## **Return of Organization Exempt From Income Tax**

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

2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

<u>A 1</u>	or the	e 2018	calendar year, or tax year beginning	July 1 ,	2018, and endin		une 30	, 20 19
_			C Name of organization				D Employer identificat	ion number
В	Check if a	pplicable	Bullding Fund Cottey	College				
	Addre		Doing business as				42-60780	016
$\vdash$	chang	change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		E Telephone number	
$\vdash$	<b>⊣</b> i		`				515-255	_3153
$\vdash$	<b>-</b> -	return return/	3700 Grand Avenue  City or town, state or province, country, a	and ZIP or foreign postal code			313-233	
$\vdash$	termir	nated		and ZIP of foreign postal code				700 004
$\perp$	Amen	۱	Des Moines, IA 50312				G Gross receipts \$	792,824
L	Applic	cation	F Name and address of principal officer				H(a) is this a group return subordinates?	Yes X No
_			Kathy A. Soppe, same	as C above		1	H(b) Are all subordinates incl	luded? Yes No
ī	Tax-ex	empt sta	atus X 501(c)(3) 501(c)(	) <b>◀</b> (insert no ) 4947	(a)(1) or   6	2)7	if "No," attach a lis	st (see instructions)
J	Websi	te 🕨	www.peointernational.	org	<del>,                                    </del>		H(c) Group exemption nui	mber <b>&gt;</b>
<u>K</u>		of organ		Association Other	L Year	of formation	n 1960 M State o	of legal domicile IA
	art l	<u>`</u>	mmary					
	_			The Table				211121112111
			describe the organization's mission o					
Governance			purposes of constructs		aintenance	or C	ottey Collec	je, Nevada,
ī.			souri, 64772, a qualifi					
Š	2	Check	this box 🕨 🔲 if the organization d	iscontinued its operations or d	isposed of mare th	nan 25%	offits nervassets	
		Numb	er of voting members of the governing	body (Part VI, line 1a)			S 3	5
مخ ده	4	Numb	er of independent voting members of t	he governing body (Part VI, line	1b) . 😭	Q.1. V	2010 3 4	5
Ę	1		number of individuals employed in cale		1101 101	) V I G	2013	0
ctivities &	6		number of volunteers (estimate if neces		1 1		<u> </u>	5
ĄĊ	_		unrelated business revenue from Part V			SDEN	1, UT 7a	
	1		nrelated business taxable income from					
	-	ivet ui	nelated business taxable income from	101111 930-1, line 30	<del> </del>	<del>'                                    </del>	Prior Year	Current Year
						-		
e	ī		butions and grants (Part VIII, line 1h)				458,162	483,174
Revenue	1		am service revenue (Part VIII, line 2g)					
ě	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)			65,190	89,307
-	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				
	12	Total	evenue - add lines 8 through 11 (must	equal Part VIII, column (A), line	12)	.	523,352	572,481
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			192,269	544,953
			its paid to or for members (Part IX, colu					
<b>,</b>			es, other compensation, employee bene					
Expenses			ssional fundraising fees (Part IX, column					
ber			fundraising expenses (Part IX, column (					
Ä	1						0 105	0 610
			expenses (Part IX, column (A), lines 11				9,105	8,618
			expenses Add lines 13-17 (must equal				201,374	553,571
	19	Reven	ue less expenses. Subtract line 18 from	ı lıne 12	<del> <u></u> .</del>		321,978	18,910
Net Assets or Fund Balances						Beginn	ing of Current Year	End of Year
set	20	Total a	assets (Part X, line 16)				2,955,606	2,970,081
AB	21	Total I	iabilities (Part X, line 26)				449,256	444,821
Fee	22		sets or fund balances Subtract line 21				2,506,350	2,525,260
Pa	rt II		náture Block					
Un	der per	nalties o	f perjury, I declare that I have examined the	s return, including accompanying	schedules and state	ements, an	d to the best of my kn	owledge and belief, it is
true	e, corre	ct, and	complete Declaration of preparer (other than	officer) is based on all information	of which preparer h	as any kno	wledge	
			Pathy a. Some				11/12/1	4
Sig	n		Signature of officer				Date	4
He		(	Katha B. Cara Dianat	f :: /m				
				or of Finance/Trea	surer			
		ļ. <u>.                                   </u>	Type or print name and title	Barranda salah	15		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*11.1
Paid	1	Print/	Type preparer's name	Preparer's signature	Date		Check if PT	IN
			2				self-employed	
	parer	Fırm's	name >			1	Firm's EIN	
ose	Only	Firm's	address ▶				Phone no	
Ma	y the l		scuss this return with the preparer	shown above? (see instruct	ions)			Yes No
			Reduction Act Notice, see the separat				11	Form <b>990</b> (2018)
				····			11	G3\

