	ı
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	Activities & Concresses
	0
	Activition
0107	Revenue

	Form 9	90 -		od	L	OMB No 1545-0047
	i oiiii 🕶		Return of Organization Exempt From	Income Ta	ax [2017
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private foun	datiggs) 🐧	
Depa	rtment of the	Treasury	 Do not enter social security numbers on this form as it r Go to www.irs.gov/Form990 for instructions and the l 			Open(to Rublic Inspection
Δ			year, or tax year beginning 1/01 2018 , 2017, and e			, 2018
B	Check if appli		year, or tax year 20gg 17 01 1 4010 , 2017, am2	<u> </u>		dentification number
	Address	change Ci	rcle of Sisterhood Foundation, Inc.		27-23	93582
	Name ch	$_{\text{nange}}$ 170	5 Wood Lily Drive	Ţ	E Telephone	number
	Initial re	_{turn} Be	elmont, NC 28102		317-7	75-9488
	├ ──	n/terminated			_	A A A A A A A B A B B B B B B B B B B
	Amende		News and address of average officer	A H(a) Is this a	G Gross receip	
	Applicati	ion pending	Name and address of principal officer Virginia Carroll ame As C Above	// ` '	subordinates inc attach a list (see	
$\overline{}$	Tax-exemp		501(c)(3) 501(c) () 4947(a)(1) or (Insert no) 4947(a)(1) or (Insert no) (Insert	If 'No,' a	attach a list (see	e instructions)
<u>;</u>	Website		circleofsisterhood.org	/ - 	exemption numbi	er 🕨
$\overline{\mathbf{K}}$	Form of or		Corporation Trust Association Other ► L Year of	formation 2010) M State	of legal domicile IN
P	rtil S	ummary				
			the organization's mission or most significant activities Uplift	ing women	<u>from po</u>	verty through
9	<u>e</u> dī	ucation_	·			
Activities & Governance			·	<i></i>		
Ver	2 Che	ck this box	if the organization discontinued its operations or disposed	of more than 25	5% of its net	assets
ၓ			g members of the governing body (Part VI, line 1a))		8 8
တ္			pendent voting members of the governing body (Part VI, line 1b)			<u>8</u> 8
vië:			individuals employed in calendar year 2017 (Part V, line 2a) volunteers (estimate if necessary)		<u> </u>	5 0 5 75
듗			ousiness revenue from Part VIII, column (C), line 12		<u></u>	7a 0.
	b Net	unrelated bu	usiness taxable income from Form 990-T, line 34			7b 0.
		-		Pı	rior Year	Current Year
ē			d grants (Part VIII, line 1h)		524,577	335,724.
Revenue	1	-	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, and 7d)		131	890.
æ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			030.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	524,708	336,614.
	13 Gra	nts and simil	lar amounts paid (Part IX, column (A), lines 1-3)		215,000	230,760.
	I		or for members (Part IX, column (A), line 4)			
Ø	15 Sala		compensation, employee benefits (Part IX, column (A), lines 5-10)	106,275	55,144.
Expenses	16a Prof	fessional fun	draising fees (Part IX, column (A), line 11e)			
xpe	b Tota	al fundraising	g expenses (Part IX, column (D), line 25) 17,7	14.		
ш	17 Oth		(Part IX, column (A), lines 11a-11d, 11f-24e)		91,119	
			Add lines 13-17 (must equal Part IX, column A) 125 ED		412,394	
_		enue less ex	spenses Subtract line 18 from line 12	<u> </u>	112,314	
13 0	20 Tota	al accete (Pa	ort X, line 16) 8 NOV 0 7 2018	Beginnin	g of Current Yo 374, 126	
Assets or	20 Tota		Part X, line 26)	8	140,515	
No.			nd balances Subtract line 21 from line 20 OGDEN, UT		233,611	
P		ignature l			233,011	250,755.
1.3			re that I have examined this return, including accompanying schedules and statements, (other than officer) is based on all miliophation of which preparer has any knowledge	and to the best of m	y knowledge and	I belief, it is true, correct, and
con	plete Declara	ation of preparer	(other than officer) is based on all morphation of which preparer has any knowledge	····	10/10/	
٠.		Signature o	Jour Joursel	 Da	<i>10 17 ;</i>	2018
Si	gn ere	/	in Commoli	Fuegu	tivo Di	~
116			fnia Carroll nt name and title	£xect	itive Di	<u> </u>
_		Print/Type prepa	arer's name Peparer signature Date		Check	PTIN
Pa	id	David H	. Cropper, CPA	10/5/18	self-employed	P00851370
Pr	eparer	Firm's name	MID-AMERICA AUDIT & TAX/ VNC.	1-1		
Us	e Only	Firm's address	7212 N. SHADELAND AVE STE 103			261093736
			INDIANAPOLIS, IN 46250		Phone no 3	17-284-0200
			return with the preparer shown above? (see instructions)			X Yes No
BA	A For Pag	perwork Red	uction Act Notice, see the separate instructions.	TEEA0113L 08/0	08/17	Form 990 (2017)

