Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

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

Open to Public Inspection

A	or the	2014 calendar year, or tax year beginning JU	JL 1, 2014 and	ending (	<u>JUN 30, 20</u>	015			
B Check if applicable C Name of organization D Employer identification number									
Address   SISTERS GRADUATE RESOURCE ORGANIZATION									
	Name change	<u>3-3775</u>	863						
	]Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite			<u></u>		
	□Final return/	PO BOX 1546			5(	<u>-9788</u>			
	termin ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$		130,718.		
	Amend	SISTERS, OR 9//39			H(a) Is this a gro	oup return			
	Applic tion pendir	F Name and address of principal officer DE13			for subordi	nates?	Yes X No		
		PO BOX 1546, SISTERS, OF	<u>97759</u>		H(b) Are all subordi	nates included	n?└─Yes └─ No		
	-		(insert no.) 4947(a)(1)	or 527	┥ :	•	see instructions)		
		e: WWW.SISTERSGRO.COM	T Out .	<del></del>	H(c) Group exer				
	art I	Summary	ociation Other				e of legal domicile: OR		
ě		Briefly describe the organization's mission or most s							
Governance	l .	OF SCHOLARSHIPS TO GRADUAT					SYSTEM.		
ērn	1	Check this box 🕨 📖 if the organization discon	. ^	sed of mor	e than 25% of its i	1 1	-		
30		Number of voting members of the governing body (				3	<u> </u>		
		Number of independent voting members of the gov				4	7		
Activities &		Total number of individuals employed in calendar ye	ear 2014 (Part/V, line 2a)	$\rightarrow$		5	0		
Ę		Total number of volunteers (estimate if necessary)		f.		6	23.		
Ac		Total unrelated business revenue from Part VIII, coli				7a 7b	0.		
	+ <del>D</del>	Net unrelated business taxable income from Form 9			Prior Year	170	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		<u> </u>	122,63	35.	130,578.		
Revenue	i	Program service revenue (Part VIII, line 2g)				0.	0.		
eve		Investment income (Part VIII, column (A), lines 3, 4,			10	08.	77.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				18.	63.		
	1	Total revenue - add lines 8 through 11 (must equal	<b>\</b> /		122,7	61.	130,718.		
	$\Gamma$	Grants and similar amounts paid (Part IX, column (A			79,63	25.	90,380.		
	14	Benefits paid to or for members (Part IX, column (A)	), line 4)		· · · · · · · · · · · · · · · · · · ·	0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	<u>_</u>		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii	ne 11e)	L		0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line	25) 🕨	0.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	•	<u> </u>	28,1		29,450.		
		Total expenses Add lines 13-17 (must equal Part I)		<u> </u>	107,7		119,830.		
	19	Revenue less expenses Subtract line 18 from line	12		14,9		10,888.		
ts o	5 00	Tatal access (Dart V. Land 10)		B	eginning of Current		End of Year 167,476.		
Net Assets or	20	Total liabilities (Part X, line 16)		}-	156,5	0.	0.		
let /	21	Total liabilities (Part X, line 26)	line 20	-	156,5		167,476.		
	art II	Net assets or fund balances Subtract line 21 from Signature Block	III10 20			<u> </u>	107,470.		
		alties of perjury, I declare that I have examined this return,	including accompanying schedule	es and state	ments, and to the bes	st of my kno	wledge and belief, it is		
	-	ct, and complete. Declaration of preparer (other than office	=						
	,	Exercise Services	<del></del>	<u>.</u>	150		015		
Sig	an n	Signature of officer		A	Date				
He		BETSY JOHNSON, PRESIDE	# Chair, Dister	3 OK	<u> </u>				
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid JOHN LA'GERE (MINTA 8/28/15 sett-employed P00541597									
	parer	Firm's name JOHNSON, GLAZE &	CO PC		Fırm's E	IN <u>9</u> 9 :	3-0802780		
Us	e Only	Firm's address 3085 RIVER ROAD	N /			/ = 0.00	200 5000		
SALEM, OR 97303 Phone no. (503) 390-7880									
		RS discuss this return with the preparer shown abo					X Yes No Form <b>990</b> (2014)		
432	001 11-	pr-14 LHA For Paperwork Reduction Act Notic	e, see the separate instruct	เบเเร.			FUITH 230 (2014)		

