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Return of Organization Exempt From Income Tax

Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public

OMB No 1545-0047

| ξĀ | For th | ne 201 | 6 calendar year, or tax year beginning $\mathtt{July} \ 1$, 2016, and endir | ng Jun | e 30 | , 20 17 | |
|--------------------|------------|------------------|---|------------------------|---|---------------------------|-------------|
| | | | C Name of organization | | D Employer identif | fication number | |
| ₩ 1 | Check if a | pplicable | Building Fund Cottey College | | | | |
| | Addre | | Doing business as | | 42-60 | 78016 | |
| | | change | Number and street (or P O box if mail is not delivered to street address) Room/suite | | E Telephone numb | per | |
| - | Instal | return | 3700 Grand Avenue | - 1 | 515-2 | 55-3153 | |
| - | | return/ nated | City or town, state or province, country, and ZIP or foreign postal code | | | | |
| · - | Amer | nded | Des Moines, IA 50312 | | G Gross receipts \$ | 759, | 242 |
| · - | | cation | F Name and address of principal officer | | H(a) Is this a group | return for Yes | X No |
| _ | pendi | ing | Kathy A. Soppe, same as C above | | subordinates? H(b) Are all subordinates. | F-1 F | □ No |
| | Tax-ex | empt st | | | • • | a list (see instructions) | |
| ij | | | www.peointernational.org | | H(c) Group exemption | on number | |
| <u>K</u> | | of organ | | | | tate of legal domicile | IΑ |
| _ | art I | | mmary | 77.70.7.7.0 | 1300 111 01 | and an inegan commons a | |
| | | | describe the organization's mission or most significant activities The building | fund | le need a | evelueivelv | |
| | 1 | | purposes of construction, repairs and maintenance | | | | |
| ဦ | | | | 01 0 | octey cor. | rege, Nevada | a , |
| Ē | | | sourı, 64772, a qualified charity. | | | | |
| , Governance | 2 | | this box F if the organization discontinued its operations or disposed of more th | | 1 | _ 1 | - |
| | | | er of voting members of the governing body (Part VI, line 1a) | | - | 3 | 5 |
| Activities & | 4 | | er of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 5 |
| iti | 5 | | number of individuals employed in calendar year 2016 (Part V, line 2a) | | · · · · · ⊢ | 5 | 0 |
| ; | 6 | Total | number of volunteers (estimate if necessary) | | 5 | 6 | 5 |
| Activiti | 7a | Total | unrelated business revenue from Part VIII, column (C), line 12 | | | 'a | |
| | b | Net ur | nrelated business taxable income from Form 990-T, line 34 | | | 'b | |
| H T | | | | | Prior Year | Current Yea | ar |
| 7 | 8 | Contri | butions and grants (Part VIII, line 1h) | | 466,52 | 7 462, | 934 |
| 8 L evenue | 9 | | am service revenue (Part VIII, line 2g) | | | | |
| န္ ဇ | 10 | | ment income (Part VIII, column _t (A), lines 3, 4, and 7d) | | 45,86 | 9 44, | 163 |
| \succeq^{α} | 11 | | revenue (Part VIII, column (A), lines 5, 68, EC-9C, 106, End 11e) | | | | |
| 201 7 8 | 12 | | evenue - add lines 8 through 1 (must equal Part VIII, column (A) ine 12) | | 512,39 | 6 507, | 097 |
| _ | 13 | Grant | s and similar amounts paid (Part 💢 column (A), lines 1,31,7 | | 247,40 | | |
| | 14 | Renef | its paid to or for members (Part X7column (A), line 4) | | | | |
| | 4.5 | | nts paid to or for members (Part) (Part) (A), line 4) (Part) (A), line 4) (Part) (A), lines 5-10) | | | | |
| xpenses | 46.0 | | | | | | |
| eu | 16a | | undraising expenses (Part IX, column (A), line 25) ▶ | | | 1-2at 2 4 4 | |
| Ä | | | | | 6,93 | | 162 |
| | | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 254,33 | | |
| | 1 | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 258,05 | | |
| (| 19 | Rever | ue less expenses Subtract line 18 from line 12 | Begins | ung of Current Yea | | |
| ls or | | | | beginn | | | |
| Assets | 20 | | assets (Part X, line 16) | | 2,796,02 | | |
| Net A | 21 | | rabilities (Part X, line 26) | | 459,97 | | |
| | | Net as | sets or fund balances Subtract line 21 from line 20, | | 2,336,04 | 7 2,184, | 312 |
| P | art II | | gnature Block | | | | |
| Ur | ider pe | nalties o | of perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which preparer his | ments, ar as anv kn | nd to the best of m owledge | ny knowledge and beli | liet, it is |
| tru | ie, com | ect, and | Complete Declaration of preparer (other than officer) is based on an information of times proparer in | | 1 | | |
| | | | Patry a. Snope | | | 10117 | |
| Sig | _ | | Signature of officer | | Date | | |
| He | re | | Kathy A. Soppe, Director of Finance/Treasurer | | | | |
| | | | Type or print name and title | | | | |
| _ | | Print/ | Type preparer's name Preparer's signature Date | | Check If | f PTIN | |
| Pai | d | | | | self-employed | ı | |
| | parer | Firm's | name • | | Firm's EIN ▶ | • | |
| Us | e Only | | aname | | Phone no | | |
| MA | v the l | | address ► cuss this return with the preparer shown above? (see instructions) | | | Yes | No |
| ivia | y tite I | in o uis | cuss and return that the property shown above. (see mandeners) | • • • • | _ | 1 63 | 1.100 |

