ENVELOPE NOV 1 2 2020

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 2949317012000011545-0047

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning J	uly 1, 2019 ,	and ending	Jun	e 30		, 20	20
_			C Name of organization				D Employer	dentific	ation number	•
В	Check If a	pplicable	Building Fund Cottey Colle	ege		ŀ				
	Addr		Doing business as				42-6	0780	16	
		change	Number and street (or P O box if mail is not deliv	ered to street address)	Room/suite		E Telephon			
-	┥	l return	3700 Grand Avenue				515-	255-	3153	
\vdash	Final	return/	City or town, state or province, country, and ZIP	or foreign postal code	<u> </u>		<u> </u>	233	<u> </u>	
\vdash	- termi Amer	nated nded	Des Moines, IA 50312				G Gross rec	eints \$	1 067	562.00
\vdash	retur Appli	n cation	F Name and address of principal officer	· · · · · · · · · · · · · · · · · · ·			H(a) Is this			res X No
L.	pend	ing	, ,		<i>[]</i>		subordi	nates?	├ ──	
			Dana VanRoekel, same as a		- 1		H(b) Are all a		لــــا	∕esNo
<u> </u>		empt st	1 22 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2	(insert no) 4947(a)(1)	or 752	27			a list (see instruc	uons)
		ite. 🕨	www.peointernational.org				H(c) Group			
_		of organ		tion Other ►	L Year	of formation	on 1960	M State	e of legal domi	cile <u>IA</u>
P	art l		mmary							
	1		describe the organization's mission or most	· · · · · · · · · · · · · · · · · · ·						
e e		for	purposes of construction,	repairs and main	tenance	of C	<u>ottey</u>	Colle	ege, Nev	zada,
nan		Miss	souri, 64772, a qualified o	harity.						
Governance	2	Check	this box 🕨 🔙 if the organization disconti	nued its operations or disp <u>os</u>	ed of more th	an_25%_	of_its_net-a	ssets		
တိ	3	Numb	er of voting members of the governing body (F	Part VI, line 1a)	REC	EIVE	D	. 3		5
න් ග	4	Numb	er of independent voting members of the gov	erning body (Part VI, line 1b).				. 4		5
Ę.	5	Total	number of individuals employed in calendar ye	ear 2019 (Part V, line 2a) 💢	NOV. 1	7.202	- "-"	. 5		0
Activities	6		number of volunteers (estimate if necessary)				<u> </u>	. 6		5
¥	7a		unrelated business revenue from Part VIII, colu			******	<u> </u>	. 7a		
	1		nrelated business taxable income from Form 9	1	OGD	<u>EN, L</u>	<u> </u>	. 7b		
			·				Prior Yea	ır	Curre	nt Year
	8	Contri	butions and grants (Part VIII, line 1h)				483,17	4.00	455.	323.00
une	9		am service revenue (Part VIII, line 2g)							
Revenue	10		ment income (Part VIII, column (A), lines 3, 4,				89,30	7 - 00	105.	300.00
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c,				03,00			
	12		revenue - add lines 8 through 11 (must equal l				572,48	1 00	560	623.00
<u> </u> -	13		s and similar amounts paid (Part IX, column (A)				544,95			377.00
3	14		its paid to or for members (Part IX, column (A)				511/50	73.00	02,7	317100
4	15		es, other compensation, employee benefits (Pa					-		
ses			es, other compensation, employee benefits (Passional fundraising fees (Part IX, column (A), lir							
xpens	IDa					-				
Žă			fundraising expenses (Part IX, column (D), line			<u> </u>	0 61	0 00	1.0	100 00
1	17		expenses (Part IX, column (A), lines 11a-11d,				553,57	8.00	1	198.00
Ī	18		expenses Add lines 13-17 (must equal Part IX							575.00
Z 5	19	Rever	nue less expenses Subtract line 18 from line 1	<u> </u>	· · · · · · ·	Pogina	18,91		End of	952.00
Net #556 6 020 Fund Barances						<u> </u>				
Contraction of the contraction o	20		assets (Part X, line 16)				970,08			984.00
\$ P	21		liabilities (Part X, line 26)				444,82			676.00
			ssets or fund balances Subtract line 21 from li	ne 20	<u></u>	2,	525,26	0.00	2,448,	308.00
	art II		gnature Block	 						
Un	der pe e. corre	nalties c ect. and	of perjury, I declare that I have examined this return complete Declaration of preparer (other than officer)	, including accompanying sched is based on all information of who	ules and state ich preparer h	ements, an as any kno	id to the be owledge	st of my	knowledge ar	id belief, it is
_	<u> </u>		D 1 0 1 1		<u>:</u>				20	
Sig	.n	.	ignature of officer	<u> </u>			Date	1-5-2	20	
He							Date			
110		-	Dana VanRoekel, Director o	f Finance						
	ا	 	ype or print name and title		15.				DTIN	
Paid	4	Print/	Type preparer's name Prepar	er's signature	Date		Check		PTIN	
							self-em	ployed		
	parer Only	Firm's	name 🕨				Firm's EIN	<u> </u>		
	•	Firm's	address >		<u>.</u>		Phone no			
Ма	y the	IRS d	iscuss this return with the preparer show	n above? (see instructions)) .				. Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instri	ictions.					Form	990 (2019)