gn.28

	1990 (2014) SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 2 rt III Statement of Program Service Accomplishments
rai	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission
•	SISTERS GRADUATE RESOURCE ORGANIZATION IS DEDICATED TO THE GROWTH TO
	THE SISTERS COMMUNITY'S FUTURE BY CHAMPIONING POST HIGH SCHOOL
	EDUCATION THROUGH SCHOLARSHIPS AND GRADUATE SUPPORT PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$90,380. including grants of \$90,380.) (Revenue \$102,817.) SCHOLARSHIPS
	SCHOUARSHIPS
	(Code) (Expenses \$
70	CONTRIBUTIONS TO GRO ENDOWMENT FOR DREAMS SCHOLARSHIP AT OREGON
	COMMUNITY FOUNDATION
	COMMONITY TOOKSMITON
4c	(Code) (Expenses \$
	ASPIRE PROGRAM PROVIDES FUNDING FOR THE ASPIRE PROGRAM AT SISTERS HIGH
	SCHOOL TO ASSIST STUDENTS IN THE FULFILLMENT OF THEIR COLLEGE
	ASPIRATIONS.
4d	Other program services (Describe in Schedule O)
ŦŪ	(Expenses \$ 2,508 • including grants of \$) (Revenue \$)
	Total program service expenses 117,878.
<del>c</del>	Form 990 (2014)
43200 11-07	02

	1 n		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		••	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_3_	_	
7	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_	<u>X</u>	
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," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	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	11d		¥
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_ 110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a		X
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		41
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2014)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament in Part IX, column (A), in 21 II				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, count (A), the 27 If "Yes," complete Schedule I, Part IV (Section A), the 3.4, or \$ about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part IV (Section A), the 3.4, or \$ about compensation 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 Did the organization maintain an escrewant proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrewa account other than a refunding secrow at any time during the year? december 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No"; go to line 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV as the organization aware that it engaged in an excess benefit transaction with a disqualified person of the separation of the region of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person of the separation of the separation of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with organization report any advantage of the prior that it engaged in an excess benefit transaction with a disqualified person if "Yes," complete Schedule I, Part IV as the organization provide a grant or other assistance to an officer, directo	21				
Part IX, column (A), Ine 27 If "Yes," complete Schedule I, Parts I and Iff!  Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, inustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II In International Inter			21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and comer efficiers, directors, frustees, key employees, and highest compensated employees? // *Yes,* complete Schedule / *Zes Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule K. // *Yes,* or the sex principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule K. // *Yes,* or the sex principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule V. // *Yes,* or the sex principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? // *Yes,* or the sex principal amount of more than \$100,000 as of the list day of the year of the sex principal amount of more than \$100,000 as of the list day of the year of the list day of the year of the sex principal amount of more than \$100,000 as of the list day of the year of the sex principal amount of the organization engage and exception?  248	22			`	
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23 X  249 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December \$1,2002? If "Yes," answer lines \$240 through \$24 and complete Schedule K if "No", go to fine 25s  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest than an escore secret in a refunding secrice at any time during the year to defease any tax-exempt bonds?  6 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  7 Did the investment of the secret investmen			22	_X_	
Schedule J 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 \$1,200? if "Yes," answer lines 246 through 24d and complete Schedule K if "No", go to line 25s Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person of uning the year? "Yes," complete Schedule L, Part i?  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part i?  Did the organization report any amount on Part X, line 5, 6, or 22 for recovables from or payables to any current or former officer, part if the organization expenses, and that the transaction has not been reported on any of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions of rapplicable filing firesholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing firesholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and instructions for applicable filing firesholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and instruction	23				
24a 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  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of "Yes," complete Schedule L. Part II  Section 501(x/3), 501(x/4), and 501(x/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of any organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990 x 20 x 10 x 256 x 2  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, bighest compensated employees, or disqualified persons 7 if "Yes," complete Schedule L, Part II  Did the organization proport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, receivables from or payables to any current or former officers, furstees, expenditure employees, or disqualified persons 7 if "Yes," complete Schedule L, Part IV  Was the organization proport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, or or key employees, or disqualified persons 7 if "Yes," complete Schedule L, Part IV  and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, f					
slast 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  Did the organization maintain an escrow account other than a refunding secrow at any time during the year of defease any tax-eventp bonds?  did the organization maintain an escrow account other than a refunding secrow at any time during the year?  did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d	04=		23		<u>~</u>
Schedule K If "No"; go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? if "Yes," complete Schedule L, Part I is any only of these persons? if "Yes," complete Schedule L, Part I is any only of these persons? if "Yes," complete Schedule L, Part I is any only of these persons? if "Yes," complete Schedule L, Part I is any only of these persons? if "Yes," complete Schedule L, Part I is any only of these persons? if "Yes," complete Schedule L, Part I is any only of the organization and year to a business transaction with one of the following parties (see Schedule L, Part I is any only of the organization for or indirect owners transaction with one of the following parties (see Schedule L, Part I is any only of the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule L, Part I is any only of the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule R, Part I is any of the organization have a contro	248				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Child the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d			04=		v
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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d	h	. •	$\overline{}$	-	_^_
any tax-exempt bonds?  d			240		
d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I I  25b	C		240	i	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b	а			-	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organizations prof Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			244		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I    26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II    27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part IV    28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV    28 Instructions for applicable filling thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    28 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M    30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M    30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I    31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II    32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1    33 Did the organizat	200		25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I    25b	h		200		<b></b>
Schedule L, Part I   25b   X    26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   26	_			,	
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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).  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  3			25b		x
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27  26  27  28  28  29  29  20  20  20  20  21  22  23  24  25  25  26  26  27  28  28  28  28  28  29  20  20  20  20  20  20  20  20  20	26	·			
Complete Schedule L, Part II  Dut the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b					
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28a			26		Х
of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28b 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, Part II  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  32 A Was the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization by a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, Ime 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete S	27	•			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Section 501(c)(3) organizations. Did the organization neceive 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, Iine 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note, All Form 990 filers are requ		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			]
Instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II  32 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 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, line 2  38 Did t		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701·3? If "Yes," complete Schedule R, Part I 31 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 32 A 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  37 A X 38 Did the organiz	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I  33 X  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, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V,  Note, All Form 990 filers are required to 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		instructions for applicable filing thresholds, conditions, and exceptions).		İ	}
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I  33 X  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, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V,  Note, All Form 990 filers are required to 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	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  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 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33 X  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 A X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 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  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  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	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33 X  34 X  35 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  36 Y  37 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, Iine 2  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, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note. All Form 990 filers are required to complete Schedule O  38 X	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33 X  34 X  35 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  36 Y  37 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, Iine 2  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, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note. All Form 990 filers are required to complete Schedule O  38 X		·	28c		<u>X</u>
contributions? If "Yes," complete Schedule M  30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  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  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	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  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, Iine 2  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  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		contributions? If "Yes," complete Schedule M	30		<u>X</u>
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I  33 X  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a 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 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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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	31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
Schedule N, Part II  32		, , , , , , , , , , , , , , , , , , ,	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33	32				.,
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  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			32	-	<u> X</u>
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	33				
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a X  35a X  5 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  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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			33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  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	34				v
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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	05-			_	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X			33a	<del> </del>	^
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  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  X	ь		25h		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X	26		330		<del> </del>
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  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 X	50		36	1	x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X	37		350		<del></del> -
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 X	J,	· · · · · · · · · · · · · · · · · · ·	37	]	x
Note. All Form 990 filers are required to complete Schedule O	38		1	1	<del></del>
			38	X	
			Form	990	(2014)

Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	163	140
	· · · · · · · · · · · · · · · · · · ·	Ŏ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c		}
<b>2</b> a	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	<u>o</u>		
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		ļ
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)	-	]	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<del> </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	<b>├</b> ^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	╁	
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00		<del> </del> -
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	7 7a		x
	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	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е		7e	—	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del> </del>	ļ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<del></del>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	'		1
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	+	+
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	1	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	O	7		}
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Company of the second Company of the second to a the second to	7		1
_	amounts due or received from them)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	<b></b>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	- · · · · · · · · · · · · · · · · · · ·		1	
	organization is licensed to issue qualified health plans	4		1
С	- <del></del>	+	$\vdash$	+
14a	• • • • • • • • • • • • • • • • • • • •	14a	+-	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	n <b>990</b>	1 (2014
		4011	11 330	12014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

				[40]
200	Check if Schedule O contains a response or note to any line in this Part VI			X
<del>56</del> 6	tion A. Governing Body and Management		<u> </u>	
4-	Enter the number of value manhous of the community had at the condition to		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are metaral differences in voting rights among members of the governing body or if the governing			
	If there are material differences in voting rights among members of the governing body, or if the governing	}		
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	х	1
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ì		
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	_13_		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	15a		X
b		15b	<b> -</b>	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.0		<b>.</b>
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	)	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	465		
800	exempt status with respect to such arrangements?	16b	l	L
	List the states with which a copy of this Form 990 is required to be filed ▶OR		_	
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah		
18	for public inspection. Indicate how you made these available. Check all that apply	_ v ullat		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
13	statements available to the public during the tax year		J - was 1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANN THOMPSON - 503-559-9788			
	PO BOX 471, SISTERS, OR 97759			
			000	10044

Form	990	(2014)	

