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COTTAGE GROVE PLACE FOUNDATION  
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Form 990 (2007)

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Part II Statement of Functional Expenses	All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a	0.	0.	0.
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b	0.	0.	0.
23 Specific assistance to individuals (attach schedule)	23	0.	0.	0.
24 Benefits paid to or for members (attach schedule)	24	0.	0.	0.
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27	0.	0.	0.
28 Employee benefits not included on lines 25a - 27	28	0.	0.	0.
29 Payroll taxes	29	0.	0.	0.
30 Professional fundraising fees	30	0.	0.	0.
31 Accounting fees	31	0.	0.	0.
32 Legal fees	32	0.	0.	0.
33 Supplies	33	0.	0.	0.
34 Telephone	34	0.	0.	0.
35 Postage and shipping	35	0.	0.	0.
36 Occupancy	36	1,364.	1,364.	0.
37 Equipment rental and maintenance	37	0.	0.	0.
38 Printing and publications	38	0.	0.	0.
39 Travel	39	0.	0.	0.
40 Conferences, conventions, and meetings	40	0.	0.	0.
41 Interest	41	0.	0.	0.
42 Depreciation, depletion, etc. (attach schedule)	42	0.	0.	0.
43 Other expenses not covered above (itemize): a <b>SOCIAL SERVICES</b>	43a	0.	0.	0.
b <b>EXPENSE</b>	43b	33,781.	33,781.	0.
c	43c	0.	0.	0.
d	43d	0.	0.	0.
e	43e	0.	0.	0.
f	43f	0.	0.	0.
g	43g	0.	0.	0.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	35,145.	35,145.	0.

Joint Costs. Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

►  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A;  
(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments (See the Instructions)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►			<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )
<b>TO PROVIDE SUPPORT AND BENEFIT TO COTTAGE GROVE PLACE</b>			
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)			
<b>a</b>	<b>SUPPORTED COTTAGE GROVE PLACE</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>			
(Grants and allocations \$		) If this amount includes foreign grants, check here ► <input type="checkbox"/>	35,145.
<b>b</b>			
<hr/> <hr/> <hr/> <hr/> <hr/>			
(Grants and allocations \$		) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>			
<hr/> <hr/> <hr/> <hr/> <hr/>			
(Grants and allocations \$		) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>			
<hr/> <hr/> <hr/> <hr/> <hr/>			
(Grants and allocations \$		) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b>	Other program services (attach schedule)		
(Grants and allocations \$		) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		35,145.

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12510813 766092 10033A

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**COTTAGE GROVE PLACE FOUNDATION**  
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**Part IV Balance Sheets (See the Instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
	<b>45 Cash - non-interest-bearing</b>		45	
	<b>46 Savings and temporary cash investments</b>	<b>119,016.</b>	46	<b>134,916.</b>
	<b>47 a Accounts receivable</b>	47a		
	<b>b Less: allowance for doubtful accounts</b>	47b		47c
	<b>48 a Pledges receivable</b>	48a		
	<b>b Less: allowance for doubtful accounts</b>	48b		48c
	<b>49 Grants receivable</b>			49
	<b>50 a Receivables from current and former officers, directors, trustees, and key employees</b>			50a
	<b>b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</b>			50b
	<b>51 a Other notes and loans receivable</b>	51a		
	<b>b Less allowance for doubtful accounts</b>	51b		51c
	<b>52 Inventories for sale or use</b>			52
	<b>53 Prepaid expenses and deferred charges</b>			53
	<b>54 a Investments - publicly-traded securities</b>	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	<b>b Investments - other securities</b>	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	<b>55 a Investments - land, buildings, and equipment: basis</b>	55a		
	<b>b Less: accumulated depreciation</b>	55b		55c
	<b>56 Investments - other</b>			56
	<b>57 a Land, buildings, and equipment: basis</b>	57a		
	<b>b Less: accumulated depreciation</b>	57b		57c
	<b>58 Other assets, including program-related investments</b>			
	(describe ► <b>RECEIVABLE FROM AFFILIATES</b> )		20,825.	58
	<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>		<b>139,841.</b>	<b>59</b>
				<b>23,112.</b>
	<b>60 Accounts payable and accrued expenses</b>			60
	<b>61 Grants payable</b>			61
	<b>62 Deferred revenue</b>			62
	<b>63 Loans from officers, directors, trustees, and key employees</b>			63
	<b>64 a Tax-exempt bond liabilities</b>			64a
	<b>b Mortgages and other notes payable</b>			64b
	<b>65 Other liabilities (describe ►</b>			65
	<b>66 Total liabilities. Add lines 60 through 65</b>		0.	66
				0.
	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67 Unrestricted</b>		<b>119,841.</b>	<b>67</b>
	<b>68 Temporarily restricted</b>			68
	<b>69 Permanently restricted</b>		<b>20,000.</b>	<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70 Capital stock, trust principal, or current funds</b>			70
	<b>71 Paid-in or capital surplus, or land, building, and equipment fund</b>			71
	<b>72 Retained earnings, endowment, accumulated income, or other funds</b>			72
	<b>73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)</b>		<b>139,841.</b>	<b>73</b>
	<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		<b>139,841.</b>	<b>74</b>
				<b>158,028.</b>
				<b>158,028.</b>