; Form 990 (2017) Circle of Sisterhood Foundation, Inc.	27-239358	2	Page 2
Partilli Statement of Program Service Accomplishments			
Check if Schedule O contains a response or note to any line in this Part III			X
1 Briefly describe the organization's mission			
Uplifting women from poverty through education	_ .	-	
2 Did the organization undertake any significant program services during the year which were not listed on the pr	ior	_	
Form 990 or 990-EZ?		Yes X	No
If 'Yes,' describe these new services on Schedule O	_	_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X	No
If 'Yes,' describe these changes on Schedule O	_		
4 Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as measure ns to others, the f	ed by expe total expen	nses Ises,
4a (Code) (Expenses \$ 222,599. including grants of \$ 174,000.) (Revenue \$)
Through an implementing partner - buildOn - and the help of our		Circle	e of
Sisterhood has been able to fund the building of schools in Sene			
buildOn's Global Schools Construction program works with countri			
Education and rural village leaders in developing countries to b			
and run adult literacy programs.			
	<u> </u>		
4b (Code) (Expenses \$10,000. including grants of \$10,000.))
Africa Women Rising's mission is to empower women after war by i			
primary and secondary education for girls in Northern Uganda by		rriers	_and_
building awareness and support for girls' education in communiti	<u>.esAWR's</u>		
comprehensive Girls' Education Program, launched in 2017, is made			
components: 1) Community Dialogue and Awareness Raising, 2) Acad	lemic Mentor	ships_	and
3) Essential Supplies.			
4c (Code) (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$)
For more than a decade, Central Asia Institute has successfully			
home-based schools, specifically for girls in Afghanistan and Pa			
to educating women in Pakistan runs deep so CAI needs to work cl			
and community leaders at the local levels to reduce these negation			==
Currently 227 girls have been able to enroll in the home-based s			
		pedii.	
their educational journey.			- -
			- -
	-		
4d Other program services (Describe in Schedule O) See Schedule O			_
(Expenses \$ 36,760. including grants of \$ 36,760.) (Revenue \$;)	
4e Total program service expenses ► 279, 359.			
3AA TEEA0102L 12/05/17		Form 99	0 (2017)

			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		Х
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 '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 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, 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,' complete Schedule D, Part VI	11 a	Х	
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	11 b		Х
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	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section $170(b)(1)(A)(II)^2$ If 'Yes,' complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		Х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Form 990 (2017) Circle of Sisterhood Foundation, Inc.

|Part | Checklist of Required Schedules (continued)

			res	110
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		<u>X</u>
-	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
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		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	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>X</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
t	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' 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 related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х_
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	1051=
D A A		E ~ - ~	. 000	20171

Check if Schedule O contains a response or note to any line in this Part V				$oxed{\Box}$
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		, 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
(gambling) winnings to prize winners?	1	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti	ructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	7	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	authority over, a ancial account)?	4 a		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 A		<u></u>		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year ⁹	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	\longrightarrow	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ns or gifts were	6 b		
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 pai services provided to the payor?	rtly for goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required to file			v
Form 8282?	l	7 c		X
	7 d	7 e		X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7 f		X
		—		
g If the organization received a contribution of qualified intellectual property, did the organization file Fo as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the sponsoring			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.		<u> </u>		
 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal taxable process. 	an?	9 a	├	
10 Section 501(c)(7) organizations. Enter	OII'	30		—
1	10 a			ł
hand the second of the second	10 b	1		-
11 Section 501(c)(12) organizations. Enter	100	1		
	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources	11 b	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	· <u></u> 1	1		
a is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule	0		-	
b Enter the amount of reserves the organization is required to maintain by the states in				1
which the organization is licensed to issue qualified health plans	13 b 13 c	-		
14a Did the organization receive any payments for indoor tanning services during the tax year?	130	14a	 	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	chedule O	14a	$\vdash\vdash\vdash$	
BAA TEEA0105L 08/08/17	chodule O		1 990 ((2017