Forn	a.1 n 990 (2019)	Page 2
	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	<u>· · · · · · · · · · · · · · · · · · · </u>
·	To provide funds for construction, repairs and maintenance of Cottey College,	
	Nevada, Missouri, 64772, a qualified charity.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 630, 360.00 including grants of \$ 627, 377.00) (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 on Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
JSA	Total program service expenses ► 630,360.00	90 (2019)
9E10	020 2 000	(,

ABPI RO

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
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		X
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		
h	complete Schedule D, Part VI	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
4.0	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
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	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			Λ.
. 0	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?	-		**
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
	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 12 if "Yes," complete Schedule I, Parts I and II	21	$_{x}$	

Part	Checklist of Required Schedules (continued)		Vaa	Na
	Delite	$\overline{}$	Yes	No
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
-0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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>X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	·.		
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		, ,
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	X
32				
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		.,
• •	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	
35.2	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		<u>X</u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.,	
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any fine in this Part V	• • •	Yes	No
1 2	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	•	* The	. ,
	reportable gaming (gambling) winnings to prize winners?	1c_	X	
JSA		Form	990	(2019)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			т
			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)	.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
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 Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	i		
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		X
b	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?	_7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
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		_	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	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	<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI			
Socti		• • •	<u> </u>	X
Secu	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year.		100	
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	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			1
_	Effect the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	-	_x -
	any other officer, director, trustee, or key employee?			 ^-
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		"
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		_v
	one or more members of the governing body?	/ a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	}
	stockholders, or persons other than the governing body?	/0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	 8а	Х	
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	- 00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
0000	on b. 1 onoics (This desiral B requests information about policies not required by the internal Neventee	0000	Yes	No
40.	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
U	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b	Х	Ì
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
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 Sch O	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy
	and financial statements available to the public during the tax year		•	

20

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

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. See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than box, unless person is bott officer and a director/trus (Key employee employeemployeemplooreemplooreemplooreemplooreemplooreemplooreemplooreemplo		ıs both	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) Brenda Atchison	0.2		! !			:				
President after 9/19	39.8	Х		X				0.00	0.00	0.00
(2) Patricia Brolin-Ribi	0.2									
First Vice President	39.8	Х		Х				0.00	0.00	0.00
(3) Cathy Moss	0.2	[
Second Vice President	35.8	Х		Х			L.	0.00	0.00	0.00
(4) Alix Smith	0.2									
Organizer	38.8	Х		Х				0.00	0.00	0.00
(5) Kathryn Ebert	0.2	j								
Recording Secretary	29.8	<u>X</u>		Х				0.00	0.00	0.00
(6) Kathy Soppe, Exec Dir after 11/19	0.5									1
Dir of Fin/Treas until 6/20	39.5	ļ <u> </u>		X			lacksquare	0.00	0.00	0.00
(7) Dana VanRoekel, Director	0.5									
of Finance/Treasurer after 5/20	39.5			Х			$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.00	0.00	0.00
_(8) Jackie Matt	0.1									
Executive Director until 11/19	39.9	ļ		X			$ldsymbol{ld}}}}}}$	0.00	0.00	0.00
(9) Sue Baker	0.2									
President until 9/19	39.8	X		Х			ļ	0.00	0.00	0.00
(10)										
(11)									-	
(12)						_				
(13)							\vdash			
(14)			ļ							

