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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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 and its instructions is at www.irs.gov/form990.

Inspection

	ĀF	or th	e 2014 calendar year, or tax year beginning July 1 , 2014,	and ending	June 30	, 20 15
(5)	D		C Name of organization		D Employer identifica	tion number
()	B C	heck if ap	Building Fund Cottey College			
1 ,	آ	Addres	S Dong huggest as		42-6078	016
ીટું - દ. દેવા	į	Name	change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	,	Initial	3700 Grand Avenue		515-255	5-3153
DATE		Final r termin	cturn/ City or town, state or province country, and ZIP or foreign postal code			-
		Ameno			G Gross receipts \$	683,521
AON		Applic	F Name and address of principal officer		H(a) Is this a group retu	m for Yes 🗶 No
			Kathy A. Soppe, same as C above		subordinates? H(b) Are all subordinates in	cluded? Yes No
ر ت= ۲	1	Tax-exe	empt status 🗶 501(c)(3) 501(c) () 🕨 (insert no) 4947(a)(1) c	or 527	If "No," attach a list	(see instructions)
<i>©</i> €	.1	Websit	e: ► www.peointernational.org		H(c) Group exemption n	umber >
(E)	K	Form c	f organization Corporation Trust x Association Other	L Year of forma	tion 1960 M State	of legal domicile IA
<u> </u>	Pa	irt l	Summary			
		1	Briefly describe the organization's mission or most significant activities: The bu	ilding fun	d is used ex	clusively
	<u> </u>		for purposes of construction, repairs and maint	enance of	Cottey Colle	ge, Nevada,
	Governance		Missouri, 64772, a qualified charity.			
	ě	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	d of more than 25%	6 of its net assets	
		3	Number of voting members of the governing body (Part VI, line 1a)			5
	ବ୍ଦ ଓ ଓ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
	Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
	ᇶ	6	Total number of volunteers (estimate if necessary)		6	5
	٧		Total unrelated business revenue from Part VIII, column (C), line 12			
		b	Net unrelated business taxable income from Form 990-T, line 34		7b	
			RECE	-:- -	Prior Year	Current Year
	a	8	Contributions and grants (Part VIII, line 1h)		473,741	470,230
	Revenue	9	Program service revenue (Part VIII, line 2g)	3 2615 · . Ö		
		10	Investment income (Part VIII, column (A), lines 3, 4, and 70)	2 (VI)3	57,974	54,397
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	×0. 12. 12.		
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)-	VI. [O] ! .	531,715	524,627
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		356,837	340,232
						
	ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).			
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			
	Ex		Total fundraising expenses (Part IX, column (D), line 25) ▶		4 006	
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,206 361,043	6,608 346,840
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		170,672	
	28	19	Revenue less expenses Subtract line 18 from line 12		nning of Current Year	177,787 End of Year
	Net Assets or Fund Balances	20	Total accets (Part Y. line 16)	<u> </u>	2,368,893	2,541,702
	A88 Bal	24	Total lastets (Part X, line 16)		468,690	463,712
	und/	22	Total liabilities (Part X, line 26)		1,900,203	
	Pa	rt II	Signature Block		1,900,203	2,077,990
			alties of perjury, I declare that I have examined this return, including accompanying schedu	les and statements.	and to the best of my l	nowledge and belief, it is
			ct, and complete Declaration of preparer (other than officer) is based on all information of which			
2013			A MARINE A Down		11/10/2	015
	Sig		Signature of officer		Date	·
₹;	Hei	e	Kathy A. Soppe, Director of Finance/Treasure	er		
			Type or print name and title			
رے ایدا دی	D-14		Print/Type preparer's name Preparer's signature	Date	Check If I	אודי
$\mathbb{C}\mathfrak{D}$	Paid			1_	self-employed	
, 5-3)	-	Only	Firm's name		Firm's EIN	
		Omy	Firm's address	_	Phone no	
	May	the II	RS discuss this return with the preparer shown above? (see instructions)	 _		. Yes No
	For	Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2014)
2	JSA					
(),.		10 1 00	0			