For	m 990 (2018) Page <b>2</b>
P	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission  To provide funds for construction, repairs and maintenance of Cottey College,
	Nevada, Missouri, 64772, a qualified charity.
	nevada, missouri, orrer a quarrirea omarrey.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 547,669 including grants of \$ 544,953 ) (Revenue \$ )
	To provide funds for construction, repairs and maintenance of Cottey College,
	located in Nevada, MO 64772, a section 501(c)(3) charity qualifying as a school.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 547,669

ABTOR

Pa	t IV Checklist of Required Schedules			
	504/5\\0) as 4047/5\\4) /5\\0 a 200/5\\0)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	Х	
_	complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	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,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	12.		-122
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			y.
	"Yes," complete Schedule D, Part I,	6	-	- ¥ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		−ŝ
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			ì
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	441		\
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1,1b		<u>×</u>
,	: Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
,	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		
	the organization's separate of consolidated financial statements for the tax year metado a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		- <u>^</u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14	Did the organization maintain an office, employees, or agents outside of the United States?	14a		, X
ı	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	ļ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		Χ
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		X
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	4.		
	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?	4.		.,
	If "Yes," complete Schedule G, Part III	19		X
		20a		X
		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 12 if "Yes" complete Schedule I. Parts Land II	21	, l	

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			ļ
	employees? If "Yes," complete Schedule J	23		X
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	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	<del> </del>	-
C	to defease any tax-exempt bonds?	24c	ĺ	
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del>-</del>	
	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		Х
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?	1	1	
	If "Yes," complete Schedule L, Part I	25b	L	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ĺ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		.,
27	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	İ		
	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,			<u> </u>
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		,
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		<u> </u>
	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, 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	L	X
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		<u> </u>
34	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		: I	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		- 50		
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		, ,	1
	reportable gaming (gambling) winnings to prize winners?	1c	X	Ь

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
			Yes	No
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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
h	If "Yes," enter the name of the foreign country			
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			.,
	and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7 c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ļ		
а	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?	9b		
10	Section 501(c)(7) organizations. Enter	{		
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
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			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 1		
	against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	ĺ	ľ	
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			<del></del>
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O		$\neg \neg$	

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	4		
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	3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
5 6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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	8a	х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Code	. 1	Λ
Secu	Of B. Policies (This Section B requests information about policies not required by the internal Nevertae	0000	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42-		
12a	· · · · · ·	12a	_X_	
b		12b	Х	
С	rise to conflicts?			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official See. Schedule . O	15a		
b	Other officers or key employees of the organization See Schedule 0	15b	<del></del> -	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
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 organization's exempt status with respect to such arrangements?	16b	:	
Secti	on C. Disclosure	1,00	·	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-  (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)	「(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	policy	, and
20	financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and record	is ▶		
	Kathy A. Soppe, 3700 Grand Avenue, Des Moines, IA 50312 515-255-3153		000	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	. 1		
orm	990	(2018)	

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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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 no	if neither the organization nor any related organization compensated any current officer, director, or trustee									tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box office Individua	unles er and	Pos heck ss pe	rson	n both 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) Sue Baker	.2									
President	39.8	X		Х				0	0	0
(2) Brenda Atchison	.2									
First Vice President	33.8	X		X				0	0	. 0
(3) Patrıcıa Brolin-Rıbı	. 2									
Second Vice President	33.8	X		Х				0	0	0
(4) Cathy Moss	. 2	,								
Organizer	33.8	X		Х				0	0	0
(5) Alix Smith	. 2									
Recording Secretary	19.8	Х	L.,	Х				0	0	0
(6) Jackie Matt	.1									
Executive Director	39.9		l	Х	l	İ		0	0	0
(7) Kathy Soppe, Director	. 5									
of Finance/Treasurer	39.5			Х				0	0	0
(8)						_				
(9)										
(10)										
(11)										
(12)										
(13)			_							
(14)										