27-2393582 Form 990 (2017) Circle of Sisterhood Foundation, Inc. Page 6 Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 1 b 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c Х Х 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15 a Х 15 b **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed See Schedule O 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 Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Belmont NC 28102 317-775-9488

Virginia Carroll 705 Wood Lily Drive

Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a 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

	related organization compensated any current officer, director, or trustee (C)									*****
(A) Name and Title	(B) Average hours	thar	Position (do not check mot than one box, unless pers is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) Christina Flynn	4									
Chairman	0	<u>X</u>		Х	<u> </u>			0.	0.	0.
(2) Christina Rajmaira	2_]			ļ					
Trustee	0	Х						0.	0.	0.
(3) Mary Marbaugh	2				1					
Trustee	0	Х			<u></u>			0.	0.	0.
(4) Elizabeth Stathos	4									
Secretary	0	X		Х				0.	0.	0.
(5) Elizabeth B. Searcy	4									
Vice Chairman	0	X		Х	<u></u>			0.	0.	0.
(6) Shelly Brown Dobek	2							,		
Treasurer	0 2	X			<u> </u>	<u></u>]		0.	0.	0.
(7) Jane Sutton	2]								
Trustee	0	X						0.	0.	0.
(8) Michelle Shimberg	2]								
Trustee	0	X						0.	0.	0.
(9) Virginia Carroll	32_]				ļ.				
Executive Dir.	0			Х				82 <u>,</u> 400.	0.	0.
(10)		-								
(11)		ļ								
(12)		-								
(13)										
(14)										
	1		<u> </u>							

Part VII Section A. Officers, Directors, Tru	(B)			· ((· _ ·	<u> </u>
(A) Name and title	Average hours per week	offic	, unle cer ar	check ess pend a	erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)		-								
(16)										
(17)										
(18)										
(19)										
(20)										
(21)							-			
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	!	 	L	l			>	82,400.	0.	0
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.	0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to those	ısted	abo	ve)	who	recei	ved	82,400. more than \$100,00	0.00 of reportable comp	0 pensation
from the organization ► 0										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	istee <i>ial</i>	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee	3 X
For any individual listed on line 1a, is the sum of the organization and related organizations greater.	f reportab er than \$1	le co 50,0	mpe	ensa If "	ation Yes,	and con	oth nple	ner compensation ete Schedule J for	from	
such individual 5 Did any person listed on line 1a receive or accru	e comper	nsatio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	4 X
for services rendered to the organization? If 'Yes	s, comple	ele S	crie	Jule	JIC	n Suc	лιр	Jerson		3 A
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	den	it co	ntra	ctors	tha	at received more t	han \$100,000 of	r
(A) Name and business add					,	0,,0,		(B) Description)	(C) Compensation
									-	
								-		
2 Total number of independent contractors (including		ıted t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	0	TEEA	กากย	084	08/17					Form 990 (201)