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	ploy	yee	s, a	ınd H	igh	est Compensate	d Employee	s (continu	ed)	
(A) Name and title	(B) Average hours per week	box, office	Position (do not check more than on box, unless person is both a officer and a director/trust			is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensatio from related	n	(F) mated am of other mpensat	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization: (W-2/1099-MI\$	SC) org	from the anization d organiz	and
(15)												
(16)												
(17)												
(18)		<u> </u>	_						·			
(19)			_									
(20)												
(21)		<u> </u>										
(22)												
(23)												
(24)												
(25)					-							
Subtotal	ot limited t		 se li	<u></u>			b b who	o received more th	nan \$100,000) of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheen											Yes	No X
For any individual listed on line 1a, is the organization and related organizations g	sum of re	porta	ble	con	npe	nsatio	n a	and other compen	sation from t	he		,
individual	r accrue co	 ompe	 nsat	 tion	 fro	 m any	 y ur	 nrelated organizati		. 4 ual .		x ,
for services rendered to the organization? <i>If "</i> Section B. Independent Contractors	Yes," compl	ete So	chec	lule	J to	or suci	т ре	erson	<u> </u>	. 5		<u> </u>
Complete this table for your five higher compensation from the organization Report	est compe t compensa	nsate	d i for	nde the	per cal	ndent endar	co ye:	entractors that re ar ending with or	ceived more within the or	than \$	100,00 n's tax)0 of year
(A) Name and business addr	ress							(B) Description of ser	vices		nsation	
N/A												
							-					
				·			-					
2 Total number of independent contractor received more than \$100,000 of compensations.						ited	to	those listed abo	ve) who			
JSA 9E 1050 2 000										Fo	m 990	(2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a	response or note to ar	ny line in this Part \	<u>/III .</u> <u>.</u>		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທທ	4.	Fodorated compagns	40				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				·
از کر	b	Membership dues					
S, (С	Fundraising events	1c				,
a it	d	Related organizations	1d				
ا <u>ء</u> :	е	Government grants (contributions)	1e				1
Siz	f	All other contributions, gifts, grants,					
ž a		and similar amounts not included above .	1f 455,323.00				1
اجَةِ	_	Noncash contributions included in					1
눌위	g	lines 1a-1f	10 6				
0 2				455 222 00			
	h	Total. Add lines 1a-1f		455,323.00			+
4.			Business Code	-		_	 `
ice	2a						
erv Je	b						
S (С						
ап eve	Ь						
Ř	_						
Program Service Revenue		All other program consec source					
	r g	All other program service revenue Total. Add lines 2a-2f					,
	3	Investment income (including divid		E7 E70 00			57 579 00
		other similar amounts)	_	57,578.00			57,578.00
	4	Income from investment of tax-exemp	•				
	5	Royalties					
		(ı) Re	eal (ii) Personal				
	6a	Gross rents 6a					1 .
	b	Less rental expenses 6b					\downarrow i
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Secu					1
	, ,		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠			
		sales of assets	1 00				1
		other than inventory 7a 554,66	1.00			,	
Revenue	b	Less cost or other basis					
en		and sales expenses 7b 506,93					
ě	С	Gain or (loss)	2.00				<u>, </u>
	d	Net gain or (loss)	. <u></u>	47,722.00			47,722.00
Other	8a	Gross income from fundraising	,				!
Ö		events (not including \$					
		of contributions reported on line			r	-	
		· •	1 _ 1				,
		1c) See Part IV, line 18	·			•	1 ,
		Less direct expenses	•				<u> </u>
	С	Net income or (loss) from fundraising					,
	9a	Gross income from gaming					
		activities See Part IV, line 19		,			,
	b	Less direct expenses	. 9b				<u>'</u>
	С	Net income or (loss) from gaming act	ti <u>vities ▶</u>				
	10a	Gross sales of inventory, less	;				,
		returns and allowances	10a				1
	ь	Less cost of goods sold		;			
	C	Net income or (loss) from sales of inver	•				
			Business Code				1
scellaneous Revenue							
Je I	11a						
<u>a</u> <u>la</u>	b						-
scellaned Revenue	С						
ž.	d	All other revenue			<u> </u>		
-	e_	Total. Add lines 11a-11d	<u> ▶</u>				ļ
	12	Total revenue. See instructions	<u> </u>	560,623.00		l	105,300 00