	n 990 (2014) Page
Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission To provide funds for construction, repairs and maintenance of Cottey College,
	Nevada, Missouri 64772, a qualified charity.
	Nevada, missouri 64772, a quarried charity.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X N
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X N
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured to
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 341,504 including grants of \$ 340,232) (Revenue \$)
	To provide funds for construction, repairs and maintenance of Cottey College,
	located in Nevada, MO 64772, a section 501(c)(3) charity qualifying as a school.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 341,504
JSA 20	000 Form 990 (201

Page 2

Page 3

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		ж
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		ж
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,			1
	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		x
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	İ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•••	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1.14		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		- <u>*</u> -
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		-	-
124	complete Schedule D, Parts XI and XII	12a		×
.	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		1
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	, , , a	 	<u></u>
U	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	\vdash	-
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>	 	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- -' -	 	×
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
40		''		
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	40		ı,
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	 	×
19		19		×
20-	If "Yes," complete Schedule G, Part III	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
	100 to mile 200, die me organization attach a dopy or no deance interioral attachments to trill factality ,		L	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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 29 If "Yes," complete Schedule I, Parts I and III	22		ж
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		ж
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
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)			
	, , , , , , , , , , , , , , , , , , ,	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
		28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		×
••	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
34		34	x	ĺ
35^	or IV, and Part V, line 1	35a		×
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
36	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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
J-J	19? Note. All Form 990 filers are required to complete Schedule O		×	
	10 Hotel, III. 10 III 000 III 010 II 0 I 0 I 0 I 0 I 0			(2014)

	990 (2014)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		;└
	ا ما ا		Yes	No electronic
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		(j*) V225	13
	Enter the number of Forms W-20 included in line to Enter -0- if not applicable	47, J		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	82.25	201	
	reportable gaming (gambling) winnings to prize winners?	1c	<u>x</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	x	
h	Killy and the second of the forest control of Common Tallonda		. ,	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ر بر درون	51 #5	-ب
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	•	x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	- .		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		_
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of acro, bests, circleses, as other vicibiles did the organization file a Form 1008 C2	7 g		
_	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	7.11		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			-
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		-	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	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?	12a		
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.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		!	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		×
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^
<u>D</u>	II Tes, has it lied a Form 120 to report these payments. If 140, provide all expranation in Schedule O	י דער		

x

Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with x Did the organization delegate control over management duties customarily performed by or under the direct 3 3 x supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 x 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 x Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 6 x 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a x b Are any governance decisions of the organization reserved to (or subject to approval by) members, x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a 8b x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a x b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . x 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 13 x 13 Did the organization have a written whistleblower policy?....... 14 Did the organization have a written document retention and destruction policy?............ 14 x Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a XS b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶None
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► Kathy A. Soppe, 3700 Grand Ave, Des Moines, IA 50312 515-255-31

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										. ~
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co									

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	coi	mpen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unle: er and	Pos heck ss pe	erson	n o o Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Maria T. Baseggio	.2									
President	39.8	x		x				o		0
(2) Beth Ledbetter	.2			<u></u>				•		
First Vice President	37.8	x		x				О		0
(3) Sue Baker	.2									
Second Vice President	37.8	x		x				o		0
(4) Brenda Atchison	.2		 		<u> </u>	· · · · ·	_			
Organizer	37.8	x		x				О		0
(5) Patricia Brolin-Ribi	.2									
Recording Secretary	37.8	x		x				o		0
(6) Jackie Matt	.1				-			<u> </u>		
Executive Director	44.9			x				o		0
(7) Kathy Soppe, Director	.5	-			†					
of Finance/Treasurer	39.5	1		x				o		0
									:	
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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51111 000 (E014											rage
art VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co					_		~	<u>-</u>	• • •	

