Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

, 20 17 For the 2016 calendar year, or tax year beginning April 1 , 2016, and ending March 31 D Employer Identification number B Check if applicable C Name of organization Address change 61-6053798 P.E.O. Sisterhood KY State Chapter Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 515 255 3153 3700 Grand Ave Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Des Moines, IA 50312-2899 Number ▶ 1072 Application pending H Check ► X If the organization is not Accounting Method | X | Cash Accrual Other (specify) ▶ required to attach Schedule B Website: ▶ www.peointernational.org (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) - 501(c)(3) X 501(c) (4) ◀ (insert no) 4947(a)(1) or X Association Other Corporation | Trust K Form of organization L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 151,012 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. X 78,782 2 2 68,732 3 Membership dues and assessments 4 2 Investment income Gross amount from sale of assets other than inventory 5a 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Grposment Arketerising expendent of the Company of of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less attem expenses from gaming and fundral sing events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 3,496 Gross sales of inventory, less returns and allowen Less cost of groots sold CE CENTER 7a 7 a 2,521 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 150,037 9 9 78,823 10 10 11 11 12 12 13 13 14 14 Occupancy, rent, utilities, and maintenance 2,998 15 15 59,378 16 16 Other expenses (describe in Schedule O) 17 141,199 17 18 8,838 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 96,359 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 105,197 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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Part II Balance Sheets (see the instr					
Check if the organization use	d Schedule O to res	spond to any questic	on in this Part II		<u></u>
			(A) Beginning of year		nd of year
22 Cash, savings, and investments			96,35	9 22	105,197
23 Land and buildings		<u></u>		23	
24 Other assets (describe in Schedule O)				24	
25 Total assets			96,35	9 25	105,197
26 Total liabilities (describe in Schedule O) .				26	
27 Net assets or fund balances (line 27 of co			96,35	9 27	105,197
Part III Statement of Program Serv			ons for Part III)	Fx	penses
Check if the organization used				(Required fo	•
What is the organization's primary exempt purpo				501(c)(3) an	
Describe the organization's program service					s, optional for
as measured by expenses. In a clear and	concise manner, des	cribe the services pro	ovided, the number of	others)	
persons benefited, and other relevant infori					
28 Program services accoompli			rious P.E.O.		
educational projects, scho				-	
educational projects, sent	zaronipo una s	EGGGT GUGTTGTG.	<u> </u>	-	
(Outstand) 78 823) If this amount includes	foreign grants, chack he	ara N	7 28a	88,979
3) II this amount includes	s foreign grants, check ne	ie	1 200	
29		·-··	· ·	-	
				-	
	> 16 About annound annound a	- foreign grouts, about he	NFO	29a	
70.0140 A) If this amount includes	s foreign grants, check ne	ere ▶ _	1 298	
30				-	
			 -	-	
				7	
13.500) If this amount includes			30a	
31 Other program services (describe in Schedul					
) If this amount includes			31a	
32 Total program service expenses (add I	ines 28a through 31a)	 <u> </u>	<u> </u>	· 32	88,979
Part IV List of Officers, Directors, True					
Check if the organization used	Schedule O to respor	nd to any question in th	is Part IV	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
		(b) Average	(C) Reportable	(d) Health benefits,	(e) Estimated amount of
(a) Name and title		hours per week	(Forms W-2/1099-MISC)	benefit plans, and	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	
Cathy J. Palmer					
President		12	0	0	C
Nancy H. Carwell					
Vice President		7	0	0	
Julee Carucci					
Organizer		15	0	0	
Julie Paxton					
Treasurer		10	0	0	
Lana Kington		10			
		7		0	را
Secretary			- 01		 `
			 		
				-1	
]		
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JSA		 	<u> </u>		Form 990-EZ (2016
6E1009 1 000					•

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Part \				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this I	artv	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
		33		Х
34	detailed description of each activity in Schedule O	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	_	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		
36	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		- X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter]		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			l
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b			- -	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	406		l ,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
4	4955, and 4958			
u	40c reimbursed by the organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Kathy A. Soppe Telephone no ▶ 515-255	-315	53	
	Located at ▶3700 Grand Avenue, Des Moines, IA ZIP+4 ▶ 50312-2	899	,	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	42c		X
С	At any time during the calendar year, did the organization maintain an office outside the United States?	420	1	1_^
40	If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	. [
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			T
774	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		 	<u> </u>
	Form 990-EZ (see instructions)	45b	<u> </u>	X

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	the organization engage, directly						Yes	No
Part VI	andidates for public office? If "Ye Section 501(c)(3) organiza All section 501(c)(3) organ	tions only					r line	X es
	50 and 51. Check if the organization us	·			,			
47 Did year	the organization engage in lobb	oving activities or have a	section 501	(h) election in e			Yes	No
48 Is th 49a Did	ne organization a school as desc the organization make any trans	ribed in section 170(b)(1)(/ fers to an exempt non-cha	A)(॥)? If "Yes ırıtable relate	," complete Sche d organization?.		. 49a		
50 Con	es," was the related organization plete this table for the organization ployees) who each received more	ition's five highest compe	nsated empl	oyees (other tha	in officers, directors	s, trustee		d key
	(a) Name and title of each employee	(b) Aver hours per devoted to	age week	(c) Reportable compensation ns W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estima other co	ted am	
				···				
			_					
51 Con	al number of other employees pa nplete this table for the organiz 00,000 of compensation from the	ation's five highest comp	ensated ind		actors who each r	eceived	more	than
	(a) Name and business address of each in		1) Type of service	(c) C	ompensatio	on	
			 					_
								
	al number of other independent of	_						
com	the organization complete Simpleted Schedule A					▶ ∐_Ye		No it is
	rrect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known Signature of officer			8/1/17				
Sign Here	Signature of officer Nathy A. Soppe, Director of Finance Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN		
Preparer Use Only	Firm's name Firm's address F				Firm's EIN Phone no			<u> </u>
May the IR	S discuss this return with the pre	parer shown above? See	nstructions .			► Ye		No

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.

20**16**

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

gov/form990. Inspection
Employer identification number

P.E.O. Sisterhood KY State Chapter	61-6053798
Part I, Line 10: Includes cash contributions sent to the following	ng educational and
charitable funds of the P.E.O. Sisterhood to be used for various	scholarship, grant
and loan programs to educate women. With the exception of Cottey	College, all share
an address of 3700 Grand Ave, Des Moines, IA 50312.	
P.E.O. Educational Loan Fund \$6,855 to be used for educational st	udent loans
Cottey College, 1000 W Austin, Nevada, MO 64772, \$18,764 for supp	port of the college
P.E.O. International Peace Scholarship \$10,020 for scholarships	
P.E.O. Program for Continuing Education \$12,205 for educational of	grants
P.E.O. Scholar Awards \$7,315 for scholarships	
P.E.O. STAR Awards \$10,424 for scholarships	
P.E.O. Foundation \$13,240 for scholarships and grants	
Part I, Line 16: Other expenses include costs associated with sta	ate convention,
operating expenses for the chapter, and dues to the International	Chapter for the
year.	

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page Z
	Employer Identification number
P.E.O. Sisterhood KY State Chapter	61-6053798

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