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ploy			nd H	ligh	nest Compensate	ed Employ	ees (co	ntınuec	)	
(A) Name and title	(B)  Average hours per week (list any	box, office	unle	Pos heck ss pe	rson Irrect	e than o	an tee)	(D)  Reportable compensation from	(E) Reporta compensati	on from	am	(F) timated ount of	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensati om the inization related nization	n d
(15)		•											
(16)		ļ · · ·											
(17)			ļ 			*****							
(18)							-						
(19)													
(20)		ļ											
(Ž1)													
(22)					ļ. <u>.</u>		-						
(23)			-										
(24)													
(25)							-				ı		
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A.		 				) 	no received more t	han \$100,0	000 of			
reportable compensation from the organizat	ion ►											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, direct	tor, o	r tr	ust dual	ee,	key	em	nployee, or highe	st compen	sated	3		<u> </u>
4 For any individual listed on line 1a, is the organization and related organizations of	sum of re	porta	ble	con	npe	nsatio	on a	and other comper	nsation from	n the	, ,	٠.	
ındıvıdual											4		X
5 Did any person listed on line 1a receive of for services rendered to the organization? If											5		Х
Complete this table for your five highest co- compensation from the organization Report year													
(A) Name and business ac	Idress						Τ	(B) Description of se	ervices	С	(C) ompens	ation	
N/A				-			+						
							+		-				
2 Total number of independent contractor received more than \$100,000 of compensar						ited	to	those listed abo	ove) who	+_	, 1	,*,	

Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Gifts, Grants 1a Federated campaigns . . . . . . . 1b h Membership dues . . . . . . . . . . . . . . . . . 1 c Fundraising events . . . . . . . . Related organizations . . . . . . . . Contributions, and Other Simi 1 e Government grants (contributions) . . All other contributions, gifts, grants, 483,174 and similar amounts not included above . Noncash contributions included in lines 1a-1f \$ . 483,174 Total. Add lines 1a-1f . . . . . . . . . . . . . Program Service Revenue **Business Code** 2a All other program service revenue . . . . . Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, 67,926 67,926 and other similar amounts). . . . . . . . . . . . . . . . . Income from investment of tax-exempt bond proceeds . (i) Real 6a Gross rents . . . . . . Less rental expenses . . . Rental income or (loss) . . Net rental income or (loss) . (II) Other (i) Securities 7 a Gross amount from sales of 241,724 assets other than inventory b Less cost or other basis 220,343 and sales expenses . . . . 21,381 Gain or (loss) . . . . . . 21,381 21,381 Gross income from fundraising Other Revenue events (not including \$ \_ of contributions reported on line 1c) See Part IV. line 18 . . . . . . . . . . a Net income or (loss) from fundraising events Gross income from gaming activities Net income or (loss) from gaming activities. 10a Gross sales of inventory, less

**Business Code** 

572,481

89,307

11a b

All other revenue . . . . . . . . . . . . . . . .

Total revenue. See instructions . . . . . . . .

Part IX Statement of Functional Expenses

Chack if School I Color of Sch										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	544,953	544,953							
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									
4	Benefits paid to or for members			-						
	Compensation of current officers, directors,			'						
_	trustees, and key employees									
6	Compensation not included above, to disqualified									
Ŭ	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
	Pension plan accruals and contributions (include									
0	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
	Legal									
С	Accounting	1,075		1,075						
	Lobbying									
	Professional fundraising services See Part IV, line 17.									
f	Investment management fees	2,600		2,600						
	Other (If line 11g amount exceeds 10% of line 25, column									
Ū	(A) amount list line 11g expenses on Schedule O)									
12	Advertising and promotion									
	Office expenses	2,227		2,227						
14										
15		-								
16	_									
17										
18										
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	<u> </u>								
20	Interest	· · · · · ·								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses Itemize expenses not 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)									
а	Currency Exchange									
b		2,716	2,716							
С										
d				-						
	All other expenses									
	Total functional expenses Add lines 1 through 24e	553,571	547,669	5,902						
	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									
	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 Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	977,783	1	96,829
	2	Savings and temporary cash investments	662,035	2	1,852,932
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L  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		5	
so,		organizations (see instructions) Complete Part II of Schedule L		6	· <del>-</del>
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
		Less accumulated depreciation	1 240 522	10c	045 166
	11	Investments - publicly traded securities	1,240,533 75,255		945,166 75,154
	12 13	Investments - other securities See Part IV, line 11	73,233	13	73,134
	14			14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,955,606		2,970,081
_	17	Accounts payable and accrued expenses	2/300/000	17	273707002
	18	Grants payable		18	
	19	Deferred revenue	449,256	<del></del>	444,821
	20	Tax-exempt bond liabilities	·	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		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		25	
	26	Total liabilities. Add lines 17 through 25	449,256	26	444,821
ces		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	·
Ва	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del>.</del>
ž A	32	Retained earnings, endowment, accumulated income, or other funds	2,506,350		2,525,260
ž	33	Total net assets or fund balances	2,506,350		2,525,260
	34	Total liabilities and net assets/fund balances	2,955,606	34	2,970,081