| P | art 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: | •••• |
| | | provide funds for construction, repairs and maintenance of Cottey College, | |
| . `` | None | do Missouri (4772) a gualfied shoritu | |
| `." | Neva | dan Missouri, 64772, a qualfied charity. | ': |
| • | · · · · | | |
| - | Did the | o organization undortales ééu significant program continue during the year which were not listed on the | |
| 2 | prior F | e organization undertake any significant program services during the year which were not listed on the form 990 or 990-EZ? | s X No |
| | | ," describe these new services on Schedule O. | |
| 3 | service | ne organization cease conducting, or make significant changes in how it conducts, any program es? | 8 X No |
| 4 | Descri | ," describe these changes on Schedule O. ibe the organization's program services accomplishments for each of its three largest program services, as m | |
| | | ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | s to otners, |
| | the tota | tal expenses, and revenue, if any, for each program service reported | · , '. |
| | | | |
| 4a | (Code. | |) |
| | | rovide funds for construction, repairs and maintenance of Cottey College, | |
| | loca | ted in Nevada, MO 64772, a section 501(c)(3) charity qualifying as a school | <u>ol.</u> |
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| 4b | (Code |) (Expenses \$) (Revenue \$) |) |
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| _ | | | |
| 4c | (Code. |) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| _ | | (0) | |
| 4d | | program services (Describe in Schedule O) | |
| _ | (Expen | | |
| 4e | Total p | program service expenses ► 653,179 | |

Form 990 (2016)

| Par | t IV 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 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | Х |
| 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 | | j | |
| | "Yes," complete Schedule D, Part I | 6 |] | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | 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 | | Х |
| 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 | | Х |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | ľ | |
| _ | complete Schedule D, Part VI | 11a | | X |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | : | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _ <u>X</u> _ |
| u | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | İ | v |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | X |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | 1 | v |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | X |
| | Schedule D, Parts XI and XII | 420 | ļ | v |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | | X |
| | "Yes," and if 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 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | _X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | I | |

| Part | Checklist of Required Schedules (continued) | | Yes | No |
|---------|--|------------|--------------|--------------|
| 20- | Did the approximation approximation are set and as many beautiful facilities Of 18 West 18 approximate Cabadyla II | 20a | 192 | X |
| 20 a | | 20a 20b | | |
| ь 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 1 | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | - { | { | |
| | employees? If "Yes," complete Schedule J | 23 | | Χ_ |
| 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 | } | - { | |
| | | 24a | | _X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | } | | |
| | | 24c | | |
| d | The time of garden of the control of | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| _ | | 25a | | <u>X</u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 1 | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 25b | | х |
| 26 | If "Yes," complete Schedule L, Part I | 250 | | |
| 20 | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 1 |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X_ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 00 | | - <u>-</u> - |
| • | Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | 1 |
| | or IV, and Part V, line 1 | 34 | Х | ļ |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ļ | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a |) | | 1 |
| | 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 | | | 1 |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 27 | | x |
| 20 | Part VI | 37 | | +^- |
| 38 | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | 1 |
| | 101 Nesternia i vini vov invis are regalica to complete doneado o | | | (2016 |

| Check if Schedule O contains a response or note to any line in this Part V | 0 0 s and 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c | Yes | X |
|--|---|--|----------------|
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 s and 1c 0 o o o o o o o o o o o o o o o o o o | | x |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 s and 1c 0 o o o o o o o o o o o o o o o o o o | X | |
| c Did the organization comply with backup withholding rules for reportable payments to vendor reportable gaming (gambling) winnings to prize winners? 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. b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other fire account)? b If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributing sits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor? b If "Yes," did the organization notify the donor of the value | s and 1c 0 eturns? 2b 3a 3b thority nancial 4a counts 5a action? 5b count 6a | X | |
| reportable gaming (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other fir account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributing gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year | oturns? 2b 3a 3b thority nancial 4a counts 5a action? 5c ind the 6a | X | |
| 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. b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributing fits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282? d If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282? d If "Yes," did the organization for Forms 8282 filed during the year. c Did the organization file Form 8999 as received a contribution of qualified intellect | oturns? 2b 3a 3b thority nancial 4a counts 5a action? 5b 5c ind the 6a | X | |
| Statements, filed for the calendar year ending with or within the year covered by this return. 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other file account;? b If "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributing gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the | tturns? 2b3a3b tthority nancial4a counts5a action? 5b5c ind the 6a | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other account; or a financial account in a foreign country (such as a bank account, securities account, or other financount; or interest in the name of the foreign country: b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic if "Yes" to line 5a or 5b, did the organization file Form 8886-T? | tturns? 2b3a3b tthority nancial4a counts5a action? 5b5c ind the 6a | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other account, a financial account in a foreign country (such as a bank account, securities account, or other fine account?) b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic if "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 3a 3b thority nancial 4a counts 5a action? 5b ind the 6a | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | thority nancial counts 5a action? 5b 5c lid the 6a | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | thority nancial 4a counts 5a action? 5c lid the 6a | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other finaccount)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | thority nancial 4a counts 5a action? 5b clid the 6a | | х |
| over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic if "Yes" to line 5a or 5b, did the organization file Form 8886-T? | tancial 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a | | х |
| b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact if "Yes" to line 5a or 5b, did the organization file Form 8886-T?. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributing gifts were not tax deductible? | counts 5a action? 5b 5c lid the 6a | | х |
| b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | counts 5a action? 5b 5c lid the 6a | | X |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5a section? 5b 5c did the 6a | | : |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5a section? 5b 5c did the 6a | ļ <u>-</u> | 1 |
| (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5a section? 5b 5c did the 6a | <u> </u> | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transic. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c did the 6a | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfic. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c did the 6a | <u> </u> | X |
| Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? | lid the 6a | | Х |
| Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as charitable contributions? | id the 6a | | |
| organization solicit any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributing gifts were not tax deductible? | | \perp | Х |
| gifts were not tax deductible? | 1 | | |
| Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor? | 6b | | <u> </u> |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor? | | | |
| and services provided to the payor? | goods | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | - 1 - | | Х |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282? | I | | |
| required to file Form 8282? | | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7c | | Х |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re | ntract? 7e | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re | | | Х |
| | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1 | , <u> </u> | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | |
| sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | 1 |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| against amounts due or received from them) | | _ | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? 12a | 1 | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 1 | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | 1 | |
| Note. See the instructions for additional information the organization must report on Schedule O | | 1 | T |
| b Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| the organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | 1 | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | i i | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 1 | T _X |
| ISA | 14a | | Х |