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 heither the organization nor	any related	orga	nıza	tion	ı cor	npen	sate	ed any current offic	er, airector, or trus	stee
				((C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one				than c	ne	Reportable	Reportable	Estimated
	hours per			•		ıs both			compensation from related organizations (W-2/1099-MISC)	amount of
	week (list any				irect	or/trust		from		other compensation
	hours for related	Individual trustee or director	Ins	Officer	ĕ,	en H	Former	the organization		from the
	organizations	mg Mg	Institutional trustee	ξ	Key employee	blog	mer	(W-2/1099-MISC)		organization
	below dotted	호 ᆵ	ene		ploy	8 8		,		and related organizations
	(ine)	uste	<u>\$</u>		ee	npe				Organizations
		ď	stee			Highest compensated employee				
			_			8				
(1) Maria T. Baseggio	.2									
President	39.8	ж		x				0		0
(2) Beth Ledbetter	.2									
First Vice President	37.8	ж		x				0		0
(3) Sue Baker	.2]								
Second Vice President	37.8	ж		х				0		0
(4) Brenda Atchison	.2									
Organizer	37.8	x		x				0		0
(5) Patricia Brolin-Ribi	.2									
Recording Secretary	37.8	ж		ж				0		0
_(6)										
_(7)	 	ļ								
		ļ	_	<u> </u>	<u> </u>					
(8)	 	ļ								
			_	<u> </u>						
_ (9)	 	Į						1		
			_							
(10)		{								
///			\vdash		-					
(11)		ł								
(42)			-	\vdash	 					·
(12)	 -	1								
(13)		$\vdash -$	 			<u> </u>	-			
7.77	 	1								
(14)			H	\vdash	 		\vdash			
(14)	 -	1	1						1	

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	timated lount 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)	organizati (W-2/1099-		fro orga and	pensation om the anization d related inizations
15)						_						_
16)												
17)	ļ											
18)												
19)												
20)	+											
21)	+											
22)												
23)												
24)												
25)												
1b Sub-total	Section A .	· · ·	· ·	 	 	 	> > >		on \$100.00	20. of		
 Total number of individuals (including but n reportable compensation from the organization) Did the organization list any former off employee on line 1a? If "Yes," complete Sche 	on ► icer, direct dule J for si	or, c	r tr	ust dual	ee,	key	em	ployee, or highe	st compens	sated	3	Yes N
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater tha	n \$1	50,0	000	? /	f "Ye	es, "	complete Sched	ule J for	such	4	
5 Did any person listed on line 1a receive of for services rendered to the organization? If '	r accrue c	ompe	nsat	ion	fro	m an	y ur	nrelated organizat	ion or indiv	/idual	5	
Complete this table for your five highest co compensation from the organization Report year												·
(A) Name and business ad	dress					-		(B) Description of se	ervices	С	(C) ompen	
N/A		•										
Total number of independent contractor received more than \$100,000 of compensations.							to	those listed abo	ove) who			

	990 (2 rt VIII						Page \$
		Check if Schedule O contains a response	or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tay under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	470,230	470,230		. ,	
Program Service Revenue	2a b c d e f		usiness Code				
	3 4 5 6a b	Investment income (including dividends and other similar amounts)	, interest, ▶ oceeds	41,834			41,83
	c d 7a b	Rental income or (loss)	(II) Other	12,563			12,56
Other Revenue	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			·		
	9a b c	Gross income from gaming activities See Part IV, line 19					
	10a b	Gross sales of inventory, less returns and allowances					
	11a		Business Code				

524,627

54,397

d All other revenue .