		Check if Schedule O		1 162h	onse or note to any				
					i de la companya de	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1 a	Federated campaigns		1 a					
ran		Membership dues	Ī	1 b					
mo Tuo	С	Fundraising events	Ī	1 c		1		•	
iifts ar /	d	d Related organizations 1 d							
s, G mil	е	Government grants (contribution	ons)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gisimilar amounts not included a		1f	335,724.				
nd n	_	Noncash contributions included Total. Add lines 1a-1f	in lines 1a-	lf \$_	•	225 704			1
		Total. Add lines 1a-11			Business Code	335,724.			
Program Service Revenue	2 a			-	business code				
ě	b								
e	c								
eri	d					·			
Š	e								
grar	f	All other program service	e revenue	e					
Ę.	q	Total. Add lines 2a-2f		L	•				
	3	Investment income (incl	ludina div	idends	s, interest and				<u> </u>
	_	other similar amounts)			•	890.			890.
	4	Income from investment	t of tax-ex	xempt	bond proceeds >				
	5	Royalties			···,				
	_		(ı) Re	al	(ii) Personal		j		
		Gross rents							
		Less rental expenses					j		
		Rental income or (loss)			<u> </u>				
	d	Net rental וncome or (lo ו 1	(ı) Secu	ritios	(II) Other				
	7 a	Gross amount from sales of assets other than inventory	(i) Secui	nues	(ii) Other				
		, l							
	b	Less cost or other basis and sales expenses							
	,	: Gain or (loss)							
		Net gain or (loss)			▶	<u> </u>			
		-	.						
Other Revenue	Ва	Gross income from fund (not including \$	araising e	vents					
Λe		of contributions reported	d on line	1c)					
8		See Part IV, line 18			a				1
ЭĒ	l t	Less direct expenses			b				
ਰੈ	c	: Net income or (loss) fro	m fundra	ising e	events				
	9 a	Gross income from gam See Part IV, line 19	ning activi	ties	а				
		Less direct expenses			b[ļ		 	<u> </u>
	۰	: Net income or (loss) fro	om gamin	g activ	rities •				
	ı	Gross sales of inventory and allowances		urns	a				
	l	Less cost of goods solo			b[
		Net income or (loss) fro		of inve	_				
	1-	Miscellaneous Revenu	ue	-	Business Code				-
	11 a					 		 	
		, 				 			
	<u></u>	All other revenue							
	1 -	• Total. Add lines 11a-11a	d	l	<u> </u>				+
		Total revenue. See inst			•	336,614.	0.	0	. 890
							<i>U</i> . I		., 0,00

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a r			(0)	
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	230,760.	230,760.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	42,144.	42,144.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	9,116.		9,116.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,884.	2,955.	929.	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	: Accounting	2,865.		2,865.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	879.			879.
13		679.			075.
14	Information technology			-	
15	Royalties		_		<u>-</u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,769.			<u>6</u> ,769.
20	Interest				
21	Payments to affiliates				
22	' ' '	715.		715.	
23	Insurance Other expenses Itemize expenses not	618.		618.	
24	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
ā	Outside Services	5,150.	3,500.	+	1,650.
	Board expenses	4,598.		4,598.	
	Fundraising Expenses	2,941.			2,941.
	Subscriptions	1,845.		1,845.	
	All other expenses	7,006.		1,531.	5,475.
25	Total functional expenses Add lines 1 through 24e	319,290.	279,359.	22,217.	17,714.
26	Joint costs. Complete this line only if the 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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	226,184.	1	2,627.
	2	Savings and temporary cash investments		2	210,774.
	3	Pledges and grants receivable, net	131,195.	3	242,518.
İ	4	Accounts receivable, net	13,862.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	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	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 27,822.	Į.		
	b	Less accumulated depreciation 10b 25,652.	2,885.	10 c	2,170.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	467.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	374,126.	16	458,556.
	17	Accounts payable and accrued expenses	3,123.	17	6,590.
	18	Grants payable	127,000.	18	190,760.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	10,392.	25	10,271.
	26	Total liabilities. Add lines 17 through 25	140,515.	26	207,621.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	-14,819.	27	-8,781.
3al	28	Temporarily restricted net assets	248,430.	28	259,716.
D E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	233,611.	33	250,935.
_	34	Total liabilities and net assets/fund balances	374,126.	34	458,556.
BA	A				Form 990 (2017)

Forn	1990 (2017) Circle of Sisterhood Foundation, Inc.	<u> 21-2393</u>	582	Pa	ge 12
Pai	t∤XI■ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	36,6	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	19,2	90.
3	Revenue less expenses Subtract line 2 from line 1	3		17,3	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	33,6	11.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2	250,9	35.
Pa	tiXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	viewed on a			
	were the organization's financial statements audited by an independent accountant?		2 b	X	L
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
1	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	-1-			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3 b	·	
BAA			Forn	n 990 ((2017)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

· Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

	ccle of Sisterhood Fou	undation Inc				27-239358	2
Part			ganizations must d	omplet	e this		
	organization is not a private found						
1 2	A church, convention of church A school described in section 1	es, or association of ch	iurches described in sect	ion 170(t	o)(1)(A)(i		57
3	A hospital or a cooperative h)(iii).	
4	A medical research organization					• • •	nter the hospital's
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II)	ge or university owned	or opera	ated by	a governmental unit de	scribed in
6	A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An organization that normally r in section 170(bX1)(A)(vi).	eceives a substantial p Complete Part II)	art of its support from a (governme	ental uni	t or from the general pub	lic described
8	A community trust described	in section 170(b)(1)(/	A)(vi). (Complete Part I	1)			
9	An agricultural research organi or university or a non-land-grar university						
10	An organization that normally r from activities related to its einvestment income and unrel June 30, 1975 See section 5	exempt functions—sub lated business taxable	e income (less section)	ns, and	(2) no r	nore than 33-1/3% of it	ls support from gross
11	An organization organized ar	nd operated exclusive	ly to test for public safe	ety See	section	509(a)(4).	
12	An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in
а	Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	rganızatı tees of t	on(s), typically by giving he supporting organization	the supported on You must
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or on(s) You
С.	organization(s) (see instructi	ons) You must comp	olete Part IV, Sections <i>I</i>	A, D, and	d E.		
d	functionally integrated. The constructions. You must com	organization generally plete Part IV, Section	must satisfy a distribute A and D, and Part V.	tion requ	ııremen	t and an attentiveness	requirement (see
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS 1	that it is	a Type I, Type II, Type	e III functionally
f	Enter the number of supported		supporting organization				
	Provide the following information	•	d organization(s)				
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)			<u> </u>				
(B)							
(C)							_
(D)_					-		
<u>(E)</u>							
Total	I				;		

Part II | 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)

Sect	ion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	323,995.	407,712.	316,470.	524,577.	335,724	1,908,478.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	323,995.	407,712.	316,470.	524,577.	335,724	. 1,908,478.
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)						83,864.
	Public support. Subtract line 5 from line 4						1,824,614.
Sect	tion B. Total Support						
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	323,995.	407,712.	316,470.	524,577.	335,724	1,908,478.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	17.	104.	129.	131.	890	1,271.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	750.					750.
	Total support. Add lines 7 through 10			·			1,910,499.
12	Gross receipts from related activ	rities, etc. (see ins	structions)	`		1:	2 0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗌
	tion C. Computation of Pu						
	Public support percentage for 20		•	ne 11, column (f))		1,	30.00
	Public support percentage from					1:	72.00
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization di qualifies as a put	id not check the b olicly supported o	iox on line 13, ani rganization	d line 14 is 33-1/3	3% or more, ch	eck this box ► X
b	33-1/3% support test—2016. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more	e, check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r e. Explain in P	art VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	r e. Explain in P ed organization	art VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	ıs, iba, ibb, i/a 			
RAA					C ~ l	nadula A (Farm	990 or 990-F7\ 2017

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						
	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			1			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support			1		1	
	dar year (or fiscal year beginning in)	(a) 2013	. (b) /2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable		/				
	income (less section 511 taxes) from businesses acquired after June 30, 1975	1					,
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on	/		Į	ļ		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)			\			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ► <u></u>
	tion C. Computation of Pu			12 25 20		1	8
	Public support percentage for 20		•	ne 13, column (1),)	15	%
	Public support percentage from tion D. Computation of Inv					16	
					ımp (fl)	17	%
17	Investment income percentage f	•		- '	(17)	17	%
18 19 ₂	Investment income percentage f 33-1/3% support tests – 2017. If				ndline 15 is more		<u> </u>
	is not more than 33-1/3%, check 33-1/3% support/tests-2016. If	k this box and sto	p here. The organ	nization qualifies .	as a∕publicly supp	oorted organizatio	n 🏲 📗
	line 18 is not mdre than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	ualifies às a publi	cly supported orga	anization 🟲 🔲
	Private foundation. If the organi	ization did not che					
DAA			TEE A DAD 21	****	`~		000 or 000 E7) 2017

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.)

Section 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		
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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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 .	6		
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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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		
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		
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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
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		

3b

supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	st on No	ov 20, 1970 (explain ii	n Part VI) See A through E
Sec	tion 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		
	Depreciation and depletion	5	·	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 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		
Sec	tion 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)	t		3
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d	,	
-	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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-functionally in (see instructions)	tegrated	Type III supporting o	rganızatıon

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Schedule A (Form 990 or 990-EZ) 2017

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			<u>. </u>
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions	1		
	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015	1		

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

BAA Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Circle of Sisterhood Foundation, Inc.