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | See in | struci | tions |
|--------|---|---------|--------------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | · · · · | · · · | X |
| Sect | ion A. Governing Body and Management | | | |
| | 1. | | Yes | No |
| 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | [: |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х |
| _ | | 5 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X |
| 6 | Did the organization have members or stockholders? | | | - ^- |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | ٠, |
| | one or more members of the governing body? | _7a_ | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 1 |
| | stockholders, or persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | L |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| • | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code |) | |
| | | | Yes | No |
| 100 | Did the organization have lead chapters bronches or officiates? | 10a | | Х |
| | Did the organization have local chapters, branches, or affiliates? | | | |
| D | 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 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| p | | | | |
| 12a | , | 12a | <u> </u> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | <u> X</u> | L |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 1 | |
| | describe in Schedule O how this was done | 12c | X | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | <u></u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | - |
| 15 | 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? | į | | } |
| • | The organization's CEO, Executive Director, or top management official See Schedule O | 15a | | |
| a b | Other officers or key employees of the organization | 15b | | |
| D | · · · · · · · · · · · · · · · · · · · | 1.00 | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | 1 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | X |
| | with a taxable entity during the year? | 16a | | ^ - |
| þ | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | · |
| | organization's exempt status with respect to such arrangements? | 16b | | <u> </u> |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | |
| 18 | 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 X Another's website X 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 int | erest | polic | y, 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 record | ls ▶ | | |
| | Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 515-255-3153 | | | |

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|----------------|---------|---------------|------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| Part VI | | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
| | | Independent C | ontr | actors | | | | | | | | |

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

| | έ. | 1 |
|--|-----|---|
| | ıxı | |
| | | |

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 organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office or direct | unie | Pos heck ss pe | rson | han the bor/true 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) Beth Ledbetter | .2 | | | | } | | | | | |
| President | 39.8 | x | | x | | | | 0 | О | 0 |
| (2) Sue Baker | .2 | <u> </u> | | - | | | | | | |
| First Vice President | 35.8 | х | ł | Х | | } | 1 | 0 | О | 0 |
| (3) Brenda Atchison | .2 | | | | | | | | | |
| Second Vice President | 33.8 | х | | Х | | | | 0 | 0 | 0 |
| (4) Patti Brolin-Ribi | .2 | | | | | | | | | |
| Organizer | 33.8 | X | | Χ_ | | | | 0 | 0 | 0 |
| (5) Cathy Moss | .2 | | | | | | | | | |
| Recording Secretary | 22.3 | X | | Х | | <u> </u> | L. | 0 | 0 | 0 |
| (6) Jackie Matt | .1 | | | | | | | | | |
| Executive Director | 39.9 | | | Х | _ | | | 0 | 0 | 0 |
| (7) Kathy Soppe | .5 | j | 1 | | Ì | Í | 1 | | | |
| Director of Finance/Treasurer | 39.5 | | _ | Х | L | <u> </u> | <u> </u> | 0 | 0 | 0 |
| (8) | | | | | } | | | | | |
| (9) | | - | | | | | | | | |
| (10) | | | | | - | | | | | |
| (11) | | - | | - | - | | - | | | |
| (12) | | | - | _ | - | | - | | | |
| | | | <u> </u> | | <u> </u> | | _ | | | |
| (13) | | } | | | | | | | | |
| (14) | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|--|--|--|-------------|------|------------------------------|---------------|-----------------------|--|---------|-----------------------------------|---|----------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations | box, | Position do not check more than of ox, unless person is both fficer and a director/trus fficer and a director/trus Officer Institutional trustee | | | | n an stee) | n compensation | (E) Reportal compensatio related organizati (W-2/1099- | on from | Est ame comp fro orga | (F) imated ount of ther ensation m the nization | |
| | below dated line) | trustee | nal trustee | | oyee | Highest compensated employee | | | | | | related nizations | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | ···· | | | | _ |
| (17) | | | | | - | | | | | | | | _ |
| (18) | | | | - | - | | | | | | | | |
| (19) | | | | | | | | | | | | | _ |
| (20) | | | | _ | - | | | | | | | | |
| (21) | | | | | - | | | | | | | | |
| (22) | | | | | | - | | | | | | | |
| (23) | | _ | - | | | | | | i | | _ | | — |
| (24) | | | | | - | | | | | | | | |
| (25) | | | | _ | - | | | | | | | | |
| | | İ | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c) | Section A. | | | | | | > | | | | | | <u>-</u> |
| 2 Total number of individuals (including but no reportable compensation from the organization) | ot limited to | | | | | | vho | received more th | an \$100,00 | 00 of | _ | | _ |
| 3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo | cer, direct | or, o | r tr | ust dual | ee, | key | em; | ployee, or highes | st compens | sated | 3 | Yes N | o |
| 4 For any individual listed on line 1a, is the organization and related organizations gi | reater thai | n \$1 | 50,0 | 000 | 7 1 | f "Ye | s, " | complete Sched | ule J for | such | | | |
| individual | r accrue co | ompe | nsat | tion | fro | m any | y ur | nrelated organizat | on or indiv | /idual | 4 | | <u> </u> |
| for services rendered to the organization? If " Section B. Independent Contractors | Yes," compl | ete So | chec | lule | J fo | or suci | н ре | erson | <u></u> | · · · _ | 5 | | <u> </u> |
| 1 Complete this table for your five highest cor compensation from the organization Report year | | | | | | | | | | | | | |
| (A) Name and business add | tress | | | | | | | (B) Description of se | ervices | Co | (C) ompens | ation | |
| N/A | | | | | | | | | | | | | _ |
| | | | | | | | + | | | | | | _ |
| 2 Total number of independent contractors | s (includes | n be | ıt n | ot. | lım | ited | tc | those listed sha | wal who | | | | _ |
| received more than \$100,000 of compensations | | | | | | | | 0 | ve, will | | | 990 (20 | |
| 6E1050 1 000 | | | | | | | | | | | rom | aau (20 | 16) |

