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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01 . 2009 2008, and ending D Employer identification number Check if applicable Address change FRIENDS OF THE CENTER use IRS label or 20-1219019 Name change F/K/A/ IOWA CITY SENIOR CENTER FUND, INC Telephone number print or 28 S LINN ST Initial return type. See Specific IOWA CITY, IA 52240-3920 319-351-8100 Termination Amended return Group Exemption tions. Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method. |X| Cash Other (specify) > Check ► if the organization is not Website: ► N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF). X 501(c) (3) ◄ (insert no) Organization type (check only one) — 4947(a)(1) or Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 58,469. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 5,367. 5a Gross amount from sale of assets other than inventory 5a 5b **b** Less, cost or other basis and sales expenses -10,154. 5с c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch). 6 Special events and activities (complete applicable parts of Schodule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a 6b b Less, direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7 a 7Ь b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe ► Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 58,469 SEE STATEMENT 1 44,093 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits OSC 6,158 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance MAY 1 8 2010 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe > 50.251. Total expenses (add lines 10 through 16) 17 17 8,218. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 460,935. 20 Other changes in net assets or fund balances (attach explanation). SEE STATEMENT 2 20 -52,805. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 416,348. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (See the instructions for Part II.) (A) Beginning of year 460,935. 22 416,348 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe ► 24 460,935. 348 25 Total assets 25 416.

SCANNED III 18 36

26 Total liabilities (describe ►

Net assets or fund balances (line 27 of column (B) must agree with line 21)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

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416,348.

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460,935.

	930-EZ (2008) FRIENDS OF THE				<u>-121</u>	<u> 19019 Page 2</u>
Par	III Statement of Program Se	rvice Accomplishments	<u>s (See the instructi</u>	ons.)		Expenses
What is	s the organization's primary exempt purpose? SEI	E STATEMENT 3	-		(Req	uired for 501(c)(3)
Desc	ribe what was achieved in carrying out the libe the services provided, the number of	e organization's exempt purpo	ses. In a clear and con	cise manner,	and	(4) organizations and
descr	tibe the services provided, the number of am title.	persons benefited, or other re	elevant information for e	each	4947	(a)(1) trusts; optional thers)
					101 0	
28	SEE STATEMENT 4		- 			
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			-			
	(Grants \$ 44,093.) If th	is amount includes foreign gra	ants, check here	▶	28 a	44,093.
29						
						
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	(Grants \$) If th	e amount includes forcing as			29 a	
20					29 a	
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		is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule	•	• •	<u> </u>		
		<u>is amount includes foreign gra</u>	ants, check here	>	31 a	
32	Total program service expenses (add lin				32	44,093.
Par	List of Officers, Directors	, Trustees, and Key Em	iployees. (List each o	one even if not co	mpen	sated. See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	II HOVOUN	to position		deferred compensa		
	H HONOHAN	PRESIDENT	0.		0.	0.
	O SOMERSET LANE	1.00				
IOW	A CITY, IA 52240					
NAN	CY WOMBACHER	SECRETARY	0.		0.	0.
364	4 ELGIN DRIVE	1.00				
	A CITY, IA 52245					
	DA KOPPING	TREASURER	0.		0.	0.
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	O OSAGE STREET SE	1.00				
	T LIBERTY, IA 52776					
MIC	HAEL LENSING	DIRECTOR	0.		0.	0.
411	FAIRCHILD	1.00				
IOW	A CITY, IA 52245					
	RLES FELLING	DIRECTOR	0.		0.	0.
	S 7TH	1.00			• •	
	A CITY, IA 52240	1.00				
		DIRECTOR				
	ID GOULD	DIRECTOR			0.	0.
	3 RADCLIFFE	1.00				
	A CITY, IA 52245					
	AH MEIERS	DIRECTOR			0.	0.
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OXF	ORD, IA 52322					
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20-1219019