Total. Add lines 11a-11d . . . Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations mus	t complete colu	umn (A)
--	-----------------	---------

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Man agement and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	340,232	340,232						
2	Grants and other assistance to domestic individuals See Part IV, line 22								
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16								
	Benefits paid to or for members								
6	trustees, and key employees								
7	persons described in section 4958(c)(3)(B)								
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
10	Other employee benefits								
a b	Management Legal	1,002	_	1,002					
d	Accounting Lobbying Professional fundraising services See Part IV, line 17.	1,140		1,140	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25 column	2,342		2,342					
	(A) amount, list line 11g expenses on Schedule O)	852		852					
14	Office expenses								
17	Occupancy								
	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings								
20 21	Interest								
22 23	Insurance			_					
24	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 b	Currency Exchange	1,272	1,272						
c d	All other expenses								
25	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	346,840	341,504	5,336					
ISA	from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				5 000 (2011)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 252,091 1 390,716 Savings and temporary cash investments 544,790 579,529 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net _______ 7 Inventories for sale or use _______ 8 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 10c 11 1,486,470 11 1,482,386 89,071 85,542 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 2,368,893 2,541,702 16 16 17 17 18 18 468,690 463,712 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 468,690 26 Total liabilities. Add lines 17 through 25......... 26 463,712 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 27 Unrestricted net assets 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 2,077,990 32 1,900,203 32

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

2,541,702 Form **990** (2014)

2,077,990

1,900,203

2,368,893 34

33

Net

33

34

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			524	, 627
2	Total expenses (must equal Part IX, column (A), line 25)	<u>: </u>		346	,840
3	Revenue less expenses Subtract line 2 from line 1	3		177	<u>,787</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	1 ,	900	,203
5	Net unrealized gains (losses) on investments	<u>; </u>			
6	Donated services and use of facilities	<u>; </u>			
7	Investment expenses	<u>, </u>			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0	2	,077	<u>,990</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Mod. Ca		.	1	
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in	j		
	Schedule O				
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 compiled	ed or	<i>'</i>		
	reviewed on a separate basis, consolidated basis, or both				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? See Schedule		I .	X	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	1		
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	I -		
	of the audit, review, or compilation of its financial statements and selection of an independent account		t t	X	+
	If the organization changed either its oversight process or selection process during the tax year, exp	laın ın	¹		1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				1_
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	+	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		∋ 3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	<u> </u>		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

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

2014
Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Name of the organization

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

Building Fund Cottey College 42-6078016 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B X Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 1

g Provide the following informa		i '	1	- 1		
(i) Name of supported organization	corted organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (IV) Is the organization document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No		
(A) Cottey College	44-0545271	2	х		340,232	
(B)						
(C)						
(D)						
(E)						
Total					340,232	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		. <u> </u>	L	1		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	· - ·
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	
<u>Sec</u>	tion C. Computation of Public Supp				-		
14	Public support percentage for 2014 (lin	ne 6, column (f) divided by line	11, column (f))		14	0.0000%
15	Public support percentage from 2013	Schedule A, Pa	art II, line 14			15	<u> %</u>
16a	331/3% support test - 2014. If the or this box and stop here. The organization	•			-		
b	331/3% support test - 2013. If the o	•		-			
-	check this box and stop here . The orga	-					. []
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization						
	Part VI how the organization meets the						· ·
	organization				•		>
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17a	, or 17b, check	this box and see	• . —
	instructions	<u></u>		· · · · · · · · · · · ·	· · · · · · · ·	<u> </u>	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20°	14 (f) Total		
1	Gifts, grants, contributions, and membership fees								
	received (Do not include any "unusual grants ")								
2	Gross receipts from admissions, merchandise		1						
	sold or services performed, or facilities				• •				
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities				İ				
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of \$5,000				•				
	or 1% of the amount on line 13 for the year			 					
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from		İ						
	line 6)				ļ				
<u>Sec</u>	tion B. Total Support						···		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	1 4 (f) Total		
9	Amounts from line 6				-				
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less			_					
	section 511 taxes) from businesses				1				
	acquired after June 30, 1975		•						
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or								
	loss from the sale of capital assets		!						
	(Explain in Part VI)				ļ	ļ			
13	Total support. (Add lines 9, 10c, 11,	1							
	and 12)		<u> </u>		<u> </u>	L			
14	First five years. If the Form 990 is for	-			•				
	organization, check this box and stop here			<u> </u>	<u></u>		<u></u>		
Sec	tion C. Computation of Public Su								
15	Public support percentage for 2014 (line 8					15	0.0000%		
16	Public support percentage from 2013 Sch				· · · · · · · · · · · ·	16			
Sec	tion D. Computation of Investme					,			
17	Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))								
18	Investment income percentage from 2013					18	%_		
19 a	33 1/3 % support tests - 2014. If the or	ganization did n	ot check the box	x on line 14, an	d line 15 is mor	e than 331	1/3 %, and line		
	17 is not more than 331/3 %, check the			•					
b	33 1/3 % support tests - 2013. If the org								
	line 18 is not more than 331/3 %, check						. —		
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b					
JSA					S	cneaule A ((Form 990 or 990-EZ) 2014		