#### SISTERS GRADUATE RESOURCE ORGANIZATION

38-3775863

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if neither the organiz  (A)  Name and Title	(B) Average hours per	(do	not c	(C Posi heck o	tion		one n an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KAREN HENSLEY	10.00									
VICE CHAIRPERSON		X		X		L_		0.	0.	0.
(2) ANN THOMPSON	3.00							_	_	_
SECRETARY		X	_	X		_		0.	0.	0
(3) KAREN LORD	3.00								_	
TREASURER		X	<u> </u>	X	<u> </u>	_		0.	0.	0
(4) BETTY LEIGHTY-JOHNSON	3.00				ļ				_	
CHAIRPERSON		X	ļ	X		↓_		0.	0.	0
(5) TAMI JONES	1.00		Ì							_
DIRECTOR		X	<u> </u>	Х	<u> </u>	<u> </u>		0.	0.	0
(6) PAMELA OLIVER	1.00		Ì	l						_
DIRECTOR		X	ļ	X	_			0.	0.	0
(7) JOE HOSANG	1.00	-	İ							_
DIRECTOR		┼	<u> </u>	-	_	├—		0.	0.	0
(8) DAN SARACENO	1.00	-	}	ļ		}				
DIRECTOR		$\vdash$	-	-		├─		0.	0.	0
		┨				İ				
		╁	├		-	+-	<u></u>		<del></del>	
	<del></del> -	┨					Ì	i		
		+	<del>                                     </del>	-		<del> </del>				
	<del></del>	1	1		ĺ		ĺ	1		·
		$\vdash$	┢┈		-	┼╌				
		┨				İ				
	<del></del>	$\vdash$	<del> </del>	-	-	f	├	<del>                                     </del>		
		┨								
	<del></del> -	+	<del>                                     </del>	<del>                                     </del>	-	†		<u> </u>		<u> </u>
	<del> </del>	†								
		+		$\vdash$	$\vdash$		$\vdash$			
	<del></del>	1		]					1	
		T	$t^-$		$\vdash$		<u> </u>	<u> </u>		
		1		1					1	
		T				1				
	· ·	1		1						