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|-----------------------------|--|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) | | | | |
| | h | Total. Add lines 1a-1f | | | | |
| Program Service Revenue | 2a b c d | Business Cou | | | - | |
| ogra | f | All other program service revenue | | | | |
| Pr | 9 | Total. Add lines 2a-2f | > | | | |
| | 3 4 5 | Investment income (including dividends, interest, and other similar amounts) | 20,168 | | | 20,168 |
| | 6a b c d | Gross rents | > | | | |
| | b c d | Less: cost or other basis and sales expenses | 23,995 | | | 23,995 |
| Other Revenue | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | | |
| ŏ | | Less direct expenses b | | | | |
| | 9a | Net income or (loss) from fundraising events | | | | |
| | ь | Less direct expenses b | | | | |
| | 10a | Net income or (loss) from gaming activities | | | | |
| | b c | Less cost of goods sold | > | | | |
| | | Miscellaneous Revenue Business Cod | 40 | | | |
| | 11a | | | | 4 | |
| | ь | | 1 1 | | + | |
| | C | All alt a constant | | <u> </u> | | |
| | d | All other revenue | • | | † | |
| | 12 | Total revenue. See instructions | | | | 44,163 |

Part IX Statement of Functional Expenses

| Section 5 | 01(c)(3) and 501(c)(4) | organizations must comp | plete all columns. | All other organizations i | must complete column (A) |
|-----------|------------------------|-------------------------|---------------------|---------------------------|--------------------------|
| | Check if Schedule | O contains a response o | or note to any line | in this Part IX | |

| Do not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--|--------------------|---------------------|-----------------------|-----------------------|
| 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 Grants and other assistance to domestic organizations | | 550 553 | | |
| and domestic governments. See Part IV, line 21 | 650,610 | 650,610 | | |
| 2 Grants and other assistance to domestic | | | ļ | |
| individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign | | j | | |
| organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | | - | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1,000 | | 1,000 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17. | | | | |
| f Investment management fees | 2,436 | | 2,436 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,157 | | 2,157 | |
| 14 Information technology | 7,7,5,5 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses | - | | | |
| for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | - | | | *** * |
| | | | | |
| 23 Insurance | | | | |
| above (List miscellaneous expenses in line 24e lf | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O) | | | | |
| a Currency Exchange | 2,569 | 2,569 | | |
| | 2,303 | 2,303 | | <u> </u> |
| b | | | | |
| c | · | | | |
| d | | | | |
| e All other expenses | 650 770 | 652 170 | E E03 | |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the | 658,772 | 653,179 | 5,593 | |
| organization reported in column (B) joint costs | | | | |
| from a combined educational campaign and | | | | |
| fundraising solicitation Check here If | | | | |
| following SOP 98-2 (ASC 958-720) | | \ | | Form 990 (2016 |

Page 11 Form 990 (2016) **Balance Sheet** Part X Beginning of year End of year Cash - non-interest-bearing 295,099 1 88,134 Savings and temporary cash investments..... 1,136,971 2 1,099,338 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10c Investments - publicly traded securities 11 1,289,937 11 1,380,601 Investments - other securities See Part IV, line 11 74,019 12 71,087 12 13 13 14 14 15 15 16 2,796,026 16 2,639,160 Accounts payable and accrued expenses 17 17 18 18 19 459,979 19 454,788 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors. jabilities 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 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25....... 459,979 26 454,788 Organizations that follow SFAS 117 (ASC 958), check here

> 2,639,160 Form **990** (2016)

2,184,372

2,184,372

27

28

29

31

32

33

2,336,047

2,336,047

2,796,026

Balances

Fund 29

ŏ

Assets 30

Net

27

28

31

32

33

34

complete lines 27 through 29, and lines 33 and 34.

complete lines 30 through 34.

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

| Part | | | | | $\overline{}$ |
|------|--|---------|-------------|-------------------|---------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | 1 – 1 | | | لبل |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 507, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 658, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -151 , | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | <u>, 336,</u> | 047 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | 1 | | | |
| | 33, column (B)) | 10 | 2 | <u>, 184,</u> | 372 |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other Mod | | | İ | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | 1 | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | - | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | piled | or | - | |
| | reviewed on a separate basis, consolidated basis, or both | | l | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | } | 1 | |
| b | Were the organization's financial statements audited by an independent accountant? | | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ted on | ı a | - | ł |
| | separate basis, consolidated basis, or both | | 1 | 1 | <u> </u> |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | į | Į. | ĺ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | oversig | ght | 1 | İ |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | ountar | nt? 20 | : <u>X</u> | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | ın | - [| 1 |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | in | | |
| | the Single Audit Act and OMB Circular A-133? | | 3: | <u> </u> | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | ergo t | ihe | } | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits | 31 | | <u> </u> |
| | | _ | Fo | m 990 | (2016) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