Part IV Supporting O

V Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Secti	ion A. All Supporting Organizations		1.4	1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1_1_	х	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		x
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6	 	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		x
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990)	8_		х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		х
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		х
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			İ
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations		ļ	<u>'</u>
3000		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	х	
Section	on D. All Type III Supporting Organizations		T	T
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	res	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1	·	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction).			
				No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3a 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	1S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			structions. All
Section A - Adjusted Net Income	iipiete 3	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		· · · -
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	•	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to		-	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-ıntear	ated Type III supporting	organization (see

instructions)

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			0.000000
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
. с				
d				
	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years		·	
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	· · · · · · · · · · · · · · · · · · ·		
7	Excess distributions carryover to 2015 Add lines 3j			
8	and 4c Breakdown of line 7		· · · · · · · · · · · · · · · · · · ·	
	DIEGROUWII OI IIIIE /			
a b				
			 	
c d	Excess from 2013	-		
	Excess from 2014			
-	EAUUUU 1011 EU 17	i i		ı

Schedule A (orm 990 or 990-EZ) 2014 Page	8 s
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions)	_
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SCHEDULEI (Form 990)

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

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

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	► Attach to Form 990.	
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OMB No 1545-0047	2014
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Open to Public Inspection

Employer Identification number

42-6078016

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

Building Fund Cottey College

Department of the Treasury Name of the organization Internal Revenue Service

	ا							•			4 - 4 - 4 - 4 - 4	Other A.		E	3
						inted States	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	he use of gra	monitoring t	cedures for	zation's pro	the organi	be in Part IV	Descri	2 [
ž	es	X Yes	<u></u> 1	tance?	•				stance?	the selection criteria used to award the grants or assistan	award the gr	ra used to a	ection criter	he sel	-
			nce, and	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	es' eligibility for the	, the grantee	ts or assistance	nt of the gran	ite the amou	Does the organization maintain records to substantiate	in records to	tion maintai	he organıza	Does t	_
									ance	ETT General Information on Grants and Assistan	on Grants	ormation (eneral Int		Part

Bldg. Maint. (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance N/A (f) Method of valuation (book, FMV, appraisal, other) A/N 0 (e) Amount of non-cash assistance 340,232 (d) Amount of cash grant (c) IRC section if applicable 501 (c) 3 440545271 (p) EIN Cottey College, 1000 W Austin 1 (a) Name and address of organization or government Nevada, MO 64772 Part II (4) 9 2 3 9 8 **E** 8 9 9 (12)

Enter total number of other organizations listed in the line 1 table............. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule I (Form 990) (2014)

N

Schedule I (Schedule I (Form 990) (2014)
Part III	Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed

	ו מון זון כמון כה מקלווים מכן יו מממיים וליים	المادين مصطورا				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	HOH-CASH ASSISIANCE	riviv, appraisal, otilei)	
1						
7						
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4						
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Part IV	Part IV Supplemental Information. Provide the Informat	the informati	on required in F	art I, line 2, Part I	II, column (b), and any c	tion required in Part I, line 2, Part III, column (b), and any other additional information

Pt. I, Line 2--The organization's bylaws dictate that all income is to be used for Cottey College for repairs

and maintenance. Such requests must be approved by the board of trustees of the reporting organization.