27-2393582

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Part II, Line 10 - Other Income

Nature and Source	20	<u> 17 </u>	2016	2015	2014	 _2013
						\$ 750.
Т	otal \$	0. \$	0.	\$ 0.	\$ 0.	\$ 750.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047

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Circle of Sisterhood Foundation, Inc. 27-2393582 Partie Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donors are the organization's property, subject to the organization's	or advisors in writing that the assets lorganization's exclusive legal control?	held in donor advised funds Yes No
Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that go of the donor or donor advisor, or for a	grant funds can be used only any other purpose conferring Yes No
Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990, Part	IV, line 7.
Purpose(s) of conservation easements held by		
Preservation of land for public use (e.g., re	ecreation or education) Prese	ervation of a historically important land area
Protection of natural habitat	•	ervation of a certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organization he last day of the tax year	eld a qualified conservation contribution	in the form of a conservation easement on the
		Held at the End of the Tax Yea
a Total number of conservation easements		2 a
b Total acreage restricted by conservation easen	nents	2 b
Number of conservation easements on a certific	ied historic structure included in (a)	2 c
d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not o	on a historic 2 d
Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or termin	nated by the organization during the
Number of states where property subject to conser		
Does the organization have a written policy reg and enforcement of the conservation easemen		ection, handling of violations, Yes No
Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and en	iforcing conservation easements during the year
Amount of expenses incurred in monitoring, inspect \$ \$	cting, handling of violations, and enforci	ng conservation easements during the year
Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)(i) Yes No
In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue a o the organization's financial stateme	and expense statement, and balance sheet, and ents that describes the organization's accounting for
Organizations Maintaining Collection Complete of the organization answers	ctions of Art, Historical Treaso wered 'Yes' on Form 990, Part	ures, or Other Similar Assets. IV, line 8.
	SEAS 116 (ASC 958), not to report a	in its revenue statement and balance sheet works o
a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or res	search in furtherance of public service, provide,
art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	eld for public exhibition, education, or res incial statements that describes these in SFAS 116 (ASC 958), to report in its	search in furtherance of public service, provide, items s revenue statement and balance sheet works of ar
 art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan b If the organization elected, as permitted under historical treasures, or other similar assets held for 	eld for public exhibition, education, or res incial statements that describes these in FSFAS 116 (ASC 958), to report in its or public exhibition, education, or research	search in furtherance of public service, provide, items s revenue statement and balance sheet works of ar
art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items	eld for public exhibition, education, or res incial statements that describes these in FSFAS 116 (ASC 958), to report in its or public exhibition, education, or research	search in furtherance of public service, provide, items s revenue statement and balance sheet works of ar children in furtherance of public service, provide the
art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items (i) Revenue included on Form 990, Part VIII, (ii) Assets included in Form 990, Part X	eld for public exhibition, education, or residual statements that describes these in SFAS 116 (ASC 958), to report in its propular exhibition, education, or researchine 1	search in furtherance of public service, provide, items s revenue statement and balance sheet works of arch in furtherance of public service, provide the \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items (i) Revenue included on Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works of art, h	eld for public exhibition, education, or residual statements that describes these in SFAS 116 (ASC 958), to report in its propular exhibition, education, or research line 1 Instorical treasures, or other similar asset 116 (ASC 958) relating to these items	search in furtherance of public service, provide, items s revenue statement and balance sheet works of arch in furtherance of public service, provide the \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Schedule D (Form 990) 2017 Circ	<u>le of Sis</u>	terho	ood Foundat	<u>tion,</u>	Inc.	<u>27-239</u>		Page 2
Partill Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (contin	ued)
Using the organization's acquisition items (check all that apply)	, accession, ai	nd other	records, check a	iny of th	e following that are	e a significant use of its	collection	
a Public exhibition	,		d Loan	or exch	ange programs			
b Scholarly research			e Other					
c Preservation for future gener	ations							
4 Provide a description of the organiz Part XIII					·			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained	as part of the o	organiza	ation's collection?	·	Yes	No
Rartiva Escrow and Custodia line 9, or reported an	Arrangen amount on	Form	990, Part X,	line 2	ganization ans	swered 'Yes' on Fo	rm 990, Pa 	irt IV,
1 a Is the organization an agent, true on Form 990, Part X?						er assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII a	nd com	plete the follow	ıng tabl	е		Amount	
c Beginning balance						1 c	7	
d Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance						1 f		
2 a Did the organization include an a	mount on Fo	rm 990.	Part X. line 21.	for esc	crow or custodial	<u> </u>	Yes	No
b If 'Yes,' explain the arrangement		-				,		H
Part V Endowment Funds. C	· ·							
4. Deciman of weatheless	(a) Current	уеаг	(b) Prior yea	ar .	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance							 	
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance								
Provide the estimated percentag	e of the curre	nt year	end balance (lir	ne 1g, d	column (a)) held	as		
a Board designated or quasi-endown	ient ►		%					
b Permanent endowment ►	%							
c Temporarily restricted endowmen	nt ►		%			'		
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100	0%					
3 a Are there endowment funds not in to organization by	the possession	of the c	organization that a	are held	l and administered	for the	Yes	No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizat	tions lis	ted as required	on Sch	edule R?		3b	
4 Describe in Part XIII the intender	=						'	
Part VII Land, Buildings, and								
Complete if the organ			'Yes' on For	m 990), Part IV, line	11a. See Form 99	0, Part X,	line 10.
Description of property	_		t or other basis evestment)		Cost or other asis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment					2,067.	1,133.		934.
e Other					25,755.	24,519.		1,236.
Total. Add lines 1a through 1e (Colum	nn (d) must e	qual Fo	rm 990, Part X,	column	(B), line 10c)	•		2,170.
BAA						Sched	ule D (Form 99	