Form 930-EZ (2008) FRIENDS OF THE CENTER

Part V Other Information (Note the statement requirement in General Instruction V.) Vest No.	Form	990-EZ (2008) FRIENDS OF THE CENTER	20-1219019		P	age 3
33	Par	t V Other Information (Note the statement requirement in General Instruction V.)				
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ablich a statement epishang your reach far not reporting the accessor affering 90-1 a Dod the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? bit 1'Yes; has it filed a tax return on Form 990-EZ in first syear? 35 Was there a liquidation, dissolution, the remarkation or substantial contraction during the year? 16 Was there a liquidation, dissolution, dissolution, dissolution, dissolution, or substantial contraction during the year? 17 Yes; complete spinicate peptidizer, direct in index 1; a decrebed in the individuors b Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 38 Dd the organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 1120-POL for this year? 39 Dd (No. 1) Organization file Form 120-POL for this year, was the organization a party to a prohibited tax 40 Dd (No. 1) Organization file Form 120-POL for this year, was the organization a party to a prohibited tax 40 Dd (No. 1) Organization file Form 120-POL for this year, was the organization a party to a prohibited tax 40 Dd (No. 1) Organization file Form 120-POL form 120-PO	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes made to the organizing or governing documents but not reported to the IRS?	anges 3	4	Χ	
by the set of the set	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported or attach a statement explaining your reason for not reporting the income on Form 990-T	ı Form 990-T,			
bit "Yes", has it field a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 16 Yes", complete applicable parts of Schedule N 37a Intra renount of political expenditures, direct or indirect, as described in the instructions 37b Intra renount of political expenditures, direct or indirect, as described in the instructions 37b Intra renount of political expenditures, direct or indirect, as described in the instructions 37b Intra renount of political expenditures, direct or indirect, as described in the instructions 38a D the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such floars made in a prior year and still unapped at the start of the period covered by this return? 38b N/A 38b N/A 39 501(c)(7) organizations. Enter. 31c Intration fees and capital contributions included on line 9 35c N/A 40a 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 35c Intration fees and capital contributions included on line 9 40a 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year of did the become aware of an excess found 4912 - 0., section 4915 - 0. 40a 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did the core managers of disqualified persons during the year of did the core managers of disqualified persons during the year of did the core managers of disqualified persons during the year of did the organization managers or disqualified persons during the year of did the organization application of the year of the ye	а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, a		25.2		Y
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42b X 42b X 42c X 42c X 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		Located at ► 28 S LINN ST IOWA CITY IA ZIP	+4 ► 52240			
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the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42		If 'Yes,' enter the name of the foreign country:				
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42						
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42						
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	-		_4	4		X
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If 'Yes,'			v
					EZ (

• • •	,						
	-EZ (2008) FRIENDS OF THE CENT		F01(-) (2)	20-1219		Р	age 4
Part VI	Section 501(c)(3) organization and complete the tables for lin	es 50 and 51.	501(c)(3) organiz		question: TATEMEN		49
46 Did	the organization engage in direct or indirec		nution on bohalf of or			Yes	No
for	oublic office? If 'Yes,' complete Schedule C	c, Part I	ivides on behall of or	in opposition to candidates	46		X
	the organization engage in lobbying activiti	· · · · · · · · · · · · · · · · · · ·			. 47		X
	ne organization operating a school as descr			olete Schedule E .	48		X
	the organization make any transfers to an	•	related organization?	•	49a		<u> X</u>
	es,' was the related organization(s) a secti	•			49b		
50 Con	nplete this table for the five highest compensived more than \$100,000 of compensation	nsated employees (othe from the organization.	r than officers, directo If there is none, enter	ors, trustees and key emplo 'None.'	yees) who	each	1
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp accourt other allo	nt and	s
NONE							
	·						
Total numb	er of other employees paid over \$100,000						
51 Con	nplete this table for the five highest comper in the organization. If there is none, enter 'N	nsated independent con None.'	tractors who each rec	eived more than \$100,000	of compen	satior	1
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Comp	ensatio	n
NONE_							
						_	
	· 						
							