Reimbursements are only made after receiving documentation that all approved expenditures have been completed.

The board of trustees of the reporting organization also serves as governing members of Cottey College and

receive financial reports from the college regarding use of college funds.

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

Building Fund Cottey College	42-6078016
Part VI, Line 11: Copies of Form 990 were provided to each member	of the board of
trustees and to the audit committee of parent organization prior	
review process was conducted with the audit committee, with oppor	tunities for questions
from that committee and the board of trustees to be addressed bef	ore the return was filed.
Part VI, Line 12c: Conflicts of Interest policies and signature p	ages are distributed
yearly to each member of the board of trustees. Signature pages	are collected at the
office in Des Moines, IA and monitored for completion. Any confl	icts of interest that
arise pursuant to this process or otherwise throughout the year a	re to be reported
immediately, and the remaining members take the appropriate action	n.
Part VI, Lines 15a-15b: The organization's Executive Director is	employed by the related
"parent" organization, International Chapter of the P.E.O. Sister	hood, and the
organization shares her services with International Chapter. The	International Chapter
explains on its Form 990 the process determining the Executive Di	rector's compensation.
A similar arrangement exists for the Director of Finance/Treasure	r.

Name of the organization	Employer identification number
Building Fund Cottey College	42-6078016
Part VI, Line 19: Governing documents, conflicts of interest p	policies and financial
statements are available to members of the parent corporation	only. These items are
not available to the general public.	
Part VII, Line 1a: The Executive Director and Director of Fire	nance/Treasurer of the
parent organization, International Chapter of the P.E.O. Siste	erhood, also serve in the
same capacity for the reporting organization. An estimate of	average hours worked each
week for reporting and related organizations has been included	i in column (B). No wages
are paid or reimbursed for either officer from the reporting of	organization. All wages
and related benefits for these individuals are paid and report	ed by the parent
organization.	
Part IV, Line 12a and Part XII, Line 2b: The organization's m	nodified cash basis
financial statements were audited by an independent auditing f	Firm on a consolidated
basis with the other philanthropic funds of the P.E.O. Sisterh	nood, excluding Cottey
College and P.E.O. Foundation. (Listed on Schedule R, Part II	[)

Page 1/2

OMB No 1545-0047

SCHEDULE R (Form 990)

Internal Revenue Service
Name of the organization

Building Fund Cottey College

Department of the Treasury

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.

Employer identification number 42-6078016

Part	Identification of Disregarded Entities Complete If the	e organization answered "Yes" on Form 990, Part IV, line 33	red "Yes" on Fo	rm 990, Part IV	, line 33			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity C	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	. Buil
(£)								
(2)								
(3)								
(4)								
(5)								
(9)								
Part	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year	anization answer	red "Yes" on Fo	rm 990, Part IV,	line 34 because i	it had	
	(a) Name, address, and E.IN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	b)(13)
						,	Yes	N _o
(1) Int'1 3700 (Int'l Chapter P.E.O. Sisterhood 42-0453829 3700 Grand Ave, Des Moines, IA 50312	membership or	Iowa	501 (c) 4	N/A	N/A		×
(2) P.E	(2) P.E.O.Educational Loan Fund 42-6078059 700 Grand Ave. Des Moines, IA 50312	loan fund	Iowa	501 (c) 3	7	See Pt VII		×
(3) P.E	und IA	schol. fund	Iowa	501 (c) 3	7	See Pt VII		×
(4) P.E	7. for Continuing Edu Ave, Des Moines, IA	grant fund	Iowa	501(c)3	7	See Pt VII		×
(5) Cot	in, Nevada MO 6	college	Missouri	501(c)3	2	See Pt VII		×
(6) P.E 700	(6) P.E.O. Foundation 42-6094564 700 Grand Ave, Des Moines, IA 50312	educ scholshp	Iowa	501(c)3	7	See Pt VII		×
(7) P.E 700	(7) P.E.O. Scholar Awards 42-1379026 700 Grand Ave, Des Moines, IA 50312	schol. fund	Iowa	501(c)3	L	See Pt VII		×
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2014	2014