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

432008 11-07-14

\$100,000 of compensation from the organization

1 a Federated campaigns b Membership dues c Fundrating events d Related organizations tid d Related organizations full d Related organization full d Related organiza				Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
Business Code    2 a		_					, .	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code    Part	rants	1 a	а	Federated campaigns	1a					
Business Code    2 a	g g	t	b	Membership dues	1b					
Business Code    2 a	Gifts,	•	C	Fundraising events	1c					
Business Code    2 a		(	d	Related organizations	1d					i
Business Code    2 a	S,E	•								
Business Code    2 a	e a	f								
Business Code    2 a	들			similar amounts not included abo	ve 1f	130,578.				
Business Code    2 a	ğ		_		1a-1f \$		120 570			
2 a b d d d d d d d d d d d d d d d d d d	0 101		<u>n</u>	Total, Add lines Ta-11		Rusiness Code	130,376.			
Total. Add lines 2a:2f  a Total. Add lines 2a:2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Ross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from sales of inventory  Miscellaineous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 63. 130,77.8. 0. 23. 117	0	2 :	а			Dusiness Couc				
Total. Add lines 2a:2f  a Total. Add lines 2a:2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Ross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from sales of inventory  Miscellaineous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 63. 130,77.8. 0. 23. 117	ار <u>چ</u>						· · · · · · · · · · · · · · · · · · ·			
Total. Add lines 2a:2f  a Total. Add lines 2a:2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Ross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from sales of inventory  Miscellaineous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 63. 130,77.8. 0. 23. 117	<u>8</u> §	(	C							
Total. Add lines 2a:2f  a Total. Add lines 2a:2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Ross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from sales of inventory  Miscellaineous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 63. 130,77.8. 0. 23. 117	e a	(								
Total. Add lines 2a:2f  a Total. Add lines 2a:2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Ross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from sales of inventory  Miscellaineous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 63. 130,77.8. 0. 23. 117	P.G	•	е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b Less cost or (loss) from gaming activities 10 a Gross acide from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 900099 40. 40  40  41 a MISCELLANEOUS 900099 23. 23. 40  41 a MISCELLANEOUS 900099 23. 23. 24. 25. 26  40 All other revenue e Total. Add lines 11a-11d Add lines 11	<u>~</u>	1	f	All other program service reve	enue					
other similar amounts)  A Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$			<u>g</u>	Total. Add lines 2a-2f		<b>▶</b>				ļ
4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c All other revenue e Total. Add lines 11a-11d T Total revenue See instructions. 130,718. 0 . 23. 117		3		=	dividends, intere	est, and				
5 Royalties	1			•		<b>&gt;</b>	77.			77.
G a Gross rents   (i) Real   (ii) Personal   (ii) Personal   (ii) Personal   (iii) Person					x-exempt bond p	proceeds	<del> </del>		<del></del>	
6 a Gross rents b Less: rental expenses c Rental income or (joss) d Net rental income or (joss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold c Net income or (loss) from gaming activities  Miscellaneous Revenue  Business Code 11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c All other revenue e Total. Add lines 11a-11d c Total revenue See instructions.  130,718. 0. 23. 117		5		Hoyalties	() D1	(x) Danis and				
b Less' rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a MISCELLANEOUS 900099 40. 40  AMAZON SMILE PROGRAM 900099 23. 23. 117  Total revenue See instructions.		^	_	Cross roots	(i) Real	(ii) Personai				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$			-							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$					<del></del>					}
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s a Gross income from fundraising events (not including \$	İ					<b></b>				
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions.  12 Total revenue See instructions.					(i) Securities	(II) Other				
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$		•	_		W 9999	177				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		1	b	•						
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	Ì			and sales expenses						
8 a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 a b Less' direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 40. 40  b AMAZON SMILE PROGRAM 900099 23. 23.  c d All other revenue e Total. Add lines 11a-11d			С	Gain or (loss)						
including \$ of contributions reported on line 1c) See Part IV, line 18	ļ		d	Net gain or (loss)		<b></b>				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40  40  40  41 other revenue e Total, Add lines 11a-11d	une	8	а		•					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40  40  40  41 other revenue e Total, Add lines 11a-11d	eve			contributions reported on line	1c) See	1				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40  40  40  41 other revenue e Total, Add lines 11a-11d	er l			Part IV, line 18	а					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40  40  40  41 other revenue e Total, Add lines 11a-11d	Ě	-			_					ļ
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  a Less cost of goods sold b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  8										
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  b Less direct expenses b Less direct e		9	а	-	ctivities See					
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.	ŀ									
10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40 40 40 40 41 other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  130,718.  0. 23.				· ·						
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40  All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  12 Total revenue See instructions.	l				-				<del></del>	
b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS b AMAZON SMILE PROGRAM 900099 40. 40.  40.  40.  40.  40.  40.		10	a	•						
c Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11 a MISCELLANEOUS         900099         40.         40           b AMAZON SMILE PROGRAM         900099         23.         23.           c         40         40         40           d All other revenue         40         40         40           e Total. Add lines 11a-11d         40         63.         40           12 Total revenue See instructions.         130,718.         0.         23.         117			h							
Miscellaneous Revenue   Business Code				<del>-</del>	_	<b>•</b>				
11 a MISCELLANEOUS b AMAZON SMILE PROGRAM c 900099 23. 23. c All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  12 Total revenue See instructions.  130,718.  140  40.  40.  40.  40.  40.  40.  40			_			Business Code				
b AMAZON SMILE PROGRAM 900099 23. 23.  c d All other revenue e Total. Add lines 11a-11d	Ì	11	а				40.			40.
c       d All other revenue         e       Total. Add lines 11a-11d         12       Total revenue See instructions.         b       130,718.         0.       23.         117					ROGRAM				23.	
e Total. Add lines 11a-11d  12 Total revenue See instructions.  130,718.  0. 23. 117.										
12 Total revenue See instructions.   130,718. 0. 23. 117			d	All other revenue	_ <del>_</del>					
			е			<b>&gt;</b>				
	43200			Total revenue See instructions.			130,718.	0.1	23.	

Pai	rt IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	90,380.	90,380.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<del></del>		·
9	Other employee benefits				
10	Payroll taxes				· · · - · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
a	Management		<del></del>	<del></del>	
b	Legal	1,050.	<u> </u>	1,050.	
C	, <sup>*</sup>	1,000.		1,030.	
d	Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	91.		91.	
12	Advertising and promotion	1,315.	1,315.		· · · · · · · · · · · · · · · · · · ·
13	Office expenses				
14	Information technology	46.	46.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization		<u> </u>		
23	Insurance	811.		811.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ASPIRE PROGRAM	20,000.	20,000.		
b	AGE GRA EGR BREING 1811	4,990.	4,990.		
c	CHILLOD COLUMNIA AND	925.	925.		
d		210.	210.		
е	All other expenses	12.	12.		
25	Total functional expenses Add lines 1 through 24e	119,830.	117,878.	1,952.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1	1	