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	54,812.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a		
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	54,812.
<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
a	Total expenses and losses per audited financial statements	a	35,145.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a		
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	35,145.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

**Yes** **No**

75 a	<p>Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings</p> <p style="text-align: right;">► <u>14</u></p>		
b	<p>Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	75b	X
c	<p>Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."</p>	75c	X
d	<p>If "Yes," attach a statement that includes the information described in the instructions.</p>	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information** (See the *Instructions*.)

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <u>COTTAGE GROVE PLACE</u>		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input checked="" type="checkbox"/> 0.
b	Did the organization file Form 1120-POL for this year?	81b	X

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**Part VI Other Information (continued)**

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a Yes No X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  
(See instructions in Part III.)

82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a Yes X

b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?

83b Yes X

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a Yes X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

N/A

85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?

N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

N/A

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

84b Yes X

85a Yes X

85b Yes X

c Dues, assessments, and similar amounts from members

85c N/A

d Section 162(e) lobbying and political expenditures

85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

N/A

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12

86a N/A

b Gross receipts, included on line 12, for public use of club facilities

86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders

87a N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b N/A

88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

88a Yes X

If "Yes," complete Part IX

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI

88b Yes X

89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:

section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .

88c Yes X

b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?

88d Yes X

If "Yes," attach a statement explaining each transaction

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0 .

88e Yes X

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0 .

88f Yes X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

88g Yes X

f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

88h Yes X

g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

88i Yes X

90 a List the states with which a copy of this return is filed ► **NONE**

88j Yes X

b Number of employees employed in the pay period that includes March 12, 2007

90b 0

91 a The books are in care of ► **MARY DICKINSON**

Telephone no ► (319) 363-2420

Located at ► **2115 FIRST AVENUE SE, CEDAR RAPIDS, IA**

ZIP + 4 ► 52402

b 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)?

91b Yes X

If "Yes," enter the name of the foreign country ► **N/A**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  X  
If "Yes," enter the name of the foreign country ► N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a  
b  
c  
d  
e

f Medicare/Medicaid payments  
g Fees and contracts from government agencies  
94 Membership dues and assessments  
95 Interest on savings and temporary cash investments  
96 Dividends and interest from securities  
97 Net rental income or (loss) from real estate.  
a debt-financed property  
b not debt-financed property

98 Net rental income or (loss) from personal property  
99 Other investment income  
100 Gain or (loss) from sales of assets  
other than inventory  
101 Net income or (loss) from special events  
102 Gross profit or (loss) from sales of inventory  
103 Other revenue:

a  
b  
c  
d  
e

104 Subtotal (add columns (B), (D), and (E)) 0. 4,502. 0.  
105 Total (add line 104, columns (B), (D), and (E)) ► 4,502.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)			

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----	-----	-----	-----
b	-----	-----	-----	-----
c	-----	-----	-----	-----
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----	-----	-----	-----
b	-----	-----	-----	-----
c	-----	-----	-----	-----
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p><b>Please Sign Here</b></p> <p>► <i>Douglas D. Funke</i> <span style="float: right;">5/17/2010</span> Signature of officer</p> <p>► <i>JoAnn Maze</i>, <b>EXECUTIVE DIRECTOR</b> Type or print name and title</p>				
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <b>DOUGLAS D FUNKE, CPA</b>	Date <b>08/13/08</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) <b>P00139909</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>HONKAMP KRUEGER &amp; CO., P.C.</b> ► <b>P O BOX 188</b> ► <b>HIAWATHA, IA 52233</b>		EIN ► <b>42-0946155</b>	Phone no ► <b>(319) 378-3370</b>

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust)

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization	COTTAGE GROVE PLACE FOUNDATION C/O ROD COPPLE	Employer identification number 39 1895425
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000	► 0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services	► 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services	► 0	

## COTTAGE GROVE PLACE FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 C/O ROD COPPLE

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**Part III Statements About Activities** (See page 2 of the instructions)

	<b>Yes</b>	<b>No</b>
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year		► N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		► N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		► 0 .
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		► 0 .