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 response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	627,377.00	627,377.00							
	·	027,377.00	0217311100							
	Grants and other assistance to domestic ndividuals See Part IV, line 22									
	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign			n						
	ndividuals See Part IV, lines 15 and 16			-						
	Benefits paid to or for members									
	Compensation of current officers, directors, rustees, and key employees									
6 (Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
	Other salaries and wages									
	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
	Other employee benefits				 -					
	Payroll taxes									
	Fees for services (nonemployees)									
	Management	-								
	Legal	1,100.00		1,100.00						
	Lobbying	1,100.00								
	Professional fundraising services See Part IV, line 17,									
	nvestment management fees	4,000.00		4,000.00						
	Other (If line 11g amount exceeds 10% of line 25 column									
	A) amount, list line 11g expenses on Schedule O)				<u> </u>					
	Advertising and promotion									
3 (Office expenses	2,115.00		2,115.00						
4	nformation technology									
5	Royalties									
	Occupancy									
7	Travel									
	Payments of travel or entertainment expenses for any federal, state, or local public officials									
9 (Conferences, conventions, and meetings									
0	nterest									
1 1	Payments to affiliates									
2	Depreciation, depletion, and amortization									
3	nsurance									
	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e If									
	ine 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule (O)	0.000.00	0.002.00							
	Currency exchange	2,983.00	2,983.00							
					·					
	All other expenses									
	All other expenses Total functional expenses Add lines 1 through 24e	637,575.00	630,360.00	7,215.00						
26 .	Joint costs. Complete this line only if the	03,73,3.00	555,550.00	,,213.00						
1	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	96,829.00	1	599,117.00
	2	Savings and temporary cash investments	1,852,932.00	2	638,090.00
	3	Pledges and grants receivable, net		_ 3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	1	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		1	,
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		_	_
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	945,166.00	11	1,398,533.00
	12	Investments - other securities See Part IV, line 11	75,154.00	12	252,244.00
	13	Investments - program-related See Part IV, line 11,		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,970,081.00	16	2,887,984.00
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	
	19	Deferred revenue	444,821.00	19	439,676.00
	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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			_
abi	į	controlled entity or family member of any of these persons		22	
Ξ	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	444,821.00	26	439,676.00
ses		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	-		
aŭ	27	Net assets without donor restrictions		27	-
Bal	28	Net assets with donor restrictions		28	
5	- 0	Organizations that do not follow FASB ASC 958, check here ► X			
or Fund Balances		and complete lines 29 through 33.			, <u> </u>
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	2,525,260.00	31	2,448,308.00
Net Assets	32	Total net assets or fund balances	2,525,260.00	32	2,448,308.00
<u>_</u>	33_	Total liabilities and net assets/fund balances	2,970,081.00	33	2,887,984.00
					Form 990 (2019)

Part :	XI Reconciliation of Net Assets					
Part.						
-	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			لمل
1	Total revenue (must equal Part VIII, column (A), line 12)	1				0.00
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 575	
3	Revenue less expenses Subtract line 2 from line 1	3	_		<u>, 952</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	, 525	<u>, 260</u>	.00
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 on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	448	,308	.00
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· • <u>·</u>		Х
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Mod.	Cash	ı			
	If the organization changed its method of accounting from a prior year or checked "Other," ex					
Schedule O						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both	μσ				
	Separate basis Consolidated basis Both consolidated and separate basis			'		
L	Were the organization's financial statements audited by an independent accountant?			2b	х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both	eu o	11 a			
	Separate basis X Consolidated basis Both consolidated and separate basis					
		-ah				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove			2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta					
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	on			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	20		v
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			2.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits		3b	990	(2019)

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.

st. 2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>Buı</u>	<u>lding Fund Cottey Co</u>	ollede				42-607	<u> </u>			
Part	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art) See instructions				
he c	organization is not a private fou	indation because it	t is (For lines 1 through	gh 12, ch	neck only	one box)				
1	A church, convention of ch		•	-	-	· ·	10			
2	A school described in secti									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
٦ ر		·	conjunction with a no.	spital de	3011DCG II	13600001170(1)(1)(1)	(III). Litter the			
٦ -	hospital's name, city, and s		!!				mana danambad			
5	An organization operated		a college or universit	y owner	a or ope	erated by a governme	ental unit described in			
_	section 170(b)(1)(A)(iv). (0									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 [An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
_	described in section 170(b)(1)(A)(vi). (Compl	ete Part II)							
8	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)						
9	An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college			
_	or university or a non-land-	grant college of ag	riculture (see instruct	tions) E	nter the	name, city, and state o	f the college or			
	university		,	,		, ,,	ŭ			
0 [An organization that norma	ally receives (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	on fees and gross			
٠ ر	receipts from activities rela	ated to its exempt f	functions - subject to	certain e	exception	s, and (2) no more tha	n 331/3% of its			
	support from gross investing	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses			
	acquired by the organization									
1	An organization organized									
2 [X An organization organized	•	•	-						
	of one or more publicly su	-								
	Check the box in lines 12a	through 12d that d	escribes the type of s	upportini	g organiz	zation and complete lir	nes 12e, 12f, and 12g			
а	Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
	the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	supporting organization									
b	X Type II. A supporting org	-			with its	supported organization	on(s), by having			
_	control or management of									
	organization(s) You mus				о ролоо.		ago and dappented			
_	Type III functionally inte	*		ated in c	onnoctio	n with and functional	ly integrated with			
C		-	• •				iy integrated with,			
	its supported organization						ار مار میں میں اس م اس میں اس می			
d	Type III non-functionally			-			-			
	that is not functionally into		•	-		·	an attentiveness			
	requirement (see instruct	•	*							
е	Check this box 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			
	functionally integrated, or									
f	Enter the number of supported	d organizations					1			
g	Provide the following informati	on about the suppo	orted organization(s)							
((i) Name of supported organization	(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)			
			above (see instructions))	Yes	No	man deliens)	mstructions,			
	Cottey College				1					
A) `	social, correga	44-0545271	2	x		627,377.00				
		11 0313271				021/317100				
B)										
					 					