Pai	1 X	Balance Sheet				
		Check if Schedule O contains a response or note to any	ine in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		42,514.	1	43,330
	2	Savings and temporary cash investments	L	114,045.	2	124,146
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
i	5	Loans and other receivables from current and former office				
		trustees, key employees, and highest compensated emp	loyees Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disqualified person	ons (as defined under			
-		section 4958(f)(1)), persons described in section 4958(c)(	3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c	:)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complet			6	
233613	7	Notes and loans receivable, net			7	<del></del>
Ć	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	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			11	
	12	Investments · other securities See Part IV, line 11	[		12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	Ł		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		<u>156,559.</u>	16	<u> 167,476</u>
	17	Accounts payable and accrued expenses	1		17	···
	18	Grants payable	_	····	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
S	22	Loans and other payables to current and former officers,	directors, trustees,			
Ì		key employees, highest compensated employees, and d	squalified persons			
Liabilities		Complete Part II of Schedule L	1		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties (	<del></del>	24	
	25	Other liabilities (including federal income tax, payables to				
		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		_0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check	here ► LX and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.		г 411		10 001
a	27	Unrestricted net assets		5,411.		10,881
e E	28	Temporarily restricted net assets	}	151,148.	28	156,595
פ	29	Permanently restricted net assets			29	
2	}	Organizations that do not follow SFAS 117 (ASC 958),	check here ▶ ☐ ☐			
ŏ		and complete lines 30 through 34.			_	
Set	30	Capital stock or trust principal, or current funds			30	
Š	31	Paid in or capital surplus, or land, building, or equipment			31	
ě	32	Retained earnings, endowment, accumulated income, or	other funds	156 550	32	167 476
_	33	Total net assets or fund balances	}	<u>156,559.</u>	33	167,476
	34	Total liabilities and net assets/fund balances		156,559.	34	167,476 Form <b>990</b> (2014

Form **990** (2014)

, Form	990 (2014) SISTERS GRADUATE RESOURCE ORGANIZATION	38-3	3775863	Dana 12
	t XI Reconciliation of Net Assets		,,,,,,,,,	rage 12
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	130	,718.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,830.
3	Revenue less expenses Subtract line 2 from line 1	3		,888.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,559.
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		29.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	167	,476.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			,'	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	]	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		
	consolidated basis, or both.		1 1	İ
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			İ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	1 1	
	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 undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			200
			Form §	<b>990</b> (2014)

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

Department of the Treasury

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. OMB No 1545-0047

Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization

Employer identification number

_	SIST	ERS GRADUA	TE RESOURCE	ORGAN	IZATI	ON	3	8-3775863
Part I	Reason for Public C	Charity Status (A	All organizations must co	mplete th	ıs part ) Se	e instruction	3	
The organ	ization is not a private found	ation because it is. (I	For lines 1 through 11, o	heck only	one box)			
1 🖳	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
з 🗀	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(iii	i).		
4 🗔	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	city, and state:							
5 🗀	An organization operated for	or the benefit of a col	llege or university owned	d or operat	ted by a go	vernmental u	ınıt describ	ed in
	section 170(b)(1)(A)(iv). (C	omplete Part II)						
6 🗀	A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	70(b)(1)(A)(	v).		
7 X	An organization that normal						he general	public described in
	section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8 🔲	A community trust describe		1)(A)(vi). (Complete Part	t II.)				
9 🔲	An organization that normal	• • •			contributio	ns, members	ship fees, a	nd gross receipts from
	activities related to its exem	•					· · · · · · · · · · · · · · · · · · ·	-
	income and unrelated busin							
	See section 509(a)(2). (Con	mplete Part III )						
10 🔲	An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50	9(a)(4).		
11	An organization organized a						arry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section (	509(a)(3). C	Check the box in
	lines 11a through 11d that of	describes the type o	f supporting organizatio	n and com	iplete lines	11e, 11f, an	d 11g	
a 🗀	Type I. A supporting orga	ınızatıon operated, s	upervised, or controlled	by its sup	ported org	anızatıon(s),	typically by	gıvıng
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	tors or truste	es of the s	upporting
	organization You must c	omplete Part IV, Se	ections A and B.					
ь <u> </u>	Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving
	control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	age the sup	ported
	organization(s) You mus	t complete Part IV,	Sections A and C.					
с 🗀	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	ind functiona	Ily integrate	ed with,
	its supported organization	n(s) (see instructions	) You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗀	Type III non-functionally	<mark>/ integrated.</mark> A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organı	zation(s)
	that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution red	quirement an	d an attent	iveness
	requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	٧.		
е 🗀	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation			
f Ent	er the number of supported o	organizations						L
	vide the following information		ed organization(s)	le si u				<del></del>
	(i) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the d	organization   in your	(v) Amount o support		(vi) Amount of other support (see
	organization		above or IRC section		document?	Instruct	•	Instructions)
			(see instructions))	Yes	No			
				ł	}			
				<u> </u>				
				<del> </del>	<del> </del>			
<del></del>		<u> </u>			<del> </del>			
				<del> </del>	<del>                                     </del>			-
<del></del>				<del>                                     </del>				<del> </del> -
		(	[	1	[			1

