not applicable.  2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  3 a Did the organization have unrelated business gross income of a 1,000 or more during the year?  3 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 b Uniform 1 b If Year, I have a 1 fed a Form 990-1 for this year If "No" to fine 3b, provide an explanation in Schedule O.  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of a foreign country ** Cayman Isalands*  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 sheller transaction at any time during the tax year?  5 b If Yes, enter the name of the foreign country ** Cayman Isalands*  5 e a Does the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5 b If Yes, other the name of the foreign outhors a shear than the companization of the organization include with very solicitation are appreciated that such contributions or grits were not tax deductible and an appreciate that such contributions or grits were not tax deductible and an appreciate that such contributions or grits were not tax deductible as charactive or defined that the organization necesses a payment in excess of 575 made party as a contribution and party for goods and servoses provided of the payor?  5 b If Yes, "dot the organization necesses appreciated precipies that are normally greater	Par	<del></del>			
1a Enter the number reported in Box 3 of Form 1096, Enter -0-if not applicable.  b Enter the number of Forms W-2G included in line 1a Enter -0-if not applicable.  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) withholding rules for forms the reportable gaming (gambling) withholding rules for forms of forms		Check if Schedule O contains a response or note to any line in this Part V		Yes	No
b Enter the number of Forms W-2G included in line 1s Enter-0-find applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2s Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2s Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2s Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 3s Did at least one is reported on line 2s, did the organization life silf required federal employment tax returns?  Note. If the sum of lines is and 2s is greater than 250, you may be required to effect we instructions.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, has it fled a Form 950-T for this year? If Yion *c bine 2s, provide an explanation in Schedule O,  3b If Yes, *enter the name of the foreign country ▶ Caryman Ts1ands  See instructions for fiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5b Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?.  5c Dos the organization appropriation include with every solicitation an express statement that such contributions or gifts were not tax deducible?  7c Organizations that may receive deducible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and servoces provided to the payor?  b) If Yes, *ind the organization neithy the donor of the value of the goods or servoces provided?  7d Did the organization receive a contribution of extensive disease of tangible personal property for which it was req	1.	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable.	$\overline{}$		1
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.   2a Statements, filed for the calendar year ending with or within the year covered by this return.   2a Statements, filed for the calendar year ending with or within the year covered by this return.   2a Statements, filed for the calendar year ending with or within the year covered by this return.   2a 3 3		Enter the number reported in Box of Form root. Enter of infort applicable.	1		
28 Effect the number of employees reported on Form WA3, Transmittal of Wage and Tax 28 1 Statements, filed for the calendar year ending with or within the year covered by this return. 28 1 43 2		Zitter the flamber of remote 20 metabod in metabolical filter.	5 ,		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field of the calendary oar ending with or within the year covered by this return. 2a   43   b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrolated business gross income of \$1,000 or more during the year?  3b If Yes, "has it field a Form 990-T for this year," If "No" to line 30, provide an explanation in Schedule O. 4 At any time during the Calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and account; or other financial financial account; or other financial account; or o	C		1c	X	·
Statements, field for the calendar year ending with or within the year covered by this return.   2	2.		-		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Ab Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 990-17 this year? If "No" to line 3b, provide an explanation in Schedule O.  3a 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?  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account?  c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account?  c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," of the financial accounts for financial accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," of different accounts that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, if of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and sences provided to the payor?  7c If If Yes, indicate the number of forms 8282 field during the year.  7c If United the organization self, exchange, or otherwise dispose of tarigbl	Za			1	1
Note, if the sum of lines to and 2s greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes', has fitted a Form 99C-1 for this year? if YM' or land 3s, provide an explanation in Schedule O.  3b if Yes', has fitted a Form 1s foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the financial accountry (such as a bank account, securities account, or other financial accountry in the Yes', enter the name of the foreign country   Calyman   Italiands    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the taxyear?   Sa   X    5b Uf any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   Sb   X    5c If Yes' to line 5s or 6b, did the organization file Form 8886-17,   Sc   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions to line the organization solicit any contributions that diductible as charitable contributions?   Sb   X    7c   Tyes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Sc   Smade party as a contribution and party for goods and services provided to the payor?   Tax   Sc   Smade party as a contribution of account of the value of the goods or services provided?   Tax   Sc   Sc   Sc   Smade party as a contribution of account of the file of the f		otationion, mod for the datoridal year chang with or within the year devoted by this retain, .	1	Х	