C)										
				 						
D)				1						
				-	 					
E)										
-, 							<u> </u>			
otal	\									
vial	1	1		1		600 000 00				

	(Complete only if you checke Part III If the organization fail						ality under
Sec	tion A. Public Support					· · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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		ļ. .			ļ <i>_</i>	
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						
_	tion B. Total Support		<u> </u>	<u> </u>		<u> </u>	l
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(6) 2010	(6, 2017	(4) 2010	(6) 2013	(i) rotar
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	_					
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activities, etc. (s	·					
13	First five years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·	<u>/</u>				
	tion C. Computation of Public Sup					T	
14	Public support percentage for 2019 (lin					14	<u>%</u> %
15	Public support percentage from 2018 331/3% support test - 2019. If the org						
ıoa	box and stop here . The organization qu						
h	331/3% support test - 2018. If the org			_			
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test/- 2	•		_			
	10% or more, and if the organization		-				
	Part VI how the organization meets ti						
	organization			•	•	•	▶ □
b	10%-facts-and-circumstances test - 2	018. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	inization meets	s the "facts-an	d-circumstances	" test, check t	this box and st	op here.
	Explain in Part VI how the organization						a publicly
	supported organization						▶ 📖
18	Private foundation If the organization						. 1 1
	instructions/			<u> </u>	· · · · · · · · ·	 <u>.</u>	▶ [
	/				\$	Schedule A (Form 9	90 or 990-EZ) 2019

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

cupport conclude for organizations becombed in occiton out(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I
If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	ļ					/
	organization's tax-exempt purpose					/	<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .				_		
4	Tax revenues levied for the	,				7	
	organization's benefit and either paid to						ļ
	or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to the						
	organization without charge	_		!			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	•					
	line 6)				<u> </u>	,	
	tion B. Total Support	1 1 2015	#10040	/1)2217	40.0040	(1) 0040	(0.T-1-1
Caler	ndar year (or fiscal year beginning in) 🕨 🗀	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6			,			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI)					-	
13	and 12)						
14	First five years. If the Form 990 is for	the organizar	tion's first, secoi	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.			· · · · · · · · ·	<u>.</u>		▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge			,	***
15	Public support percentage for 2019 (line 8, o					15	%_
16	Public support percentage from 2018 Sched	ule A, Part III, lin	e 15	· · · · · · · · · · · · · · · · · · ·		16	%_
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (line	a 10c, column (f	f), divided by line	13, column (f))		17	%_
18	Investment income percentage from 2018 So	chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org.	anization did n	ot check the bo	x on line 14, ar	id line 15 is mo	ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	box and stor	here. The orga	inization qualifies	as a publicly	supported organ	ızatıon . ►
b	331/3% support tests - 2018. If the organ						
	line 18 is not more than 331/3 %, check t	his box and st	op here. The org	ganization qualifie	es as a publicly	supported organi	ization 🕨 🔙
20	Private/foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	ctions ►

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)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain		<u>x</u>	
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)	_~"#*1 2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below			<u>-</u> х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	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		, ,
5 a	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)		<u></u>	X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	+	
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	- market de la constante de la	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
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		X
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 Part VI.	9c	-	X
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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)			, ugu u
	Cappering Ciganizations (communication)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		
a	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
b	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,			ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Section	on C. Type II Supporting Organizations	2		L
Section	on c. Type it Supporting Organizations		Yes	No
	Management of the common to the discount of th		163	110
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	•	x
Section	on D. All Type III Supporting Organizations			<u>'</u>
			Yes	No
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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ļ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			:
	supported organizations played in this regard	3	-	-
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test Complete line 2 below	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JJ,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
•	Activities Test Assessment and the best of		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		١.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	_2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			:
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ا ا	-	ړ
	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			'
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			- '
	trustees of each of the supported organizations? Provide details in Part VI.	_3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	+	
	or its supported organizations in rest, describe in rait vi the role prayed by the organization in this regard	_ <u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	•	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	•	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization (see
instructions)	=		