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	78,873.	106,367.	113,026.	122,653.		420,919.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						]
	or expended on its behalf	<u> </u>				<u> </u>	<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	78,873.	106,367.	113,026.	122,653.		420,919.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			,			
6	Public support, Subtract line 5 from line 4			<del></del>			420,919.
	ction B. Total Support						
Cale	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	78,873.	106,367.	113,026.	122,653.		420,919.
8	Gross income from interest,					- · · <del>-</del> · · ·	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	851.	272.	114.	108.	_	1,345.
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						422,264.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) di	ivided by line 11, o	column (f))		14	99.68 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	<u>99.69 %</u>
16a	a 33 1/3% support test - 2014. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	oox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright [X]$
t	33 1/3% support test - 2013. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
178	a 10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶□
t	o 10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part VI how th	ne
	organization meets the "facts-and-circ						▶□
18	Private foundation, If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	ind see instructio	ns 🕨 🗌
	· <del></del>				Sche	dule A (Form 99	0 or 990-FZ) 2014

432022

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose					+	
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				<del>                                     </del>		
4	Tax revenues levied for the organ- ization's benefit and either paid to		ł				
	or expended on its behalf						1
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						
1	D Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
	c Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
_	ction B. Total Support				<del></del>	1	
Cal	endar year (or fiscal year beginning in) ► 🏻	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			ļ <u> </u>		<del></del>	
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)					<u></u>	
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
<u>~</u>	check this box and stop here	io Support Do	roontago	<del></del>	<del></del>		<u> </u>
_	ection C. Computation of Publ			l (6)	<u> </u>	l ar	
	Public support percentage for 2014 (I		•	column (t))		15	%
<u>16</u> Se	Public support percentage from 2013 ection D. Computation of Investigation			<del></del> .	<del></del>	16	%
17						17	%
				110 10, 001011111 (1))		18	<u>-</u> %
18	a 33 1/3% support tests - 2014. If the			on line 14 and lin	ne 15 is more than	<del></del>	
פו	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20	Private foundation. If the organization						<b>▶</b>

## Schedule A (Form 990 or 990-EZ) 2014 SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 4

# Part IV | Supporting Organizations

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

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

determine whether the organization had excess business holdings

	Idule A (Form 990 or 990-EZ) 2014 SISTERS GRADUATE RESOURCE ORGANIZATION 38-37	<u>7586</u>	3 Pa	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	<del> </del> -	-
	A family member of a person described in (a) above?	11b_	<u> </u>	
	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		
Sec	tion B. Type I Supporting Organizations		1,,	Г
_	Did the director to story a second color of control of the second color of the second		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		} :	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_	İ	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	<u> </u>
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		ļ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		]	ļ
	supervised, or controlled the supporting organization	2		Щ.
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	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	<u> </u>	Ĺ
Sec	tion D. Type III Supporting Organizations		I	T
		Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		}	ł
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
	supported organizations played in this regard	3	<u> </u>	
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
a				
b				
C		ructions		
2	Activities Test. Answer (a) and (b) below.	٢	Yes	No
а		ļ		İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	_		ŀ
	that these activities constituted substantially all of its activities			<del>                                     </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b_	-	
3	Parent of Supported Organizations Answer (a) and (b) below.	1		l
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			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u> 3b</u>		L

Sche <b>Pa</b> i	dule A (Form 990 or 990 EZ) 2014 SISTERS GRADUATE RESOUR	CE OF	RGANIZATION	38-3775863 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions All
'	other Type III non-functionally integrated supporting organizations must co	-		u uctions. All
Sect	ion A - Adjusted Net Income	Inplete S	(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			j
	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		
	ion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	_	
е	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,			1
	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		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	_3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ted Type III supporting o	organization (see
	instructions).		······	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c. 8 Breakdown of line 7: а b С d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 201	4 SISTERS GR	ADUATE RE	SOURCE OR	GANIZATION _	38-3775863 Page 8
Part VI	Supplemental Info	rmation. Provide the	explanations requ	ired by Part II, line	10; Part II, line 17a o	r 17b; and Part III, line 12
	Also complete this part t	or any additional inforr	nation (See instruc	tions)	<del></del>	
				<del></del>		<del> </del>
	····	· · · · · · · · · · · · · · · · · · ·		· ····		
	···					
<del></del> ,						
_						
	<del></del>		<del></del>		<del></del> _	
	<del></del>			<del></del>		<del></del>
					<del></del>	· <del></del>
			<u>.</u>			
<del></del>			· · · · · · · · · · · · · · · · · · ·			
		·				
-	<del></del>	<del></del>		·		<del></del>
	<del></del>		· · <u>- · · · · · · · · · · · · · · · · ·</u>			
		<del></del>			<del></del>	
-						
<del>-</del>						
					<del></del>	
-						