3a	U	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," has it field a Form 990-T for this year? If "No" to line 30, provide an explanation in Schedule O.  4a 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, or other financial account) over, a financial account in a foreign country (such as a bank account, or other financial accounts)  5b If "Yes," enter the name of the foreign country ► Cayman Ts1ands  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization socilicat any contributions that were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If "Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If Yes," did the organization include with ever not tax deductible as charitable contributions?  6c If Yes," did the organization include with ever of the goods or services provided?  6d If Yes," indicate the number of Forms 8282 filed during the year  6d If Yes," indicate the number of Forms 8282 filed during the year  6d If Yes," indicate the number of Forms 8282 filed during the year  7d If the organization receive any funds, directly or indirectly, to pay premiums, directly	2.		3a		X
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)?  b if "Yes," enter the name of the foreign country > Cayman Islands  See instructions for filing requirements for FricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line 6a or 5b, did the organization file Form 8886-T7.  6 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?  6b X  7c Organizations that may receive deductible contributions under section 170(c).  a 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?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 bif "Yes," indicate the number of Forms 8282 filed during the year  9 bif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required to file form 8282 accontinuous of cars, boats signature, or other valides, did the organization file Form 899 as required to a contribution of cars, boats signature, or other valides, did the organization file Form 899 as required to the Form 8282 filed during the year or the organization received a contribution of oracs, boats as injance, or other vehicles, did the organization file Form 899 as required to the organization make any taxable distributions under section 4966?  7g Sponsoring organizations m			-		<del></del> -
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring 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.  Did Gross income from members or shareholders.  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  11a  Did TYes," enter the amount of tax-exempt interest received or accrued during the year.  11b  11c  Did Tyes," enter the amount of tax-exempt interest received or accrued during the year.  11b  11c  Did Tyes, "enter the amount of reserves the organization is required to maintain by the states in which the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Did the organization is licensed to issue qualified health plans.  C Enter the amount of reserves on hand.  13b  C Enter the amount of reserves any payments for indoor tanning services during the tax year?  Did the organization receive any payments for indoor tanning services during the ax year?  Did the organization receive any payments for indoor tanning services during the ax year?  Did the organization receive any payments for indoor tanning services during the ax	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b></b>	ļ
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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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  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.  Gross income from members or shareholders.  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Bif "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Intitude of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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.  Enter the amount of reserves on hand.  Enter the amount of reserves on hand.  Bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Section 501(c) (29) the organization in Schedule O.  Did the organization receive any payments for indoor tanning services during the tax year?  By 14a X	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	.7g	<b> </b>	<b>↓</b>
Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  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.  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Bif "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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.  Enter the amount of reserves on hand.  Enter the amount of reserves on hand.  Enter the amount of reserves on hand.  Bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  Bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<del> </del>
Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966?.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  3 Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  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.  13b  13c  14a X  14b  15h  17es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  15h  15h  15h  16h  17es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15h  15h  16h  17es  18es  18es  18es  18es  19es  19es  10es  11es		sponsoring organization have excess business holdings at any time during the year?	8	<b> </b>	ļ
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<b>├</b>
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  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.  c Enter the amount of reserves on hand.  13a  13b  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15m  15m  17a  17b  17a  17a  17b  17a  17a	10				[ .
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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.  13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b 17SA  17SA  18b 18c 19C	а	initiation reco and capital contributions included on rait vin, into 12 · · · · · · · · · · · · · · · · · ·	`	~"	
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		, ,	` `
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter	'	· .	
against amounts due or received from them)	а	Gross income from members or shareholders	]	,	
against amounts due or received from them)	b	Gross income from other sources (Do not net amounts due or paid to other sources		-	] .
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1441			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		<u> </u>
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?		1		,	
a Is the organization licensed to issue qualified health plans in more than one state?				r,	ļ,
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			13a		
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	_			L	
the organization is licensed to issue qualified health plans	h			-	
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?		and organization to mornious to locate quantity in the state of the st			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Little tile amount of reserves on hand	14a		Х
JSA 50m 990 (2011)			-		
	JSA			990	(2016

Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			.
	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				-
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationship with			
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint		1	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval I	oy) members,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken during			
	the year by the following.		<u>.                                    </u>	برسد.	
a	The governing body?		8a	_X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9 /		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code		
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of s	-			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?.	11a		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	Number	لسد أسا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the state of	hat could give	426	X	
	rise to conflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the po		420	Х	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?			<u> </u>	
15	Did the process for determining compensation of the following persons include a review and		٠,		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.			X	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization		.55		- 1
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	orronoomant		اما	_ {
70a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_	16a	~£:	X
h	with a taxable entity during the year?				
D	participation in joint venture arrangements under applicable federal tax law, and take steps to		,		
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501/	:)(3)e	only)
10	available for public inspection. Indicate how you made these available. Check all that apply  Own website X Another's website X Upon request Other (explain in Sch	•	507(0	J)(U)U	Oy,
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	policy	, and
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's b Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 515-2	ooks and record 55-3153	s. <b>▶</b>		

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Part Vii		Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	_	Independent Co	ontr	actors								

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

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

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

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

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

Check this box if neither the organization nor	any related	orga	nıza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A)	(B)	(B)			C) ition			, (D)	(E)	(F)
Name and Title	Average	(do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an						compensation	compensation from	amount of
	week (list any	(	er and			or/trust		from	related	other
	hours for related organizations below dotted line)	1 17 -	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Beth Ledbetter	38									
President	2	X		Х	1			0	0	0
(2) Sue Baker	34									
First Vice President	2	Х		х	İ	}		0	0	0
(3) Brenda Atchison	32									
Second Vice President	2	х		х		j		0	o	0
(4) Patti Brolin-Ribi	32									<del></del>
Organizer	2	Х		Х				0	0	0
(5) Cathy Moss	20.5									
Recording Secretary	2	х		Х				0	0	0
(6) Jackie Matt	28.8									
Executive Director	11.2			Х				129,834	0	19,112
(7) Kathy A. Soppe	19		-							
Director of Finance/Treasurer	21			X		l		97,091	0	16,387
(8)										
(9)					-					<del></del>
(10)										
(11)										
(12)									<del> </del>	
(13)										<del></del>
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	and H	igh	est Compensate	d Employe	es (con	linued)
(A) Name and title	(B) Average hours per week (list any	box, unless person is both an officer and a director/trustee) compensation from		(D)  Reportable compensation from	(E) Reportab compensatio related	n from	(F) Estimated amount of 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)	organizatić (W-2/1099-N		compensation from the organization and related organizations
(15)						-					
(16)			-	-	$\vdash$	-	-				
(17)		-	-	-	<u> </u>	-	_		<u> </u>	-	
18)			-	-	<u> </u>						
19)			-	-	<u>                                      </u>						
20)			-		ļ				<u> </u>		
21)							-				
22)			-	-	-		_		<del> </del>		
23)			_		-		_		i		
24)			-	-			-		   		
25)	ļ		-				-				
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A			-			<b>&gt; &gt; &gt;</b>	226, 925 226, 925			35,499 35,499
Total number of individuals (including but no reportable compensation from the organization)	ot limited to						who		an \$100,00	)0 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, direct	or, o	r tı	rust dual	ee,	key	em	ployee, or highes	st compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	n \$1	50,0	000	? 1 	f "Ye	s," · ·	complete Sched	ule J for	such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	ompe	nsat	tion	fro	m an	y ur	nrelated organizat	ion or indiv		5 X
Complete this table for your five highest cor compensation from the organization Report year	npensated compensat	indep	end or th	lent e c	coi	ntract	ors ear	that received more ending with or wit	e than \$100 hin the orga	),000 of anization	's tax
(A) Name and business add	dress						T	(B) Description of se	rvices	Coi	(C) mpensation
N/A							-				
Total number of independent contractors received more than \$100,000 of compensations.							to	those listed abo	ve) who		
SA E1050 1 000	<del></del>								<del></del>		Form <b>990</b> (2016

		Check if Schedule O con	tains a response	or note to any	line in this Part V	<u>III </u>	·····	(D)
.',	,				(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded from tax under sections 512-514
Grants	b	Federated campaigns	1b 3	,581,670	1 4 4 4 4 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1			
Contributions, Giffs, Grants and Other Similar Amounts	d e f	Fundraising events Related organizations Government grants (contributions, gifts, g	ons) . 1d	25.0.001				
and Oth	_	and similar amounts not included a	above . 1f	259,201 249,099	3,840,871			
	<u>h</u>	Total. Add lines 1a-1f	<del> </del>	Business Code		11 - 3 - 1 - 12% - 12 - 12 - 12 - 12 - 12 - 12	· · · · · · · · · · · · · · · · · · ·	
Revenue		P.E.O. Record		511120	1,162,185	1		
Service	b c d							
Program Service Revenue	e f	All other program service revo	enue		1,162,185			
	3	Investment income (inc	luding dividend	s, interest,	254,611			254,611
	4	and other similar amounts). Income from investment of	tax-exempt bond p	proceeds .				
	5	Royalties	(ı) Real	(II) Personal				, , , , , ,
	6a b	Gross rents						- 5,
	c d	Rental income or (loss) Net rental income or (loss) .	L					, , , , , ,
	7a	Gross amount from sales of assets other than inventory	(i) Securities 3, 381, 790	(II) Other			, '-	
	b	Less cost or other basis and sales expenses	3,087,935					
	c d	Gain or (loss)	293,855	<b>.</b>	293,855	5		293,855
enne,	8a	Gross income from fundra events (not including \$						
Other Revenue		of contributions reported on See Part IV, line 18	a				f	
ŏ	c	Net income or (loss) from for	undraising events.					-
	9a	See Part IV, line 19	a			.6(		
	b	: Net income or (loss) from	gaming activities.				3	
	10a	returns and allowances	a	1 400 95	9			
	6	Net income or (loss) from s  Miscellaneous Reven	ales of inventory, _,		99,00			
	11a	Charter Fees		900099	71	6 716	5	
	t						+	
	0	·		900099	9,55	9,554	1	
	٠ ا	d All other revenue e Total. Add lines 11a-11d			10,27			FAO 46
	12	Total Add lines Tra-Tru	tions	<u></u>	5,660,79	1,271,45	2	548,46 Form <b>990</b> (20