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	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	the organization is resp	onsive	ı
	(provide details in Part VI) See instructions	·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u></u>		
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			ι
	instructions		·	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016		·	
d	From 2017			·
е	From 2018		===	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		<u></u>	
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from	n		
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			1
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
_	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1/a or 1/b, 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 I	V, Section C, Ln 1: The trustees of the supporting organization are members of
Cottev	College, which is the supported organization. As a result, the trustees of the
	ting organization are responsible for appointing trustees to the eleven-member
	College board. In addition, two of the trustees of the supporting organization
are ex	officio members of the Cottey College board of trustees.
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
Bui	lding Fund Cottey College		42-6078016
	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year)		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	Lin donor advised
5	funds are the organization's property, subject to the	•	
_			
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
-	conferring impermissible private benefit? irt II Conservation Easements.		TesNO
Fe	rt II Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the		
1		, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (for example	·	n of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	S	2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	ninated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse	rvation easement is located 🕨	
5	Does the organization have a written policy reg	garding the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financ	cial statements that describes the
	organization's accounting for conservation easeme	nts	
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FA	ASB ASC 958, not to report in its reveni	ue statement and balance sheet works
	of art historical treasures, or other similar asse	ts held for public exhibition, education,	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he	ASB ASC 958, to report in its revenue :	statement and balance sneet works of
	provide the following amounts relating to these iter		search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a	rt historical treasures or other similar	assets for financial dain provide the
2	following amounts required to be reported under F		access for intariolal gain, provide the
_	Revenue included on Form 990, Part VIII, line 1		▶ \$
a b	Assets included in Form 990, Part X		
2	7,000,0 11,010,000 11,1 0,111 000, 1 41,77.	<u> </u>	

Pa	rt Organizations Maintaini												
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, checl	k any o	of the	follow	ring that n	nake sigr	nificant u	se o	fıts
	collection items (check all that app	ly)											
а	Public exhibition			d [Loan	or exch	ange	progra	m				
b	Scholarly research			e	_		_						
c	Preservation for future gene	rations											
4	Provide a description of the organ		collections	and eval	ain how	they fu	rthor	the or	aanization'	s evemn	t nurnos	a in	Part
~	XIII	11124110113	Collections	and expir	2111 11044	iney rui	i ti iCi	the of	ganization	3 CACILIP	r purpos	J 111	art
_		an andinit i		danations s	fort biot	orioal tr		roo or	ather ami	or			
5	During the year, did the organization												1
	assets to be sold to raise funds rath			ained as pa	int of the	organiza	ation	s colle	ction/	• • • • •	Yes		No
Ра	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on Fo	rm	
1 a	Is the organization an agent, truste	e, custo	lian or othe	er intermed	liary for c	ontribu	tions	or othe	r assets no	ot			
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement i												
										Amount			
С	Beginning balance						10	-					
	Additions during the year						$\overline{}$						
									•				
e	Distributions during the year						$\overline{}$	-					
f	Ending balance						$\overline{}$						
2a	-										Yes	-	No
	If "Yes," explain the arrangement i	n Part XII	I Check h	ere if the e	xpianation	nas be	en pr	ovided	on Part XII	<u>'</u>		•	<u> </u>
Pa	rt V Endowment Funds.		1.057		000 5			40					
	Complete if the organiza								1		·		
		(a) Cur	rent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	ears b	ack
1 a	Beginning of year balance										_		
b	Contributions												
c	Net investment earnings, gains,												
-	and losses			•		1							
d	Grants or scholarships												
e	Other expenditures for facilities												
-	·												
	and programs												
	Administrative expenses						-						
g	End of year balance			l		<u> </u>			J				
2	Provide the estimated percentage				e (line 1g,	column	n (a))	held as					
a	Board designated or quasi-endown	_		_%									
b	Permanent endowment ▶												
С	Term endowment ▶	_%											
	The percentages on lines 2a, 2b, a						_						
3 a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are hel	d and	d admir	nistered for	the	ſ.	1	<u> </u>
	organization by											es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	d as require	ed on Sch	edule R	₹?				3b		
4	Describe in Part XIII the intended i	uses of th	e organiza	tion's endo	wment fu	nds							
Pa	rt VI Land, Buildings, and Equ	uipment.								000 0		40	
	Complete if the organiz	ation ans											
	Description of property			other basis tment)	(b) Cost	or other ba other)	asıs		cumulated eciation	(d	l) Book valu	ie	
1a	Land		,		, <u> </u>		$\neg \uparrow$						
b	Buildings	f			· · · · · · · · · · · · · · · · · · ·		$\neg +$						
		ſ				· ·					_		
C	Leasehold improvements	,											
d	Equipment	r			ļ		-+						
	Other			000 5 1	<u> </u>	- (0)		- 1					
Tota	I. Add lines 1a through 1e (Column	i (a) must	egual Forr	n 990. Part	x. columi	n (B). Iir	1 e 10	C)	▶				