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

SISTERS GRADUATE RESOURCE ORGANIZATION 38-377<u>5863</u> Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 102,817. 2 Aggregate value of contributions to (during year) 95,370. Aggregate value of grants from (during year) 3 157,335. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche Par		GRADUATE I				38-37 lar Asse		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of				ar assets		_	
Γ=	to be sold to raise funds rather than to be ma						Yes	No_
[Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organization	n answered "Yes" to	Form 990	O, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table.					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				_1e			
f	Ending balance				1f			<del></del>
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ılıty?		Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	149,888.	122,863,	120 933.		122,355.		105,326.
b	Contributions	102,817.	90,150,	97.816.		77,685,		76,501.
С	Net investment earnings, gains, and losses							
d	Grants or scholarships	95,370.	63,125,	93,350,		79,107.		59, <u>472,</u>
е	Other expenditures for facilities						ļ	
	and programs							
f	Administrative expenses			2,536.				*
g	End of year balance	157,335,	149,888.	122,863.	L	120,933.	<u> </u>	122,355.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organ	ızatıon	_	<del></del>
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Pa	rt VI _ Land, Buildings, and Equipn							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Part X	, line 10	<del> </del>		
	Description of property	(a) Cost or o		\ \-'\	Accumulat	ed	(d) Book	: value
		basis (investr	nent) basis	(other) de	preciation	1		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10c),,,,,,		. 🕨		_0.

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 SISTERS GRADUATE RESOURCE		38-3775863 Page 4
Par	<del></del>	•	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a	
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	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	<del> </del>
C	Recoveries of prior year grants	2c	<del>_</del>
d	Other (Describe in Part XIII )	2d	<b></b> ∤
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b></b>
þ	Other (Describe in Part XIII )	4b	<del> </del>
C	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	monto With Evnonce	5 Dotum
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	∠a	
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	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	<b></b>
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	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		}
b	Other (Describe in Part XIII )	_4b	<del> </del>
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	rt XIII Supplemental Information.	<del></del>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		ine 4, Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	
		<del></del>	
PA	RT V, LINE 4		
		BIDIDG #0 DD01	TDE GOUGE ADGUED
TH.	E ORGANIZATION WILL USE THE TERM ENDOWMEN	NT FUNDS TO PROV	IDE SCHOLARSHIP
		mun pagiping	DOGETICE
MO	NIES WITHIN THE NEXT FEW YEARS. SOME OF	THE RECIPIENTS	RECEIVE
~~	TOTAL DESIGNATION OF THE COURSE		CE EMPOLIMENT
<u>SC.</u>	HOLARSHIPS TO BE PAID OUT OVER THE COURS	E OF THEIR COLLE	GE ENROLLMENT.
			<del></del>
			<u> </u>
			<del></del>
			<u></u>
		<del></del>	

Employer identification number 38-3775863 Open to Public OMB No 1545-0047 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Attach to Form 990. SISTERS GRADUATE RESOURCE ORGANIZATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

Inspection

% ⊠ (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II Part

30

Schedule I (Form 990) (2014)

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

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 38-3775863 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2014) SISTERS GRADUATE RESOURCE ORGANIZATION
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance ା 90,380, 31 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) SCHOLARSHIPS 432102 10-15-14 Part III

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

GRADUATE RESOURCE ORGANIZATION

Employer identification number 38-3775863

FORM 990, PART VI, SECTION B, LINE 11:
PROCESS TO REVIEW THE FORM 990: THE FORM 990 WAS PREPARED BY A CPA. UPON
COMPLETION A DRAFT WAS CIRCULATED TO BOARD MEMBERS FOR REVIEW AND COMMENT
PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD HAS A CONFLICT OF INTEREST POLICY AND THE BOARD MEMBERS WILL
ABSTAIN FROM ANY VOTE THAT PRESENTS A CONFLICT. THE COMMUNITY IS SMALL AND
IT IS LIKELY THAT BOARD MEMBERS WOULD BE AWARE OF OTHER BOARD MEMBERS WHO
MIGHT HAVE A CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19:  GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
REQUEST. FINANCIAL INFORMATION IS ALSO AVAILABLE TO THE PUBLIC ON THE GUIDESTAR WEBSITE.