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 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				<del> </del>						
2 Grants and other assistance to domestic individuals. See Part IV, line 22										
3 Grants and other assistance to foreign	j									
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)	1			•						
7 Other salaries and wages	1,483,416	126,275	1,357,141							
8 Pension plan accruals and contributions (include										
section 401(k) and 403(b) employer contributions)	63,849	5,435	58,414	<del></del>						
9 Other employee benefits	113,492	9,661	103,831							
10 Payroll taxes	114,553	9,751	104,802							
11 Fees for services (non-employees)										
a Management										
b Legal	61,474		61,474							
c Accounting	4,550		4,550							
d Lobbying	<del></del>									
e Professional fundraising services. See Part IV, line 17,										
f Investment management fees	29,998	<del></del>	29,998							
g Other (If line 11g amount exceeds 10% of line 25, column										
(A) amount, list line 11g expenses on Schedule O)	<del></del>	<del></del>								
12 Advertising and promotion	10 176		10 176							
13 Office expenses	18,176 194,054		18,176 168,990	25,064						
14 Information technology	194,034		100,990	25,009						
15 Royalties	42,760	<del></del>	42,760	<del></del>						
16 Occupancy	395,076		395,076							
18 Payments of travel or entertainment expenses	033/0.0	<del></del>								
for any federal, state, or local public officials										
19 Conferences, conventions, and meetings	43,209		43,209	<del></del>						
20 Interest										
21 Payments to affiliates										
Depreciation, depletion, and amortization										
23 Insurance	82,413		82,413							
24 Other expenses Itemize expenses not covered	<u> </u>									
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)										
a Postage & Shipping	378,688	338,394	40,294	<del></del>						
b Printing & Publications	303,268	303,268								
c Disposal of Fixed Assets	325,202	- <del></del>	325,202	<del></del>						
d Building Maintenance	73,892		73,892	<del></del>						
e All other expenses Miscellaneous	78,087	702 704	78,087	25 064						
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	3,806,157	792,784	2,988,309	25,064						
fundraising solicitation. Check here if	ł	}								

**Balance Sheet** Part X (R) End of year Beginning of year Cash - non-interest-bearing 586,090 29,975 1 Savings and temporary cash investments 8,455,128 9,692,657 2 2 Pledges and grants receivable, net ........... 3 Accounts receivable, net 22,137 224 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 6 Notes and loans receivable, net \_\_\_\_\_\_\_ 7 Inventories for sale or use 79,980 58,920 8 81,008 159,127 9 10a Land, buildings, and equipment, cost or 51,859,201 other basis. Complete Part VI of Schedule D 10a 51,796,809 10c 51,859,201 10,430,453 Investments - publicly traded securities ........ 10,032,586 11 11 906,488 12 870,574 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 71,382,198 16 73,679,159 16 17 45,424 17 106,040 18 18 34,693 19 416,403 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 of Schedule D 25 Total liabilities. Add lines 17 through 25........ 80,117 26 522,443 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ö complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . Assets 30 19,505,272 21,297,515 Paid-in or capital surplus, or land, building, or equipment fund 31 51,796,809 51,859,201 31 Retained earnings, endowment, accumulated income, or other funds 32 32 š 33 Total net assets or fund balances 71,302,081 73,156,716 33 73,679,159 71,382,198

Page **12** 

F	~~~	(0046)	
-um	330	(2016)	

0.1111 0 0	(2010)					
Part			_			
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			560,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			306,	
3	Revenue less expenses Subtract line 2 from line 1	3			354,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		71,3	302,	<u>081</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		73,	L56,	716
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
		•			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod.	Cash	[			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain	ın			
	Schedule O.		1	ł		
2a	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 com					
	reviewed on a separate basis, consolidated basis, or both.	•	1			
	Separate basis Consolidated basis Both consolidated and separate basis		1			
h	Were the organization's financial statements audited by an independent accountant?		ĺ	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both	00 0.	[			
	Separate basis Consolidated basis Both consolidated and separate basis		[			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vorci	aht		~	-
·	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e		i i			
	Schedule O.	хріан	' '' '			
2 -		fath		]		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth	''''	3a		x
L.	the Single Audit Act and OMB Circular A-133?	···	tho	- <del></del>		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		rie	3b		
	required addit of addits, explain with in ocheanie o and describe any steps taken to didengo such add	, i.u.			990	(2016)

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

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

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

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

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

Tax)	(see separate instructions), the		xy Tax) (see separate	instructions) or Form 990-l	EZ, Part V, line 35c (Proxy
_	Section 501(c)(4), (5), or (6) org	anizations Complete Part III		Employerida	ntification number
	· ·				
In	ternational Chapter	P.E.O. Sisterhood		42-04538	
		organization is exempt unde			
1	<del>-</del>	organization's direct and indirec	political campaign a	activities in Part IV (see i	instructions for definition
_	of "political campaign activity	•			
2		xpenditures (see instructions)			
_3_	Volunteer hours for political	campaign activities (see instruct	ons)	<del> </del>	
Par		organization is exempt unde			<del></del>
1		cise tax incurred by the organizat			
2		cise tax incurred by organization			
3	_	a section 4955 tax, did it file Forr			
4a					Yes No
<u>b</u>	If "Yes," describe in Part IV			<del></del>	<del> </del>
Pai	t -C Complete if the c	organization is exempt unde	r section 501(c), e	except section 501(c)(3	<u>).                                    </u>
1		expended by the filing organizati			
					<del></del>
2		ng organization's funds contribute			
		es		<del></del>	
3		enditures Add lines 1 and 2. E			
5	Enter the names, addresses organization made payment the amount of political con-	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, etributions received that were produced or a political action committee.	ber (EIN) of all sect enter the amount pa mptly and directly d	ion 527 political organiza id from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