| Nam | ame of the organization Employer identification number | | | | cation number | | | |
|-------------|--|---|---------------------|--|--|-----------------------|--|-------------------------------------|
| Bu | Building Fund Cottey College 42-6078016 | | | | | | | |
| Pa | rt I | Reason for Public Cha | rity Status (All o | organizations must o | omplete | e this pa | rt.) See instructions | · |
| The | org | anization is not a private fou | ndation because it | is (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chi | urches, or associat | tion of churches desci | nbed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | _ | A school described in secti | | • | - | | • • | |
| 3 | Ш | A hospital or a cooperative | • | • | | | • • • • • • | |
| 4 | L. | A medical research organiz | · | conjunction with a hos | spital de | scribed in | section 170(b)(1)(A) | (iii). Enter the |
| | _ | hospital's name, city, and st | | | | | | |
| 5 | | An organization operated f | | a college or universit | y owner | d or ope | rated by a governme | ntal unit described in |
| | _ | section 170(b)(1)(A)(iv). (C | • | | | | | |
| 6 | \vdash | A federal, state, or local go | • | | | | * * * * * * * * | |
| 7 | | An organization that norma | • | • | pport fro | om a go | vernmental unit or fro | om the general public |
| _ | $\overline{}$ | described in section 170(b) | | • | | | | |
| 8 | <u> </u> | A community trust describe | - | | | | | lat |
| 9 | Ш | An agricultural research org | • | , | | • | · · · · · · · · · · · · · · · · · · · | |
| | | or university or a non-land- | grant college of ag | riculture (see instruct | ions) Ei | nter the r | name, city, and state of | the college or |
| 40 | | university. | 11 | 45 00 0/ -6-4- | | f | -4 | |
| 10 | Ш | An organization that norma receipts from activities rela | ted to its exempt f | unctions - subject to | support certain e | xception: | ntributions, membersi s. and (2) no more that | n 331/3 % of its |
| | | support from gross investm | ent income and ur | nrelated business tax | able inco | me (less | s section 511 tax) from | |
| 44 | \Box | acquired by the organization An organization organization organized a | | | | | | |
| 11 12 | X | An organization organized a | | | | | | arn, out the nurnesss |
| 12 | <u></u> | of one or more publicly su | • | • | | | · | • • • |
| | | Check the box in lines 12a t | • | | | | | |
| _ | Г | | = | - · · | | _ | | |
| а | L_ | | • | • | • | | • | • • • • |
| | | the supported organizatio supporting organization \(\) | • • • | • | | ajority of | the directors of truste | es of the |
| b | Гх | Type II A supporting organization | • | | | with its | cupported organization | on(a) by baying |
| U | L | control or management o | • | | | | • • • | • • • |
| | | organization(s) You must | | - | uie sain | e person | is that control of man | age the supported |
| c | Γ" | Type III functionally integ | • | | ated in co | nnectio | n with and functional | ly integrated with |
| · | <u></u> | its supported organization | • • • | • • | | | | ly integrated with, |
| d | | Type III non-functionally | | • | | | | ted organization(s) |
| • | L | that is not functionally inte | - ' | | | | | |
| | | requirement (see instructi | - | • | | | * | · an attentiveness |
| е | Γ | Check this box if the orga | • | • | | - | | l. Type III |
| Ū | - | functionally integrated, or | | | | | | ., .,p |
| f | En | ter the number of supported | organizations | | | | | 1 |
| g | | ovide the following information | | | | | | |
| | | ame of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | | i | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) |
| | | | | LDOTO (GGO MONUCHOMA)) | Yes | No | | |
| (A) | Cot | tey College | | | | | | |
| (A) —— | | | 44-0545271 | 2 | X | | 650,610 | |
| (B) | | | | | | [| | |
| | | | | | ļ | | | |
| (C) | | | | | | | L. | |
| | | | | | ļ | ļ | | |
| (D) | | | | | | [| | |
| | | | | | | ļi | | |
| (E) | | | | | |] | | |
| | | | | | | | | |
| Tota | ıl | | | | | | 650,610 | |

Schedule A (Form 990 or 990-EZ) 2016 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.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|---|--------------------|---------------------------------------|---------------------------------------|----------|----------|---------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 | | | | | | |
| Sec | tion B. Total Support | ···· | · · · · · · · · · · · · · · · · · · · | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) | ļ | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | <u></u> | , | |
| 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 | <u></u> | | | | | |
| | tion C. Computation of Public Sup | | | | | T T | |
| 14 | Public support percentage for 2016 (III | | | | | | <u>%</u> |
| 15 160 | Public support percentage from 2015 | | | | | | <u>%</u> |
| 16a | 331/3% support test - 2016. If the o this box and stop here. The organization | • | | | <i>*</i> | | . — |
| h | 331/3% support test - 2015. If the o | · · | | _ | | | |
| 4 | check this box and stop here. The organization | - | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | - | | | | | |
| | Part VI how the organization meets t | | | | | | |
| | 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 instructions | | | | | | _ [] |
| | | | | · · · · · · · · · · · · · · · · · · · | | | 200 or 000 E7\ 2016 |