Schedule D (Form 990) 2019

JSA 9E1270 1 000

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 990	Dart IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	···
	(including name of security)		Cost or end-of-year market	
	al derivatives	252,244	Cost	
	held equity interests			
(A)				
(B)				
(C)				.
(D)				
(E)				
<u>(F)</u>				 .
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) .	252,244		
Part VIII		W		5 1 7 1 40
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year marke	
(1)				
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)		_		
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)。 ▶			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d See Form 990,	Part X, line 15
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				····
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) li	ne 15)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25	"Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	, , , , , , , , , , , , , , , , , , ,		
(2)				
(3)				
(4)				
(5)				
(6)				······································
(7)				
(8),				
(9)	(b) must sound Feet 2000 Feet V ==1 (D) to 250			
	nn (b) must equal Form 990, Part X, col (B) line 25)			-
	or uncertain tax positions. In Part XIII, provide the			

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
– a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIII)	
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part		irn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P	last V. line 4. Dort V. line
2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b Also complete this part to provide any additional inform	nation

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	rm 990) 2019 Supplemental Information (continued)	
<u> </u>		
·		
<u> </u>		
		

Schedule D (Form 990) 2019

SCHEDULEI

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. General Information on Grants and Assistance Building Fund Cottey College Department of the Treasury Name of the organization Internal Revenue Service (Form 990) Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X . 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 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)	627,377.00	00.00	N/A	N/A	Building Maint
(2)							
(3)							
	1						
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
		-					
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	ted in the line 1 tab	ie	• • • • • • • • •	A	1
 Enter total number of other organizations listed in the line 1 table. 	sted in the line	1 table				A : : : : : : : : : : : : : : : : : : :	,

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

Schedule I (Form 990) (2019)

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Schedule I (I	Schedule I (Form 990) (2019)					
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 Individual	duals. Complete	e if the organizat	on answered "Yes" on F	orm 990, Part IV, line 22
	rait ill call de duplicated il additional space is needed	ו אמכב וא וובב	חבת			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
8						
က						
4						
5						
9						

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

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Building Fund Cottey College	42-6078016
Part VI, Line 11: Copies of Form 990 were provided to each member	er of the board of
trustees and to the audit committee of parent organization prior	to filing. A formal
review process was conducted with the audit committee, with opportunity	ortunities for
questions from that committee and the board of trustees to be ac	dressed 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, Iowa and monitored for completion. Any co	onflicts of interest
that arise pursuant to this process or otherwise throughout the	year are to be
reported immediately, and the remaining members take the appropr	iate 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. Th	ne International
Chapter explains on its Form 990 the process of determining the	Executive Director's
compensation. A similar arrangement exists for the Director of E	inance/Treasurer.
Part VI, Line 19: Governing documents, conflicts of interest pol	icies and financial
statements are available to members of the parent corporation or	aly. 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 Finance	e/Treasurer of the
parent organization, International Chapter of the P.E.O. Sisterho	ood, also serve in the
same capacity for the reporting organization. As estimate of ave	erage hours worked
each week for reporting and related organizations has been include	ded in column (B). No
wages are paid or reimbursed for either officer from the reporting	ng organizatıon. All
wages and related benefits for these individuals are paid and rep	ported by the parent
organization.	
Part IV, Line 12a and Part XII, Line 2b: The organization's modified	fied cash basıs
financial statements were audited by an independent auditing firm	n on a consolidated
basis with the other philanthropic funds of the P.E.O. Sisterhood	d, excluding Cottey
College and the P.E.O. Foundation. (Listed on Schedule R, Part	II)

~ Page 1 of

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Open to Public 2019

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

► Attach to Form 990.