SCI	nedule C (Form 990 or 990-EZ) 2016					Page 4
P	art II-A Complete if the organizat section 501(h)).	ion is exe	mpt under section	501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organization name, address, EIN, exp					roup member's
В	Check ▶ if the filing organizatio	n checked	box A and "limited	control" provis	ons apply.	
	Limits on Lob				(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amou	nts paid or incurred.	)	organization's totals	group totals
1:	a Total lobbying expenditures to influence	public opir	nion (grass roots lobb	ying)		
ı	b Total lobbying expenditures to influence	a legislativ	e body (direct lobby)	ng)		
•	c Total lobbying expenditures (add lines	la and 1b).		[		
•	d Other exempt purpose expenditures					<u> </u>
•	<ul> <li>Total exempt purpose expenditures (ad</li> </ul>	d lines 1c ai	nd 1d)			<u></u>
1	f Lobbying nontaxable amount Enter the	ne amount	from the following	table in both		
	columns				<del></del>	
	If the amount on line 1e, column (a) or (b) is	: The lobbyi	ng nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000	<del></del>	lus 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	lus 5% of the excess of	ver \$1,500,000		,
	Over \$17,000,000	\$1,000,000			<del></del>	<u> </u>
	g Grassroots nontaxable amount (enter 2				<del></del>	
1	h Subtract line 1g from line 1a If zero or				· · · · · · · · · · · · · · · · · · ·	<u> </u>
i	i Subtract line 1f from line 1c. If zero or le					<u> </u>
j	j If there is an amount other than zero					
	reporting section 4911 tax for this year	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Yes No
			raging Period Unde			
	(Some organizations that made See		01(h) election do no ite instructions for l	· · · · · · · · · · · · · · · · · · ·		nns below.
					·	
	Loo	bying Expe	nditures During 4-Ye	ar Averaging Pe	rriod	T
	Calendar year (a beginning in)	) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
28	a 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))					
1	f Grassroots lobbying expenditures					•

	to Marilla management and lives at a thorough at a below a world as a Coast Marin detailed	(;	a)		(b	)	
	h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed on of the lobbying activity	Yes	No		Amo	unt	
legi	ring the year, did the filing organization attempt to influence foreign, national, state or local slation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of						
a Vol	unteers?	ļ					
	d staff or management (include compensation in expenses reported on lines 1c through 1i)?.			ĺ			
	dia advertisements?		<del></del>				_
	ilings to members, legislators, or the public?			-			
	ints to other organizations for lobbying purposes?	i					
	ect contact with legislators, their staffs, government officials, or a legislative body?	1					
-	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						_
	er activities?	1		L			
	al Add lines 1c through 1i		}	<u> </u>			
	the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?			Į			
	'es," enter the amount of any tax incurred under section 4912			<u> </u>			
c If "	'es," enter the amount of any tax incurred by organization managers under section 4912			<del> </del>			
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  A Complete if the organization is exempt under section 501(c)(4), section 501	(a)(E)	07.6	· octio			
aitiii	501(c)(6).	(6)(3)	, OI s	<del>, c</del> ctio	•••		
						Yes	T
We	re substantially all (90% or more) dues received nondeductible by members?				1	Х	Τ
2 Did	the organization make only in-house lobbying expenditures of \$2,000 or less?		Non	e	2	X	
Did	the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	year?	3		:
l Due	answered "Yes." s, assessments and similar amounts from members			1			_
	tion 162(e) nondeductible lobbying and political expenditures (do not include amoutical expenses for which the section 527(f) tax was paid).	ınts	of				
a Cur	rent year			2a			
<b>b</b> Car	ryover from last year			2b			
	al			2c			
	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the reported are reported as a section for the reported are reported as a section of the reported			3			
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	ess does the organization agree to carryover to the reasonable estimate of nondeductible le	-	_	4			
and	political expenditure next year?	• • •	• • •	5			_
Tax	able difficulty of the boying differential experiences (see mistrations)						
Tax	Supplemental Information		<u> </u>				
	able amount of lobbying and political expenditures (see instructions)			5			

Schedule C (	Form 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
<del></del>		
	,	
		<del></del>
	,	
		<del></del>
		······································
		<del></del>
		<del></del>

#### SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 42-0453829 International Chapter P.E.O. Sisterhood Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 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? . . . . . . . . . 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (other) depreciation 1a Land ...... 299,135 299,135 2,731,918 2,731,918 Leasehold improvements Equipment ...... 4,518,958 4,518,958 44,309,190 44,309,190 Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)...... 51,859,201