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

(Complete only if you checked the box on line 10 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 | | | | | | |
|------------|---|------------------------|--------------------|--------------------|-------------------|--|-------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | (| 1 | |
| | received. (Do not include any "unusual grants ") | | | | } | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | l | 1 | |
| | furnished in any activity that is related to the | | | | { | [| |
| | organization's tax-exempt purpose | | | | | 1 | |
| 3 | Gross receipts from activities that are not an | | | | | ļ ———————————————————————————————————— | |
| • | 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 | | | | } | | |
| | furnished by a governmental unit to the | | | | [| 1 | |
| _ | organization without charge | - | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | Ì | 1 | |
| h | received from disqualified persons | | | | | | |
| | received from other than disqualified | [| | | ļ | 1 | |
| | persons that exceed the greater of \$5,000 | | | | } | } | į |
| | or 1% of the amount on line 13 for the year | ļ | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | ! | | | [| | |
| | line 6.) | L | L | | L | L | |
| | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| TU a | Gross income from interest, dividends, payments received on securities loans, | | | | ĺ | | |
| | rents, royalties and income from similar | ļ. | ł | } | | } | |
| | sources | | ļ | <u></u> | | ļ | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | ļ | ļ | |
| ¢ | 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 | | | | | <u> </u> | |
| 12 | Other income Do not include gain or | | } | } | } | } | } |
| | loss from the sale of capital assets | | | 1 | } | | |
| | (Explain in Part VI) | | | L | ļ | <u> </u> | |
| 13 | Total support. (Add lines 9, 10c, 11, | | 1 | _ | - | | |
| | and 12) | L | | | <u> </u> | <u> </u> | <u> </u> |
| 14 | First five years. If the Form 990 is i | or the organiza | tion's first, seco | nd, third, fourth | , or fifth tax y | ear as a section | 501(c)(3) |
| | organization, check this box and stop here | | <u></u> | <u> </u> | | <u></u> | <u></u> ▶ |
| <u>Sec</u> | tion C. Computation of Public Sup | port Percenta | age | | | , | |
| 15 | Public support percentage for 2016 (line 8 | • • • | - | | | 15 | %_ |
| 16 | Public support percentage from 2015 Scho | edule A, Part III, Iir | ne 15 | <u> </u> | · , | 16 | %_ |
| Sec | tion D. Computation of Investme | nt Income Per | centage | | | | |
| 17 | Investment income percentage for 2016 (In | ne 10c, column (| f) divided by line | 13, column (f)) 🚬 | | 17 | %_ |
| 18 | Investment income percentage from 2015 | Schedule A, Part | III, line 17 .' | | | 18 | % |
| 19 a | 331/3% support tests - 2016. If the or | ganization did n | ot check the bo | x on line 14, an | d line 15 is mo | re than 331/3%, | and line |
| | 17 is not more than 331/3%, check th | is box and sto | p here. The org | anızatıon qualıfie | s as a publicly | supported organ | ization 🕨 💹 |
| b | 33 1/3 % support tests - 2015. If the orga | anization did not | check a box on | line 14 or line 1 | 9a, and line 16 i | s more than 331/ | 3 %, and |
| | line 18 is not more than 331/3 %, check | this box and s | top here. The or | ganization qualifi | ies as a publicly | supported organ | ization 🕨 📘 |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19t | b, check this b | ox and see insti | ructions > |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Secti | on A. All Supporting Organizations | | | |
|-------|---|----------|--------------|----|
| | | | 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 | 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 | | x |
| 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 | | x |
| 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 12a or 12b in Part I, answer (b) and (c) below. | 4a | | x |
| 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 ElN 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? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 5c | | - |
| _ | | | | 1 |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 . | | | v |
| _ | | 6 | | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | х |
| 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 or 990-EZ). | 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 | | X |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | X |
| c | Did a disqualified person (as defined in line 9a) 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 | | x |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | | X |
| 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) | | | |
| | below, the governing body of a supported organization? | 11a | | _X_ |
| | A family member of a person described in (a) above? | 11b | | _X_ |
| | 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 | | <u> </u> |
| Section | on B. Type I Supporting Organizations | | | |
| | | <u> </u> | 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 | | |
| 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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | |
| Section | on C. Type II Supporting Organizations | | <u></u> | |
| | | | 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 | | | |
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | 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 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | <u> </u> | |
| 1 a b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution of 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. | | - | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | แเรเเน | | No |
| 2 | Activities Test Answer (a) and (b) below. | | 1 62 | 1,40 |
| 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 Answer (a) and (b) below. 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? Provide details in Part VI. | 3a_ | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | ization | S | |
|--|----------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| instructions. All other Type III non-functionally integrated supporting organization | ations r | nust complete Section | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 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 | \top | | 7 |
| collection of gross income or for management, conservation, or | 11 | | 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 | | Ţ |
| 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). | <u> </u> | | |
| a Average monthly value of securities | 1a | | 1 |
| 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) | | | 1 |
| 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 | v integr | ated Type III supporting | organization (see |

instructions).

| Part | | Supporting Organizat | tions (continuea) | |
|--------------|--|-----------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exen | | | |
| | 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 | | | |
| | 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 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI) See | | | |
| | instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016 | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| ď | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| 9 | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| _ <u>j</u> _ | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from | | | |
| | Section D, line 7 \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | <u> </u> |
| С | Remainder. Subtract lines 4a and 4b from 4. | | <u> </u> | <u></u> |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any Subtract lines 3g and 4a from line 2 For result | | | [|
| | greater than zero, explain in Part VI See instructions | | | <u> </u> |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017 Add lines 3 | | | { |
| | and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | | | | |
| b | Excess from 2013 | | | |
| С | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| е | Excess from 2016, | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990-EZ) 2016 Page 8 |
|------------|----------------------------------|
| Part VI | |
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SCHEDULE (For