	· · · · · · · · · · · · · · · · · · ·						
-							
Total nun	ber of other independent contractors recei	ving over \$100,000	•				
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer	nined this return, including acco	ompanying schedules and sta all information of which prep	stements, and to the best of my knowledge	owledge and t	elief, it	ıs
	() MA	2		7			
Sign Here	Signature of officer			5/14/10			
nere	Signature of officer	1	Prosila +	uate			

Type or print name and title Date 5/13/10 Preparer's Identifying Number (See instructions) Check if self employed ► Preparer's signature **Paid** N/A Pre-Firm's name (or yours if self employed), address, and ZIP + 4 GREENWOOD AND CRIM, PC, CPA'S parer's Use 510 S. CLINTON, P.O. BOX 2236 ► N/A Only IOWA CITY, IA 52244-2236 (319) 351-0231 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No Form **990-EZ** (2008) BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization FRIENDS OF THE CENTER Employer identification number F/K/A/ IOWA CITY SENIOR CENTER FUND, INC 20-1219019 Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(bX1)(AXI). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(bX1)(AXiii). (Attach Schedule H.) 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Я community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 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 exempt 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type I Type II С Type III - Functionally integrated d | | Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports. h (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (iii) Type of organization (vi) Is the (iv) Is the (vii) Amount of Support (described on lines 1 9 above or IRC section (see instructions)) ganization in col organized in the US? rganization in col (i) listed in your your support? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

					/ / / - / / - / / - / · · / · · / · · · /		/ - / / - /	/\/		
· Sec	(Complete only if you checke tion A. Public Support	d the box on line	5, 7, or 8 of Part I.)						
begiı	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	181,775.	288,033.	29,066.	14,696.	63,2	56.	576,826.		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.		
3	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			٠				0.		
4	Total. Add lines 1-3	181,775.	288,033.	29,066.	14,696.	63,2	56.	576,826.		
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)							0.		
	Public support. Subtract line 5 from line 4							576,826.		
<u>Sec</u>	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·							
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total		
7	Amounts from line 4	181,775.	288,033.	29,066.	14,696.	63,2	576,826.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	6,919.	59.	2,319.	24,133.	5,3	367.	38,797.		
9	Net income form unrelated business activities, whether or not the business is regularly carried on							0.		
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)							0.		
11	Total support. Add lines 7 through 10							615,623.		
12	Gross receipts from related activ	ities, etc. (see inst	tructions)				12	0.		
13	First five years. If the Form 990 organization, check this box and		tion's first, second,	third, fourth, or	fifth tax year as a	section 50	1(c)(3)) ▶ □		
	tion C. Computation of Pu									
	Public support percentage for 20		· ·				14	93.7%		
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f.				15	98.2 %		
16 <i>a</i>	16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization									
t	b 33-1/3 support test − 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17 a	17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ard-circumstances'	nd-circumstances' test. The organiza	test, check this bition qualifies as	ox and stop here a publicly support	. Explain in ed organiza	Part I\	V how the . ►		
	Private foundation. If the organiz	zation did not ched	k a box on line, 13	s, 16a, 16b, 17a,						
BAA					So	:nedule A (f	orm 9	990 or 990-EZ) 2008		

``	(Complete only if you chec	-								
	tion A. Public Support		4							
	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000									
С	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6.)					<u> </u>				
Sec	tion B. Total Support			<u> </u>		***************************************				
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total		
	Amounts from line 6				.,,====	(-,				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
11	Add lines 10a and 10b . Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 50°	(c)(3)	▶ □		
Sec	tion C. Computation of Pu									
	Public support percentage for 20			e 13, column (f))			15	%		
	Public support percentage from 2	• •	• • • • • • • • • • • • • • • • • • • •			ļ	16			
	tion D. Computation of Inv									
17	Investment income percentage for				nn (f))		17	%		
18	·			•			18	%		
	8 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 9a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.									
19 a								▶		
b		ox and stop here. ne organization did this box and stop	The organization I not check a box here. The organi	qualifies as a put on line 14 or 19a, zation qualifies as	blicly supported of , and line 16 is mo s a publicly suppo	rganization ore than 33-1 rted organiza	/3%, and tion	I line 18 ►		