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

JSA 6E1270 1 000

Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line	12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	·
	(including name of security)	(b) Book value	Cost or end-of-year market value	
	al derivatives			
	-held equity interests	·		
· · ·				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		<del></del>		
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)		L.—	
Part VIII	Investments - Program Related. Complete if the organization answered	l "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.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	<u>15.</u>
	(a) De	scription	(b) Book va	alue
(1)		·		
(2)				
_(3)				
(4)				
(5)				
(6)		<del></del>		
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) li	ine 15.)	<u> </u>	
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X	∢,
1.	(a) Description of liability	(b) Book valu	e T	
	ral income taxes			
(2)	<del> </del>			
(3)				
(4)				
(5)		-		
(6)		<del>-  </del>		
(7)		<del>  </del>	<del></del>	
(8)				
(9)				
<del></del>	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>		
			he organization's financial statements that reports the	
			if the text of the footnote has been provided in Part XII	ı [

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on
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Schedute D (Fo	orm 990) 2016	Page 3
Part XIII	Supplemental Information (continued)	
. ure zum	- appromoneur information (continued)	
		<u></u>
		<del></del>
		<del></del>
	1	
		···
		<del></del>
		<del></del>
		<del></del>

# **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Vame	of the organization			<del></del>	J	Employer identifica	ation number
	ernational Chapter P.				]	42-045382	
Par	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	f the orga	nization answer	red "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistanc	e, and the selection criteria	a used to	award the	Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use	of its grants a	and other
3	Activities per Region (The follow	ving Part I line	3 table can be	e duplicated if additional sp	ace is nee	hed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If acti a pro describe	vity listed in (d) is gram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1)	Europe		ļ	Investments			168,000
(2)	Cntrl Amer & Caribbean			Investments			3,000
(3)	E. Asia & Pacific			Investments	<del></del>		34,000
(4)	North America			Investments	_ <del>-</del>		15,000
(5)	Middle East & N. Africa			Investments			7,000
(6)					<del></del>		
(7)							
(8)			- ,				
(9)							
(10)							
(11)						<del></del>	
(12)						<del> </del>	
(13)			<u> </u>				
(14)							
(15)					·		
(16)						· · · · · · · · · · · · · · · ·	
(17)							
3a b	Sub-total	0	0		<u>.</u>		227,000

227,000

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part II Grants ar

ומו	railly, lille 13, 101 any recipient with received fillore trial \$2,000. Fart if car be duplicated if additional space is needed.	בולוכוון אווס ובכבוגם	d illore illali #5,000.	ו מור וו כמון מכיר	מלחונים וו מחחונים	חשמה שווח	וככתכת.		
<b>₽</b>	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(2)									
(2)									
(4)									
(6)	A STATE OF THE STA								
(9)								,	
(2)	Section of the sectio								
(8)	1)								
(6)									
(10)									;
(11)									
(12)									
(13)		in the state of th							
, (14)	at '								
(15)	= ,								
(16)		,							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 8

Enter total number of other organizations or entities. 6

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants an

Par III can de duplicated il additional space is needed.	unional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
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(13)							
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		-				Sche	Schedule F (Form 990) 2016

Schedul	le r (rom 990) 2016	Page =
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Form 5471 .not.required X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of US Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	X No

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

Int	ernational Chapter P.E.	O. Siste	erhood		42-0	4 <u>53</u> 829			
Par									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribute amounts reported of Form 990, Part VIII, lie	on	Method o			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	L							
5	Clothing and household								
	goods								
6	Cars and other vehicles			<u> </u>					
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded		<u> </u>			<del> </del>			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous			ļ					
13	Qualified conservation								
	contribution - Historic								
	structures								
14		ļ			1				
	contribution - Other	<del></del>		<del></del>					
15	Real estate - Residential								
16	Real estate - Commercial		1	240	000 0	ost of Imp	rove	nont e	
17	Real estate - Other	X		249,	099 0	OSC OF THE	TOVE	ments	<u> </u>
18	Collectibles	<del></del>							
19	Food inventory								—
20 21	Drugs and medical supplies Taxidermy			<del></del>					
22	Historical artifacts		·		-+				
23	Scientific specimens		<u> </u>						
24	Archeological artifacts								
25	Other ►()								
26	Other ►()			<del></del>			-	_	
27	Other ▶()		<del></del>						
	Other ►()								
29	Number of Forms 8283 received	by the ora	anization during the tax vi	ear for contributions	for				
	which the organization completed F		•		_	29			
	www.companies.	J J_JJ,	· antiv, bondo riominado		_			Yes	No
30a	During the year, did the organizati	on receive	by contribution any prope	rty reported in Part	l, lines	1 through			
	28, that it must hold for at least th		•	• •		-			
	to be used for exempt purposes for						30a		х
b	If "Yes," describe the arrangement in								
	Does the organization have a		ance policy that require	es the review of	any no	nstandard		_	l
	contributions?						31	х	
32a	Does the organization hire or use								
	contributions?						32a		x
	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which colur	nn (a) is	s checked,			
	describe in Part II								i

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
	<del></del>
	· <del></del>

# **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.

OMB No 1545-0047 Open to Public Inspection

42-0453829

Department of the Treasury Internal Revenue Service Name of the organization

International Chapter P.E.O. Sisterhood

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

Part I, Line 6--The number of volunteers is estimated based on the number of volunteers serving on boards and committees at the International Chatper level of P.E.O. Including volunteers from the state and local chapters would increase the number of volunteers to approximately 42,000.