Form 99	0 (2018)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			572,	481
2	Total expenses (must equal Part IX, column (A), line 25)	2			553 <u>,</u>	571
3	Revenue less expenses Subtract line 2 from line 1	3_			18,	910
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	506,	350
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,	525,	260
Part	XII Financial Statements and Reporting					
	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 X Other Mod.	Cash	i			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi			.		
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis		ŀ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	versi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	ıın 🏻			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	ıın [			
_	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2018)

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

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

ou.	тта.	ıng	runa c	ottey <u>Co</u>	illede				42-607	8010***,
	rt I					organizations must o	complet	e this pa	art ) See instructions	,
		ınızatı	on is not	a private fou	indation because it	t is (For lines 1 throu	gh 12, ch	neck only	one box )	
1	$\sqcap$					tion of churches desc				2
2	<b>—</b> —					. (Attach Schedule E				Amor bands
3						rganization described			· / /	
4	<u> </u>		•	•	•	-			n section 170(b)(1)(A)	(iii) Enter the
-	ш			e, city, and s		conjunction with a rio	opital ac	30/1DCG 11	, ,	1, 21,005 3, 12, 141.
_	$\Box$					a college or upware	hv 04400	d or one	vrated by a governme	ental unit described in
5			-	•		a college of universi	ty Owne	u or ope	rated by a governme	intal unit described if
					Complete Part II)					, a 4. c
6	<u> </u>			_	· ·	rnmental unit describe			•	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
7			•		•	•	ibbort tr	om a go	vernmental unit or fro	om the general public
					)(1)(A)(vi). (Compl					en entre
8			•		·	o)(1)(A)(vi). (Complete			٠.	
9									I in conjunction with a	
		or un	versity o	r a non-land-	grant college of ag	griculture (see instruc	tions) E	nter the	name, city, and state o	f the college or
		unive	rsity							
0		An or	ganizatio	n that norma	illy receives (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		recei	ots from a	activities rela	ited to its exempt f	functions - subject to	certain e	exception	is, and (2) no more tha s section 511 tax) from	n.331/3 % of its
		acqui	red by the	e organizatio	on after June 30, 1	975 See section 509	(a)(2). ((	Complete	e Part III )	businesses (
1						usively to test for publ				
2	Х		•	•	•	•	_			arry out the purposes
			•	•	•	•	•		· ·	ee section/509(a)(3).
									zation and complete lii	.0510 Stor 1
-		_			•	• •		,		
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
	supporting organization. You must complete Part IV, Sections A and B.									
b	b X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.									
		7 T			•					·
С				-	-				n with, and functional	ly integrated with,
	_	_				s) You must comple				
d		_ Тур	e III non-	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that	is not fu	nctionally inte	egrated The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	an attentiveness
		_ req	uirement	(see instruct	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	•
е	L	_] Che	ck this b	ox if the orga	anization received	a written determinatio	n from t	he IRS ti	nat it is a Type I, Type I	I, Type III
		fund	ctionally ii	ntegrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion	150 to 990 02983 Eal 2916
f	Ent	er the	number	of supported	l organizations					
g	Pro	vide t	he follow	ing information	on about the suppo	orted organization(s)				
	(I) Na	ame of	supported o	rganization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
							Yes	No	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A)	Cot	tey	Colle	ge						
A)					44-0545271	2	Х		544,953	
B)										
		•								
C)										
							ļ .			
D)										
								-		
E)										
		1					<del> </del>			
Γota	ıl	- 1					]		544,953	