Grants and Other Assistance to Organizations,

OMB No 1545-0047 to Public

pection

| (Form 990) | Governments, and Individuals in the United States | 2016 |
|---|--|--------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | |
| | ► Attach to Form 990. | oben to Lab |
| Department of the Treasury Internal Revenue Service | y Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | Inspection |
| Name of the organization | | Employer Identification number |
| Building Fund | Building Fund Cottey College | 42-6078016 |
| Part I General | Part I General Information on Grants and Assistance | |
| 1 Does the organ | 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | _ |
| the selection or | the selection criteria used to award the grants or assistance? | × Yes |
| 2 Describe in Pai | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | |
| Part Grants a | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form | n answered "Yes" on Form |
| 990, Par | 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | needed. |

| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|-----------------------------|---------------------------------------|---|--|---------------------------------------|
| (1) Cottey College, 1000 W Austin | | | | | , | , , , , , , , , , , , , , , , , , , , | , c |
| Nevada, MO 64772 | 440545271 | 501(c)(3) | 650,610 | 0 | N/A | N/A | Blag. Maint. |
| (2) | | | | | | | |
| | | | | | | | |
| (3) | | | | | | | |
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| (4) | | | | | | | |
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| (5) | | | | | | | |
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| (6) | | | | | | | |
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| (8) | | | | | | | |
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| (6) | | | | | | | |
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| (10) | | | | | | | |
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| (11) | | | | | | | |
| | | | | | | | |
| (12) | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | government | organizations lis | ted in the line 1 tak | je | | A : : : : : : : : : : : : : : : : : : : | 1 |
| | | | | | | 4 | |

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

Schedule I (Form 990) (2016)

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| | Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | | |
|------------------------------|--|---|--|
| | nzation answered "Yes" o | | |
| | als. Complete if the orgar | d. | |
| | to Domestic Individua | ditional space is neede | |
| m 990) (2016) | Part III Grants and Other Assistance to | Part III can be duplicated if additional space is needed. | |
| Schedule I (Form 990) (2016) | Part III | 4 | |

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| - | | | | | | |
| 7 | | | | | | |
| 6 0 | | : | | | | |
| 4 | | | | | | |
| ro. | | : | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | the informat | ion required in P | art I, line 2; Part I | I, column (b); and any c | 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. Reimbusrements 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 Name of the organization

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

| Building Fund Cottey College | 42-6078016 |
|---|----------------------------|
| Part VI, Line 11: Copies of Form 990 were provided to each m | member of the board of |
| trustees and to the audit committee of parent organization p | orior to filing. A formal |
| review process was conducted with the audit committee, with | opportunities for |
| questions from that committee and the board of trustees to be | be addressed before the |
| return was filed. | |
| | |
| Part VI, Line 12c: Conflicts of Interest policies and signat | ture pages 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 | conflicts of interest that |
| arise pursuant to this process or otherwise throughout the | year are to be reported |
| immediately, and the remaining members take the appropriate | action. |
| | |
| Part VI, Lines 15a-15b: The organization's Executive Direct | or is employed by the |
| related "parent" organization, International Chapter of the | P.E.O. Sisterhood, and the |
| organization shares her services with International Chapter | . The International |
| Chapter explaines on its Form 990 the process determining t | he Executive Director's |
| compensation. A similar arrangement exists for the Directo | r of Finance/Treasurer. |
| | |
| Part VI, Line 19: Governing documents, conflicts of interest | policies and financial |
| statements are available to members of the parent corporati | on only. These items are |
| not available to the general public. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Building Fund Cottey College

Part !

Department of the Treasury Internal Revenue Service Name of the organization

20**16** Inspection

Page 1/2 OMB No 1545-0047

Employer identification number

42-6078016

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (f applicable) of disregarded entity Part II (9) (1) <u>ල</u> 3 9 3

| (8) | (q) | (0) | (p) | (e) | € | (6) | |
|---|------------------|---|---------------------|--|------------------------------|-----------------------------------|---------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b) controlled entity? | (b)(13) |
| | ! ! | ; | | | | Yes | No |
| (1) Int'l Chapter P.E.O. Sisterhood 42-0453829 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | membership org | Іома | 501(c)(4) | N/A | N/A | | × |
| (2) P.E.O. Educational Loan Fund 42-6078059 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | loan fund | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| (3) P.E.O. Int'l Peace Schol Fund 42-6078058 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | schol fund | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| (4) P.E.O. Prog. for Continuing Educ 23-7405311 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | grant fund | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| (5) Cottey College 44-0545271 | | | | | | | |
| 1000 West Austin, Nevada, MO 64772 | college | Missouri | 501(c)(3) | 2 | See Pt VII | | × |
| (6) P.E.O. Scholar Awards 42-1379026 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | schol fund | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| (7) P.E.O. Foundation 42-6094564 | | | | | | | |
| 3700 Grand Ave, Des Moines, IA 50312 | educ scholarshp | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| | | | | | | | |

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

Schedule R (Form 990) 2016

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Page 2/2

OMB No 1545-0047

2016 Open to Public Inspection

Employer identification number

42-6078016

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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► 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.

| Buildi | Building Fund Cottey College | | | | | 42-6078016 | 3016 | |
|----------------------|--|--|---|---|--|-------------------------------------|--|-------------------|
| Part I | Identification of Disregarded Entities. Complete if the | the organization answered "Yes" on Form 990, Part IV, line 33. | rered "Yes" on Fo | orm 990, Part IN | /, line 33. | | | |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | <u>a</u> | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | rolling |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | | | | | |
| Part II | 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. | complete if the orgetax year. | anization answe | red "Yes" on Fc | orm 990, Part IV, | line 34 because | it had | |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13) illed |
| | | | | | | | Yes | ٩ |
| (1) Cottey 3700 G | tey College Endowment Fund 42-6078017 0 Grand Ave, Des Moines, IA 50312 | endow fund | Iowa | 501(c)(3) | 12-Type II | See Pt VII | | × |
| (2) P.E.O. | Grand Ave. | schol fund | Iowa | 501(c)(3) | 7 | See Pt VII | | × |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | | | | | |
| (2) | | | | | | | | |
| For Papery | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | Schedule | Schedule R (Form 990) 2016 | 0) 2016 |