Part VI, Line 6-7b--The organization's membership consists of active, dues-paying members of the local P.E.O. chapters (approximately 229,000). Voting members of convention, including local chapter delegates, state chapter officers and past-presidents of state chapters (approximately 1,400) attend the biennial convention of International Chapter where new members of the executive board are elected. addition, certain proposed amendments to the bylaws are presented and voted upon.

Part VI, Line 11--Copies of the Form 990 were provided to each member of the audit committee and executive board of the reporting organization prior to filing. A formal review process was conducted with the audit committee, and the executive board was given opportunity to respond with any questions before the return was filed.

Part VI, Line 12c--Conflict of Interest policies and signature pages are distributed yearly to all executive board members and to all committee members serving the reporting organization. Signature pages are collected by the executive office in Des Moines, IA and monitored for completion. Any conflicts of interest that arise pursuant to this process or otherwise throughout the year are to be reported immediately to the affected committee/board and the remaining members take the appropriate action.

Employer identification number

Name of the organization

42-0453829 International Chapter P.E.O. Sisterhood Part VI, Line 15b--the executive director and director of finance/treasurer complete an annual self-evaluation and submit it to the executive board. The executive board reviews the completed evaluations and submits responsive comments to the president for the executive director. A summary evaluation is prepared and approved by the executive board. The Compensation Committee prepares salary and benefits recommendations for discussion and approval by the executive board for the executive director. The director of finance/treasurer's salary is recommended by the executive director and reviewed by the Compensation Committee for approval by the executive board. The Compensation Committee uses comparability data from online research of like organizations and also uses periodic study from an outside consulting group. Part VI, Line 19--Governing documents, Conflict of Interest policies and financial statements are available to members only. These items are not available to the general public. Part VII, Line la--The executive director and director of finance/treasurer of the reporting organization also serve in the same capacity for the related organizations listed on Schedule R (except Cottey College). An estimate of average hours worked each week for the related organizations has been included in Part VII, Line 1a, column B for each of their respective Form 990s. Other than the P.E.O. Foundation, no wages are paid or reimbursed for either officer from the related organizations. For the 2016 tax year, P.E.O. Foundation did reimburse compensation and benefits of \$23,770 for the director of finance/treasurer to the reporting organization. All wages and related benefits for these individuals are paid directly by the reporting organization. Part XII, Line 2b--The organization's financial statements were audited by an independent auditing firm on a consolidated basis with the philanthropic funds of the P.E.O. Sisterhood, excluding Cottey College and P.E.O. Foundation (listed on Sched R, Pt II).

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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Sisterhood

International Chapter P.E.O.

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public 2016

Page 1/2 OMB No 1545-0047

Employer identification number Inspection

42-0453829

Part I	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on Fo	orm 990, Part IV	/, line 33.			
Ti.	(a) Name, address, and EIN (if applicable) of disregarded entity	Pr	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Buillo
(1)								
								-
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(3)								
	And the state of t							
(4)								
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Part II	Identification of Related Tax-Exempt Organizations. Complete if one or more related tax-exempt organizations during the tax year.	is. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ig the tax year.	anization answe	red "Yes" on Fc	ırm 990, Part IV,	line 34 because it	had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entify	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
							Yes	ş
(1) Cot1	(1) Cottey College Endowment Fund 42-6078017							
3700	3700 Grand Ave, Des Moines, IA 50312	endow fund	Iowa	501(c)(3)	12-Type II	See Pt VII	×	
(2) P. E.O.	.O. Educational Loan Fund 42-6078059							
3700	3700 Grand Ave, Des Moines, IA 50312	loan fund	Iowa	501(c)(3)	7	See Pt VII	×	
(3) P.E.	P.E.O. Int'l Peace Schol Fund 42-6078058						- <u>-</u>	
3700	O Grand Ave, Des Moines, IA 50312	schol fund	Iowa	501(c)(3)	7	See Pt VII	×	
(4) P.E.	(4) P.E.O. Prog. for Continuing Educ 23-7405311							
370(	3700 Grand Ave, Des Moines, IA 50312	grant fund	Iowa	501(c)(3)	7	See Pt VII	×	
(5) Cott						i	;	
100	1000 West Austin, Nevada, MO 64772	college	Missouri	501(c)(3)	7	See Pt VII	×	

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

3700 Grand Ave, Des Moines, IA 50312

Schedule R (Form 990) 2016

See Pt VII

×

See Pt VII

501(c)(3)

Іома

schol fund

3700 Grand Ave, Des Moines, IA 50312

42-6094564

(7) P.E.O. Foundation

Scholar Awards 42-1379026

(6) P.E.O.

501(c)(3)

Іома

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Sisterhood

International Chapter P.E.O.