• •

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 I f the organization fails to qualify under the tests listed below, please complete Part III)							
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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		<u> </u>		/		
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) Public support. Subtract line 5 from line 4						
6	tion B. Total Support			<del>\                                    </del>		<u> </u>	L
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(4) 2014	(6) 2010	(6),2010	(4) 2011	(0) 2010	(1) 10101
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		ļ.				2
9	Net income from unrelated business activities, whether or not the business is regularly carried on					e./u (	Anahi ni
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					,	_ isc.
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities, etc. (	•	/			12	
13	First five years. If the Form 990 is to organization, check this box and stop here	<u> /.</u>					
	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (I	ine 6, column (f	) divided by line	11, column (t)).		14	<u> </u>
15	Public support percentage from 2017 331/3% support test - 2018. If the or	Schedule/A, Pa	art II, line 14			(15 <u>)</u>	
тоа	box and stop here. The organization q						
h	331/3% support test - 2017. If the organization of						
	this box and stop here. The organizati						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part VI how the organization meets	1					•
	organization	<i>[ </i>				:	<b>▶.</b>
b	10%-facts-and-circumstances test -	<b>2017</b> . If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or-17a	and line
	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat						publicly
	supported organization						\ ▶ □
18	Private foundation. If the organization instructions						·
			-		S	chedule A (Form 9	990 or 990-EZ) 2018

Par	(Complete only if you check	inizations De	scribed in Sec n line 10 of Pa	tion 509(a)(2)	anization faile	nd to qualify unc	ler Part II
	If the organization fails to qu	alify under the	e tests listed b	elow, please c	omplete Part	II)	ger i are ii
Sec	tion A. Public Support	<u> </u>			<u> </u>		/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	<u> </u>					
3	Gross receipts from activities that are not an	\				<i>/</i> .	
	unrelated trade or business under section 513 .					<u></u>	
4	Tax revenues levied for the	`					
	organization's benefit and either paid to						
	or expended on its behalf		1				
5	The value of services or facilities				/		
	furnished by a governmental unit to the				//		
	organization without charge	<del></del>			<i>  -</i>	+	
6	Total. Add lines 1 through 5				x		
7 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3		\				
_	received from other than disqualified						
	persons that exceed the greater of \$5,000				j		
	or 1% of the amount on line 13 for the year				-		
С 8	Add lines 7a and 7b			<del>  X                                   </del>			
	line 6)		!				
Sec	tion B. Total Support			<del>' /                                   </del>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						•
10 a	Gross income from interest, dividends,			A			
	payments received on securities loans, rents, royalties, and income from similar		/				
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/		1		
С	Add lines 10a and 10b		/ /			1	
11	Net income from unrelated business activities not included in line 10b,					\	
	whether or not the business is regularly		/				
	carried on		1			1	
12	Other income Do not include gain or		/				
	loss from the sale of capital assets		Į.				
42	(Explain in Part VI)	· /	/			1	
13	* * *	/					
14	and 12)	for the organiza	ation's first sec	nd third fourth	or fifth tax v	lear as a section	501(c)(3)
14	organization, check this box and stop here	- /				- 1	. [
Sec	tion C. Computation of Public Sup		<del></del>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2018 (line 8			ımn (f))		15	%
16	Public support percentage from 2017 Sch	j j					%
	tion D. Computation of Investmer					<u>'                                    </u>	1
17	Investment income percentage for 2018 (II	V		13, column (f)) ,		17	%
18	Investment income percentage from 2017	1	•			1	<b>%</b>
	331/3% support tests - 2018 If the or						and \(\lambda\)ine
	17 is not more than 331/3 %, check th						<b>N</b> . 1 1
b	331/3% support tests - 2017. If the org	,	_				<b>,</b> —
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t			
JSA		1			:	Schedule A (Form 9	90 or 990-EZ) 2018

### 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.)

ecu	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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part Vi</b> what controls the organization put in place to ensure such use	3с		
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		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	_8		Х
9 a	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 <b>Part VI</b> .	9a		Х
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 <b>Part VI</b> .	9b		Х
С	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 <b>Part VI</b> .	9c		Х
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		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	IV 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		Х
	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			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	
Secti	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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
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  The organization supported a governmental ontity. Person in Part VI how you supported a government ontity (see		·	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	manu(	Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<b>2</b> b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	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 <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See						
instructions. All other Type III non-functionally integrated supporting organization	-					
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						
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					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI)	-					
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6		· · · · · · · · · · · · · · · · · · ·			
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount		· <u> </u>	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-functionall	y integra	ated Type III supporting	g organization (see			
instructions)	. 0		- <del>-</del>			