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Part VII Investments - Other Securities.	-	N/A	
), Part IV, line 11b. See Form 990, Part 2	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	√alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			_
(C)		<u></u>	
(D)			
(E)			
(F) (G)			
(H)	-		
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered), Part IV, line 11c. See Form 990, Part >	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year ma	rket value
(1)	_		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>		
Part IX Other Assets.	N/A		
Complete if the organization answered), Part IV, line 11d. See Form 990, Part)	
	scription	(b) Boo	k value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
		<u> </u>	
(8)			
(9)			
	2) lino 15)	•	
Total. (Column (b) must equal Form 990, Part X, column (b)	5) III e 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fi	orm 990. Part IV. line 1	le or 11f. See Form 990. Part X. line 25	
(a) Description of liability	(b) Book value	,	
(1) Federal income taxes			
(2) Accrued payroll and taxes	10,27	1.	į
(3)			•
(4)		_	
(5) (6)		 	
(7)			
(8)		<u> </u>	
(9)		l l	•
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<u>►</u> 10,27		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

PartiXII Reconciliation of Revénue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 336,614. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2 a 2 b b Donated services and use of facilities. 2 c c Recoveries of prior year grants d Other (Describe in Part XIII) 2 d e Add lines 2a through 2d 20 3 Subtract line 2e from line 1 3 336,614. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 a **b** Other (Describe in Part XIII) 4 b 4 c c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 336,614. RartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 319,290. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 a 2 b **b** Prior year adjustments c Other losses 2 c 2 d d Other (Describe in Part XIII) 2 e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 319,290. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b **4** a **b** Other (Describe in Part XIII) c Add lines 4a and 4b 4 c 5

PartiXIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part X - FIN 48 Footnote

The Foundation has adopted the provisions of FASB ASC 740-10 (FASB Interpretation No. 48), Accounting for Income Taxes, effective January 1, 2009. The Foundation does not believe it has any unrecognized tax benefits or tax liabilities (tax positions) for either Federal or State taxing authorities that require disclosure in accordance with FASB ASC 740-10. The Foundation continually monitors and evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law

and new authoritative rulings, as determined relative to the Foundation's operations

Schedule **D** (Form 990) 2017

319,290.

Part XIII | Supplemental Information (continued)

Part X - FIN 48 Footnote (continued)

The Foundation's management believes it is no longer subject to income tax examinations prior to 2013. Penalties and interest assessed by income taxing authorities are included in operating expenses.