JSA 4E1307 1 000

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Direct controlling entity OMB No 1545-0047 Open to Public Employer identification number 2014 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 42-6078016 Direct controlling (e) End-of-year assets entity (if section 501(c)(3)) Public charity status (d) Total income **e** Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Exempt Code section (c) Legal domicile (state or foreign country) € Legal domicile (state or foreign country) (b) Primary activity ► Attach to Form 990. Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Building Fund Cottey College Name of the organization Part II Part I

(2)

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(4)

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(9)

(g) Section 512(b)(13) controlled ŝ X × Yes See Pt VII See Pt VII 11-Type II _ 501(c)3 501(c)3 Iowa Iowa endow. fund schol. fund 42-6078017 30-0583651 50312 50312 IA 3700 Grand Ave, Des Moines, IA (1) Cottey College Endowment Fund 3700 Grand Ave, Des Moines, (2) P.E.O.STAR Scholarship Fund ପ୍ର **a** 9 (9) 5

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

Schedule R (Form 990) 2014

JSA 4E1307 1 000

Schedule R (Form 990) 2014

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 Yes No Percentage ownership 3 (h) Percentage ownership (j) General or Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year ŝ managing partner Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Yes (g) Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionale effocations? Š Yes (g) Share of end-of-year assets (e)
Type of entity
(C cop., S cop. or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization JSA 4E1308 1 000 (1) N/A (1) N/A Part IV Part III 2 3 2 ପ୍ର (3) (4) (5) 9 3 9 9 (7)

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 schedule			Yes	S S
During the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts II-1V / Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	elated organizations lis	sted in Parts II-1V7	- P	×
			4b	
Gift, grant, or capital contribution from related organization(s)			10	×
Loans or loan guarantees to or for related organization(s)			1d	×
Loans or loan guarantees by related organization(s)			16	×
			•	
Dividends from related organization(s),			=======================================	×
Sale of assets to related organization(s)			19	×
Purchase of assets from related organization(s).			# +	×
Exchange of assets with related organization(s)			=	×
			<u>;</u> -	×
			ì	ļ
Lease of facilities, equipment, or other assets from related organization(s)			1k	×
Performance of services or membership or fundraising solicitations for related organization(s)			11	×
Performance of services or membership or fundraising solicitations by related organization(s),	•		1m ×	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n x	
Sharing of paid employees with related organization(s)			10 X	
			1	ı
Reimbursement paid to related organization(s) for expenses			10 x	1
Reimbursement paid by related organization(s) for expenses				×
			-	-
Other transfer of cash or property to related organization(s)			-	×
Other transfer of cash or property from related organization(s)			15	×
If the answer to any of the above is trest, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cove	ered relationships and transa	action thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Buji
(1) Cottey College	ą	340,232	Cash-FMV	
		Sch	Schedule R (Form 990) 2014	2014
4E1309 1 000				

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	(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated excluded	(e) Are all partners. section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate ellocations?		(I) Code V - UBI amount in box 20 of Schedule K-1	Gene mans	(I) General or managing partner?	(k) Percentage ownership
				sections 512-514)	Yes No			Yes		Ì	Yes	ž	
	(1)												
	(2)												
	(3)												
	(4)												
	(5)											•	
	(9)												
						:							
	(2)												
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	12)												
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	(14)												
	15)												
	(16)												
5	SA								-	Sch	edule	R (Form	Schedule R (Form 990) 2014