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OMB No 1545-0047	2016	Open to Public	Inspection	Employer Identification number
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42-0453829

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity

Part II

9

9

(a) Name, address, and EIN of related organization	(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?
						Yes No
(1) Cottey College Building Fund 42-6078016						
3700 Grand Ave, Des Moines, IA 50312	supp college	Іома	501(c)(3)	501(c)(3)   12-Type II	See Pt VII	×
(2) P.E.O. STAR Scholarship Fund 30-0583651						
3700 Grand Ave, Des Moines, IA 50312	schol fund	Iowa	501(c)(3)	7	See Pt VII	×
(3)						
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(7)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

Part III

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organizations treated as a partnership during the tax year.	ted Organizations more related orga	Taxable		nip Complete if artnership durin	the organization g the tax year.	<b>a Partnership</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 sated as a partnership during the tax year.	on Form	990, Part IV, Iir	ne 34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income (f)	(g) Share of end-of- year assets	(h) Disproportorate silocations? Yes No	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1) N/A										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations d one or more rela	S Taxable ated orga		ion or Trust. Co	omplete if the or	a Corporation or Trust. Complete if the organization answered "Yes" ations treated as a corporation or trust during the tax year.	ered "Yes"	on Form 990, Part IV,	Part IV,	
(a) Name, address, and EIN of related organization	) of related organization		(b) Pnmary actwrty	(c) Legal domicle (state or foreign country)	(d) Direct controlling in entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets		Percentage Section (1) Ownership controlled entity?
										Yes No
(1) N/A						-				
(2)							ļ			
(3)										
(4)										
(5)										
(9)										
(7)							:			
ISA 8E1308 1 000								Schedi	ıle R (Forr	Schedule R (Form 990) 2016

Page 1.	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
огт 990) 2016	Transactions With Related Organizations. Cor
Schedule R (F	Part V

					1
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Ì	Yes No	ا ہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations list	ted in Parts II-IV?	Ŷ:	·×.	اتت
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	X	
b Gift, grant, or capital contribution to related organization(s)			1b		
c Gift, grant, or capital contribution from related organization(s).			10	×	<b> </b> ~
d Loans or loan guarantees to or for related organization(s)			19	×	
e Loans or loan guarantees by related organization(s)			16	×	1.
					_
f Dividends from related organization(s)			1	×	7
g Sale of assets to related organization(s).				×	
	•			×	۔ ا
i Exchange of assets with related organization(s)					۱.
			<b>=</b>  :	× ;	. اــ
ן בפספס טו ומטיוווופס, פקטיטיווופיוון, טו טווופן מספסט נט ופומופט טוטמוווגמווטוו(ס).			<del>-</del> -	×1,	.ّاب
k Lease of facilities, equipment, or other assets from related organization(s)			4	×	٦.
l Performance of services or membership or fundraising solicitations for related organization(s)			: :	×	.
m Performance of services or membership or fundraising solicitations by related organization(s)			E-	×	۱.,
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	×	ıI.
o Sharing of paid employees with related organization(s)			:	 :  >	1
			<u>-</u>	<b>∢</b> -~	Γ
			.].	:	٦.
p. Neillibursement paid to related organization(s) for expenses			1 <u>1</u> 0	×   ;	اہ
			:	<b>↓</b>	Γ
* Other transfer of each or property to related property of					٦.
			:	×	ابر
Other transfer of cash or property from related organization(s).				×	اہ
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	ction threshold	S	١
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	mining	
	type (a-s)		amount invo	payl	I
(1) P.E.O. Educational Loan Fund	1,0	187,747	Cash-FMV		1
(2) P.E.O. Educational Loan Fund	b	149,285	Cash-FMV		1
(3) P.E.O. International Peace Scholarship Fund	1,0	54,112	Cash-FMV		1
(4) P.E.O. Scholar Awards	1,0	70,892	Cash-FMV		1
(5) P.E.O. Foundation	1,0	169,858	Cash-FMV		1
(6) P.E.O. Foundation	ъ	322,275	Cash-FMV		1
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schadule			Yes	N
	lated organizations list	ed in Parts II-IV?		$\vdash$
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			13	_
b Gift, grant, or capital contribution to related organization(s)			4 <del>p</del>	-
c Gift, grant, or capital contribution from related organization(s).	•		10	
d Loans or loan guarantees to or for related organization(s)	•		1d	
e Loans or loan guarantees by related organization(s)			16	
				-
f Dividends from related organization(s),	•	•	11	
g Sale of assets to related organization(s)	•		19	_
h Purchase of assets from related organization(s).	•		1h	
i Exchange of assets with related organization(s).			<b>i</b> =	
j Lease of facilities, equipment, or other assets to related organization(s).			1	
			,	
k Lease of facilities, equipment, or other assets from related organization(s)			*	_
I Performance of services or membership or fundraising solicitations for related organization(s)			=	$\dashv$
m Performance of services or membership or fundraising solicitations by related organization(s)			-1 	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	$\dashv$
o Sharing of paid employees with related organization(s)			10	$\dashv$
				_
p Reimbursement paid to related organization(s) for expenses			1p	4
q Reimbursement paid by related organization(s) for expenses			10	$\dashv$
				·1
r Other transfer of cash or property to related organization(s)			<u>-</u>	4
			18	4
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	s line, including cove	red relationships and trans	action thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	B F
(1) Cottey College	υ	249,099	Cash-FMV	
(3)				İ
(4)				
(5)				
(9)				
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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.

(a) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocations?	(I) Code V - UB! amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No	$\vdash$	Yes No	
(1)										_
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