SCHEDULE I (Form 990)

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

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

1545 0047	117
OMB No	20

ջ _____

Employer identification number XX 27-2393582 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 criteria used to award the grants or assistance? ► Go to www.irs.gov/Form990 for the latest information Circle of Sisterhood Foundation, Inc. Partil General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Partilly Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization or government	(b) 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) <u>buildon</u>							Soo Dart III
Ctomford Off October	22-3128648		174.000	O			Ouestion 4
(2) African Women Rising	0100310 33						
1 1 1 1 1 1 1							See Part III
	26-0140533		10,000.	0.			Question 4
(3) Central Asia Institute							
P.O. Box 7209							See Part III
Bozeman, MT 59771	51-0376237		10,000.	0.			Question 4
(4) Invisible Girl Project							
 							See Part III
_	27-3658257		10,000.	0.			Question 4
(5) Remember Niger Coalition							
$-\frac{P.0}{100}$. Box $\frac{372}{1000}$							See Part III
MI 49426	26-3500898		10,000.	0.			Question 4
(6) Malawi Children's Village							
2105_Otter_Street							See Part III
04	16-1526805		10,000.	0.			Question 4
O Razia's Ray of Hope Fdn.							
P.O. Box 81052							See Part III
2481	26-2008030		6,760.	0.			Question 4
<u>(8)</u>							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed	in the line 1 table				
	,	•					

Schedule 1 (Form 990) (2017)

TEEA3901L 08/10/17

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

Page 2

Schedule I (Form 990) (2017) Circle of Sisterhood Foundation, Inc.

Part III | Grants and Other Assistance to Domestic Individuals. Complete If the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
						•
-						
7			•			
m						
4						
ស						
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.	te the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990, EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Circle of Sisterhood Foundation, Inc.

Employer identification number 27-2393582

Form 990, Part III, Line 4d - Other Program Services Description

The Remember Niger Coalition (RNC) is dedicated to uniting people and mobilizing resources to expand quality educational opportunities in Niger, West Africa. Since 2009, RNC has constructed or improved 43 classrooms in seven communities, serving over 2,200 children from pre-school through secondary school. In 2016, RNC began a partnership with the Hamsa Girls Education Center (HGEC) to address barriers to getting and keeping girls in school. RNC constructed a solar water well and security compound wall around the school in 2017 and the first classroom was completed in February 2018. Under local community leadership, HGEC will provide a safe space that will provide both formal and informal learning opportunities for adolescent girls and young women in Niger.

Malawi Children's Village's mission is to enhance the lives of orphans by providing educational, health, and social resources in 38 villages throughout Malawi. MCV has focused on improving the lives of Malawian children and providing access to education by establishing a school campus comprised of a primary school, secondary school, and housing for orphans. A central problem to abysmally low female education rates in Malawi comes from a lack of access to feminine hygiene products. girls at MCV's Secondary School begin menstruation, they do not have the ability to purchase pads or tampons and are often bullied or teased out of school by other students. This \$10,000 grant will help to start the Sanitary Pad Project with the goal of raising female attendance in the Secondary School (180 females currently enrolled) and subsequently raise exam scores.

Invisible Girl Project seeks to end the atrocity of gendercide in India.

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systemic level. IGP"s direct service work involves its RICE

(Rescue-Interventon-Care-Endowment) Program, where social workers rescue girls vulnerable to female gendercide, intervene in difficult family situations to help daughters and mothers as needed, care for rescued girls and their mothers, and empower girls and women. IGP's social workers build relationships and engage with women and girls in 35 target villages with a reach of up to 30,000 people. This \$10,000 grant specifically provides assistance to place up to 250 vulnerable girls in their Education Assistance Program.

The \$6,760 grant to Razia's Ray of Hope Foundation provides textbooks, desks and chairs for teachers and students at the Zabuli Education Center in Afghanistan. The school provides free, exceptional education to more than 500 girls in kindergarten through grade 12 in Deh'Subz, Afghanistan.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board receives a copy of the Federal Form 990 and all the schedules. All of the Board's questions are answered to the Board's satisfaction before filing.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AR CA CO CT DC FL GA IL IN KS KY LA ME MD MA MI MN MS NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WI

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Copies of the audited financial statements and the form 990 are made available upon request. The Form 990 is available on Guidestar - a third party website.