Schedule A (Form 990 or 990-EZ) 2018

Part	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish ex	kempt purposes					
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which						
	(provide details in Part VI) See instructions						
9	Distributable amount for 2018 from Section C, line 6						
_10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  Pre-2018						
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI) See						
	instructions						
_ 3	Excess distributions carryover, if any, to 2018		<del></del>				
``a	From 2013						
<u>, p</u>	From 2014						
c	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)		•				
	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from	-					
	Section D, line 7 \$			ı			
· a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if						
	any Subtract lines 3g and 4a from line 2 For result		•				
	greater than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions		_				
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c		<u>-</u>				
8	Breakdown of line 7						
a_	Excess from 2014						
b	Excess from 2015			-			
c	Excess from 2016						
d	Excess from 2017						
<u>e</u>	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

# 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.

Employer identification number

OMB No 1545-0047

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

X Yes 42-6078016 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? . . . . . . . Part | General Information on Grants and Assistance Building Fund Cottey College

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

				•	-		
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) Cottey College, 1000 W. Austin							
Nevada, MO 64772	440545271	501(c)(3)	544,953	0	N/A	N/A	Bldg Maint.
(2)							
(3)							
	Γ						
(4)							
(5)							
	1						
(9)							
	Ι						
(2)							
(8)							
(6)							
(10)			,			,	
			•				
(11)							
	<u> </u>		1		_	•	
(12)					-		
		,				I	
2 Enter total number of section 501/c)/3) and novernment occanizations listed in the line 1/4 while	, trompront	al adoltazione le	tod in the line 1/4sh	. 0			
	Bovernment	organizations as	ובח וורוום ווום ומד	٠		<b>\</b>	7

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) (2018)

Schedule I (	Schedule I (Form 990) (2018)						Page
Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	mestic Individ	duals. Complete	e if the organizati	ion answered "Yes" on F	orm 990, Part IV, line 22	
	Part III can be duplicated if additional space	I space is needed	ded				
	(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)		
4		•					
-							
2							
က							
4							
5							
9							

Pt. I, Line 2--The organizations's bylaws dictate that all income is to be used for Cottey College for repairs Such requests must be approved by the board of trustees of the reporting organization. and maintenance.

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part IV

Reimbursements are only made after receiving documentation that all approved expenditures have been completed. The board of trsutees of the reporting organization also serves as governing members of Cottey College and

receives 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization Building Fund Cottey College 42-6078016 Part VI, Line 11: Copies of Form 990 were provided to each member of the board of trustees and to the audit committee of parent organization prior to filing. review process was conducted with the audit committee, with opportunities for questions from that committee and the board of trustees to be addressed before the return was filed. Part VI, Line 12c: Conflicts of Interest policies and signature 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 Director 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 explains on its Form 990 the process determining the Executive Director's compensation. A similar arrangement exists for the Director of Finance/Treasurer. Part VI, Line 19: Governing documents, conflicts of interest policies and financial statements are available to members of the parent corporation only. These items are not available to the general public.

Building Fund Cottey College	42-6078016
Part VII, Line la: The Executive Director and Director of F	inance/Treasurer of the
parent organization, International Chapter of the P.E.O. Si	sterhood, also serve in the
same capacity for the reporting organization. An estimate	of average hours worked each
week for reporting and related organizations has been inclu	ded in column (B). No wages
are paid or reimbursed for either officer from the reporting	ng organization. All wages
and related benefits for these individuals are paid and rep	orted by the parent
organization.	
Part IV, Line 12a and Part XII, Line 2b: The organization'	s modified cash basis
financial statements were audited by an independent auditin	g firm on a consolidated
basis with the other philanthropic funds of the P.E.O. Sist	erhood, excluding Cottey .
College and P.E.O. Foundation. (Listed on Schedule R, Part	II)
	, , , , , , , , , , , , , , , , , , , ,

SCHEDULE R (Form 990)