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Schedule R (Form 990) 2016

| Part III because it had one or more related organizations treated 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. | ed Organizations nore related orga | Taxable anization | as a Partnersh s treated as a p | ip Complete artnership dur | if the organization ing the tax year. | n answered "Ye | s" on Form | 1 990, Part IV, | line 34 | 3 | ; |
|---|---------------------------------------|----------------------------------|------------------------------------|---|--|--|--|--|------------------------------------|--|---------------|
| (a) Name, address, and EfN of related organization | (b) Primary activity | Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total ad, income income | (g) Share of end-of- year assets | (h) Ottomoranna abcalon? | Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (k) Percentage ownership | <u> </u> |
| | | country) | | | | | Yes | | Yes No | | 1 |
| (1) N/A | | | | | | | | | | | i |
| (2) | | | | | | <u> </u> | | | | | |
| (3) | | | | | | | | | | | í |
| (4) | | | | | | | | | | | i |
| (5) | | | | | | | | | | | ļ |
| (9) | | | | | | | | | | | ı |
| (7) | | | | | | | - | | | | 1 |
| Part IV Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations. | ed Organizations one or more rela | Taxable sted organic | as a Corporat | ion or Trust. (| a Corporation or Trust. Complete if the organization answered "Yes" tions treated as a corporation or trust during the tax year. | rganization ansing the tax year. | vered "Yes | " on Form 990, Part IV, | , Part IV, | | 1 |
| (a) Name, address, and EIN of related organization | of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | cale Direct controlling engine | (e) Type of entty (C com, S com, or trust) | (f) Share of total income | al Share of end-of-year assets | (h) Percentage ssets ownership | ntage Section Section State Controlled entity? | tion Siled |
| | | | | | | | <u>.</u> | | | Yes No | 일 |
| (1) N/A | | | $\overline{}$ | | | | | | <u>-</u> | | |
| (2) | | | | | | | | | | - | l |
| (3) | | | | | | |) } | | | | ł |
| (4) | | | | | | | | | | | 1 |
| (5) | | | | | | | | <u> </u> | - | | 1 |
| (9) | | | | | | | | | - | - | |
| | | | | | | | | | $\frac{1}{2}$ | - | 1 |
| (7) | | | | | | | | | _ | | i |
| JSA 6E1308 1 000 | | | | | | | | Schec | dule R (Fo | Schedule R (Form 990) 2016 | 016 |

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 No | 9 |
|---|----------------------------|-----------------------------|---|-------------------|----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | related organizations list | ted in Parts II-IV? | | | 1 |
| a Receipt of (ii) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | | 1a | _ | × |
| b Gift, grant, or capital contribution to related organization(s) | | | 1p | × | 1 |
| c Gift, grant, or capital contribution from related organization(s). | • | | 10 | ^ | × |
| d Loans or loan guarantees to or for related organization(s) | | | 1d | _ | × |
| e Loans or loan quarantees by related organization(s) | | | 4 | ^ | l× |
| | | | <u> </u> : | | |
| f Dividends from related organization(s). | | | 7 | | × |
| | • | | 19 | ^ | × |
| h Purchase of assets from related organization(s) | | | ₽ | _ | × |
| | | | = | _ | × |
| j Lease of facilities, equipment, or other assets to related organization(s). | | | = | _ | × |
| | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | <u>*</u> :: | ^ | ×I |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | = | | اید |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | : : | × | |
| o Sharing of paid employees with related organization(s) | | | <u>위</u> :: | × | |
| | | | | | - 1 |
| p Reimbursement paid to related organization(s) for expenses, | | | ٠ | × | |
| q Reimbursement paid by related organization(s) for expenses | | | | | \times |
| | | | | | 1 |
| r Other transfer of cash or property to related organization(s) | | | <u>=</u> | 1 | × |
| s Other transfer of cash or property from related organization(s) | | | 18 | × | ايد |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | his line, including cover | red relationships and trans | action threshold | S | - 1 |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | ermining olved | |
| | | | | | - |
| (1) Cottey College | q | 650, 610 | Cash-FMV | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | 1 |
| (4) | | | | | |
| (5) | | | | | |
| (9) | | | | | ŀ |
| JSA 6E1309 1 000 | | Sch | Schedule R (Form 990) 2016 | 990) 20. | 7 |

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) (b) (c) Hame, address, and EIN of entity (state of county (state of county (state of county (state of county (state of county (state of county (state of county (state of county (state of county (state of county (state of state (b) Primary activity | c) domicile r foreign ntry) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year essets | (h) Disproportionate affocations? | 1 | (i) Code V - UBI emount in box 20 of Schedule K-1 (Form 1065) | (I) General or managing pariner? | | (K) Percentage ownership |
|--|-------------------------|--------------------------------------|---|---|---------------------------------|---------------------------------|---|--------|---|---|---------|--------------------------------|
| | | | | | | | Yes | ۶ ک | | Yes | ۶ ک | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | - | |
| (3) | | | | | | | | - | | | 1 | |
| (4) | | | | | | | | - | | | + | |
| (5) | | | | | | | | - | | | | |
| (9) | | | | | | | | - | | | - | |
| (7) | | | | | | | | - | | | | } |
| (8) | | | | | | | | | | | | |
| (6) | | | | | | | | - | | | | |
| (10) | | | | | | | | - | | | | |
| (11) | | | | | | | | - | | | | |
| (12) | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| JSA 6E 1310 1 000 | | | | | | | | | Sch | edule R | (Form 9 | Schedule R (Form 990) 2016 |

| Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R See Instructions. |
|-------------|--|
| Part II | I, Lines (1) - (7) pg $1/2$, Lines (1) - (2) pg. $2/2$, col (f) : The direct controlling |
| entity | for referenced related organizations is The International Chapter of the |
| P.E.O. | Sisterhood. The executive board of this organization either appoints trustees |
| or gove | erns directly for each of the aforementioned related organizations. |
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