Schedule A (Form 990 or 990-EZ) 2007

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## COTTAGE GROVE PLACE FOUNDATION

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**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)  
6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )  
7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  
8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  
9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_  
10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)  
(Also complete the **Support Schedule** in Part IV-A )  
11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public  
Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )  
11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )  
12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross  
receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of  
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired  
by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )  
13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section  
509(a)(3) Check the box that describes the type of supporting organization  
\_\_\_\_\_

**Provide the following information about the supported organizations. (See page 8 of the instructions.)**

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

**Schedule A (Form 990 or 990-EZ) 2007**

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## COTTAGE GROVE PLACE FOUNDATION

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<b>Part IV-A Support Schedule</b> (Complete only if you checked a box on line 10, 11, or 12.) <b>Use cash method of accounting.</b> <b>N/A</b> Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0 .	0 .	0 .	0 .	0 .
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				► 26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				► 26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)				► 26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				► 26d	N/A
e Public support (line 26c minus line 26d total)				► 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				► 26f	N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ and line 27b total _____				► 27c	N/A
d Add Line 27a total _____				► 27d	N/A
e Public support (line 27c total minus line 27d total)				► 27e	N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		► 27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				► 27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				► 27h	N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

## COTTAGE GROVE PLACE FOUNDATION

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**Part V Private School Questionnaire (See page 9 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )

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32 Does the organization maintain the following

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )

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33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )

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34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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## COTTAGE GROVE PLACE FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 C/O ROD COPPLE

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**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization or**

(i) Cash

## (II) Other assets

## b Other transactions

(I) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vii) Details of your organization

#### **6. Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

b If "Yes," complete the following schedule

N/A

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**Schedule A (Form 990 or 990-EZ) 2007**

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
PY ACCRUAL TO CASH ADJUSTMENT	-1,480.
TOTAL TO FORM 990, PART I, LINE 20	-1,480.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT A SEDLACEK 2115 FIRST AVENUE SE #3206 CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
BILL JACOBSEN 811 BEAVER RIDGE CT SE CEDAR RAPIDS, IA 52403	VICE CHAIRMAN 1.25	0.	0.	0.
WILLIAM S ELLIOTT 2146 TALLGRASS DRIVE MARION, IA 52302-9067	SECRETARY 1.25	0.	0.	0.
JOHN WAGOR 3750 COTTAGE GROVE AVE SE CEDAR RAPIDS, IA 52403	TRUSTEE 1.25	0.	0.	0.
BERNIE D COOPER P O BOX 160 MARION, IA 52302-0160	CHAIRMAN 1.25	0.	0.	0.
CARL E HALLBERG 1505 BERTRAM RD SE CEDAR RAPIDS, IA 52403	TRUSTEE 1.25	0.	0.	0.
PHIL MORRIS 633 CRYSTAL DRIVE NE CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
JOHN SKOGSBERGH 1435 LINMAR DRIVE NE CEDAR RAPIDS, IA 52402	TREASURER 1.25	0.	0.	0.

## COTTAGE GROVE PLACE FOUNDATION C/O ROD C

39-1895425

BUCK RILEY 2007 FIRST AVENUE SE CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
DAVID HODGIN 2115 FIRST AVENUE SE #3225 CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
TED PAULSON 805 BEAVER RIDGE CT SE CEDAR RAPIDS, IA 52403	TRUSTEE 1.25	0.	0.	0.
DICK HEFT 3014 CIRCLE HILL CT NE CEDAR RAPIDS, IA 52402	SECRETARY 1.25	0.	0.	0.
BECKY SHAWVER 2115 FIRST AVENUE SE #3212 CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
KATHY TOBORG 1691 BILGARIE CT NE CEDAR RAPIDS, IA 52402	TRUSTEE 1.25	0.	0.	0.
<hr/> TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
<b>Type or print</b> File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>COTTAGE GROVE PLACE FOUNDATION C/O ROD COPPLE</b>	<b>Employer identification number</b> <b>39-1895425</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2115 FIRST AVENUE SE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CEDAR RAPIDS, IA 52402</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **MARY DICKINSON**

Telephone No. ► **(319) 363-2420** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.

5 For calendar year **2007**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <b>N/A</b>

#### **Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev. 4-2008)

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