Building Fund Cottey College

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990

OMB No 1545-0047

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**6** 

Open to Public Inspection

Employer Identification number

42-6078016

Part	Identification of Disregarded Entities. Complete of the organization	the organization answered "Yes" on Form 990, Part IV, line 33	Form 990, Part IN	/, line 33		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) N/A						
(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	e organization ansv	vered "Yes" on Fo	orm 990, Part IV	line 34, because	ıt had
	3	3	-	(3)	9	177

	•						
(e)	(q)	(c)	(p)	(a)	ω	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public chanty status	Direct controlling	Section 51	12(b)(13)
		or foreign country)		(if section 501(c)(3))	entity	controlled entity?	offed y?
						Yes	S S
(1) Int'l Chapter P.E.O. Sisterhood 42-0453829							
3700 Grand Ave, Des Moines, IA 50312	membership org	Iowa	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 Monnes, 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) 2018	ર (Form 9ધ	90) 2018

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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.

Go to www irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

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

Building Fund Cottey College

Partl

Department of the Treasury Internal Revenue Service Name of the organization

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Page 2/2 OMB No 1545-0047

Inspection

Employer identification number

42-6078016

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2018 ŝ (f) Direct controlling × × entity? entity Yes 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 VII IIA (f) Direct controlling (e) End-of-year assets See Pt Pt See Public chanty status (if section 501(c)(3)) 12-Type II (d) Total income (c)
Legal domicile (state or foreign country) (d) Exempt Code section 501(c)(3) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity Iowa Іома Primary activity endow fund fund schol (1) Cottey College Endowment Fund 42-6078017 (a)Name, address, and EIN (if applicable) of disregarded entity (2) P.E.O. STAR Scholarship Fund 30-0583651 For Paperwork Reduction Act Notice, see the Instructions for Form 990 3700 Grand Ave, Des Moines, IA 50312 3700 Grand Ave, Des Moines, IA 50312 (a)Name, address, and EIN of related organization Part (2) 9 4 Ξ (2) 3 (4) (3) 3 (9) (7)

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

(i) Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2018 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, (J) General or Ŷ managing partner? (g) Share of end-of-year assets Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (f) Share of total (h) Dispreportorate allocabons? Ŷ псоте Yes (g) Share of end-of-(e)
Type of entity
(C corp S corp, or trust) year assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total (d) Direct controlling income because it had one or more related organizations treated as a partnership during the tax year (e)
Predomnant
Income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization N/A (1) N/A Part IV Part III (1) 4 <u>ත</u> ₹ 9 (9) (2) <u>ල</u> (2) 0 (5) 9

**y**3

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				Ye	Yes No	_
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?	elated organizations lis	sted in Parts II-JV2		<u> </u>	<u> </u>	
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rept from a controlled entity			,	1a	×	l
				1b ×	┢	ı
				10	×	ı
	•			1d	×	
	· · · · · · · · · · · · · · · · · · ·		<u>                                     </u>	10	×	1
E Loais of loaf guarantees by related digalization(s)				<u> </u>	-	1
f Dividends from related organization(s)				#	×	- 1
	•		•	19	×	- 1
			· · ·	1h	×	
i Exchange of assets with related organization(s)				1i	X	
			•	1j	X	
			<u> </u>			
k Lease of facilities, equipment, or other assets from related organization(s)			•	1 <del>,</del>	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	•		- I	=	×	
m Performance of services or membership or fundraising solicitations by related organization(s).				1m X	• •	
				1n ×	_	!
o Sharing of paid employees with related organization(s)				t X		l
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ļ		1
p Reimbursement paid to related organization(s) for expenses.				1p X		
				19	X	
			L			ı
r Other transfer of cash or property to related organization(s)				11	×	
s Other transfer of cash or property from related organization(s)			•	1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	his line, including cove	covered relationships and transaction thresholds	action threst	splou		
(a)	(q)	(c)		<b>g</b>		ı
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	thod of determin amount involved	guil P	
(1)Cottey College	q	544,953	Cash-FMV	۱۸		
(2)						
(3)						
(4)						
(5)						
(9)						
, c.		Sci	Schedule R (Form 990) 2018	rm 99(	0) 201	1 ==

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

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (f) Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Share of Shar	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V · UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?		(k) Percentage ownership
r/ 13 141			sections 512-514)	Yes No			Yes	No		Yes	٥ ٧	
(1) N/R												
(2)												
(3)											+	
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