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

Employer identification number Inspection

42-6078016

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Building Fund Cottey College

Name of the organization Department of the Treasury internal Revenue Service

Partl

SCHEDULE R (Form 990)

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (1) N/A Part II ව ₹ 9 2 (2)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
						Yes	No
(1) Int'l Chapter P.E.O. Sisterhood 42-0453829							
3700 Grand Ave, Des Moines, IA 50312	Membership org	Іома	501(c)(4) N/A	N/A	N/A		×
(2) P.E.O. Educational Loan Fund 42-6078059							
3700 Grand Ave, Des Moines, IA 50312	Loan fund	Iowa	501(c)(3)	7	See Pt VII		×
(3) P.E.O. Int'l Peace Schol Fund 42-6078058							
3700 Grand Ave, Des Moines, IA 50312	Schol fund	Iowa	501(c)(3)	7	See Pt VII		×
(4) P.E.O. Prog for Continuing Educ 23-7405311		!					
3700 Grand Ave, Des Moines, IA 50312	Grant fund	Іома	501(c)(3)	7	See Pt VII		×
(5) Cottey College 44-0545271						<u>-</u>	
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	Іома	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.	.00				Schedule R (Form 990) 2019	(Form 99)	0) 2019

rog Paperwork Reduction Act notice, see the instructions

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Page 2 of 2

OMB No 1545-0047

201

► Attach to Form 990

Department of the Treasury

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 ŝ (f) Direct controlling Employer identification number × × 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 42-6078016 (f) Direct controlling See Pt VII See Pt VII (e) End-of-year assets entity (if section 501(c)(3)) Public chanty status 12-Type II (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 7 (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity Іома Iowa Primary activity Endow fund Schol fund For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN (if applicable) of disregarded entity (1) Cottey College Endowment Fund 42-6078017 (2) P.E.O. STAR Scholarship Fund 30-0583651 3700 Grand Ave, Des Moines, IA 50312 3700 Grand Ave, Des Moines, IA 50312 Name, address, and EIN of related organization Building Fund Cottey College Internal Revenue Service Name of the organization Part II Part 4 (4) 9 2 3 3 ව (5) (9) 3 9

9E1307 1 000 SA

Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as	ted Organizations	Taxable		in Complete if t	he organizatio	a Partnership Complete of the organization answered "Yes" on Form 990. Part IV line 34	" on Form	990 Part IV In	e 34	Page 2
part III because it had one or more related organizations treated as a partnership during the tax year	more related org	anization		irtnership during	the tax year				5	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	Share of total	(g) Share of end-of- year assets	(h) Disproportorata siboatora?	Code V - UBI Ge amount in box 20 m of Schedule K-1 p (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		country)		sections 512 - 5141			Yes No	Yes	S No	
(1) N/A										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ted Organization	s Taxable	1	on or Trust. Condass a corporation	nplete if the or on or trust durin	a Corporation or Trust. Complete if the organization answered "Yes" ations treated as a corporation or trust during the tax year	red "Yes"	on Form 990, Part IV,	art IV,	
(a) Name, address, and EIN of related organization) N of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage s ownership	age Section 512(b)(13) controlled entity?
										Yes No
(1) N/A										
(2)										
(3)										
(4)										
									_	_
(5)										
(9)									_	
(7)										
·								Schedul	B R (Forn	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 3

Party Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	es" on Form 990, Par	t IV, line 34, 35b, or 36	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more	more related organizations listed in Parts II-IV?	ted in Parts II-IV?	
a controlled entity			1a
b Giff, grant, or capital contribution to related organization(s)			×
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			1
e Loans or loan guarantees by related organization(s)			- 1e
f Dividends from related organization(s)			1 ×
	· · · · · · · · · · · · · · · · · · ·		1g ×
Purchase of assets from related organization(s)	· · · · · · · · · · · · · · · · · · ·	•	
			1i ×
j Lease of facilities, equipment, or other assets to related organization(s)			1j ×
			1
K Lease of facilities, equipment, of other assets from related organization(s)			
			>
Performance of services or membership or fundraising solicitation			+
o officially of paid employees with related of gameation(s)			-
p Reimbursement paid to related organization(s) for expenses			1p X
			19 ×
			1 **
 r Other transfer of cash or property for related organization(s) s Other transfer of cash or property from related organization(s) 			- 4
If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered relationships	red relationships and trans	ls
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Cottey College	Q	627,377.00	Cash-FMV
(2)			
(4)			
(5)			
-:(9)			
SA ASL		S	Schedule R (Form 990) 2019
9E1309 1 000			

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Schedule R (Form 990) 2019

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

of gloss reversed was not a reference organization see instructions regarding exclusion to certain investment participations	מווולמנוחון סכב ווואנור	cuons regaloni	g exclusion for c	יבו ושווי וויאם	sillell partiels	ed				
(a) Name, address, and EIN of entity	(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
			sections 512-514)	Yes No			Yes No	(2)	Yes No	
(1) N/A										
(2)										_
(3)										
(4)										
(5)										
(9)										
(2)										
(8)										
						•				
(6)										
(10)										
(11)				-						
(12)					-		·			
(13)										
(14)									:	
(15)										
(16)							<u>.</u>			