Schedule /	4 (Form 990 o	r 990-EZ)	2008	FRIEN	S O	F THE	CENTI	ER			20-121901	9 Page 4
Part IV	Suppleme	ental Inf	ormat	ion. Con	nplet	e this	part to	provi	de the	explanation	required by Part	II, line 10;
•	ືPart II, Iin	e 17a o	r 17b;	or Part	III, lir	ne 12.	Provide	e any	other	additional inf	required by Part ormation. (see i	nstructions)
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2008

FEDERAL STATEMENTS

PAGE 1

FRIENDS OF THE CENTER F/K/A/ IOWA CITY SENIOR CENTER FUND, INC

20-1219019

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

PROGRAM GRANT

IOWA CITY/JOHNSON CTY SR. CTR.

28 S. LINN ST. IOWA CITY, IA 52240

HISTORIC

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

44,093.

STATEMENT 2 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS .

-52<u>,805.</u> TOTAL \$ -52,805.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATIÓN'S PRIMARY EXEMPT PURPOSE

PROMOTE THE HEALTH & WELFARE OF PERSONS OVER THE AGE OF FIFTY (50) YEARS.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRANT TO THE IOWA CITY/JOHNSON COUNTY SENIOR CENTER (A BRANCH OF THE CITY OF IOWA CITY, A MUNICIPAL CORPORATION) TO HELP COVER CAPITAL IMPROVEMENT COSTS IN PURSUIT OF PROMOTING THE HEALTH AND WELFARE OF PERSONS OVER THE AGE OF FIFTY (50) YEARS.

STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

EIN: 20-1219019

295465

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
IOWA CITY SENIOR CENTER FUND, INC.

\$10.00 DJC 2 1/8/10

Pursuant to \$504.1005 of the Code of Iowa, the undersigned corporation adopts the following Article of Amendment to its Articles of Incorporation.

- 1. The name of the Corporation is Iowa City Senior Center Fund, Inc.
- 2. The following amendments of the Articles of Incorporation adopted on June 2, 2004 and amended on July 21, 2005 and June 30, 2006 were adopted by Resolution of the Board of Directors of the Corporation.

Paragraph 1 $\underline{\text{Name}}$ is amended and changed as follows:

1. <u>Name</u>. The name of the corporation is "Friends of the Center. The duration of the corporation is perpetual.

Paragraph 2. <u>Tax-Exempt Status</u> is amended and changed as follows:

2. Tax-Exempt Status. The tax exempt purpose of this corporation shall be to receive and maintain a fund or funds of real or personal property or both and, subject to the restrictions and limitations which are hereinafter set forth, to use and apply the whole or any part of the income or principal of the fund or funds exclusively for charitable, scientific, literary, or educational purposes for the support and benefit of the Iowa City/Johnson County Senior Center a tax exempt Senior Center as it exists now or in the future consistent with the rules and regulations under Section 501(c)(3) of the Internal Revenue Code as they exist now or may be amended in the future. Notwithstanding any other provisions of these Articles of Incorporation, this corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by organizations described in Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may be hereafter be amended.



EIN: 20-1219019

Paragraph 7 <u>Directors</u> is amended and changed as follows:

<u>Directors</u>. The Board of Directors shall consist of nine (9) members. Three (3) of the members shall be the members of the executive committee of the Iowa City/Johnson County Senior Center Commission. (President, Vice-President, and Secretary). One member shall be the Coordinator of the Iowa City/Johnson County Senior Center. Five (5) members shall be selected from the Iowa City and Johnson County community at large. The members from the community shall be elected by the Directors at an annual meeting or a special meeting as shall be provided in the by-laws.

- 3. Said Amendments were adopted on the 17^{th} day of December, 2009.
- 4. The amendments were approved by Resolution of the Board of Directors.
- 5. The vote in favor of the Resolution was six to one, notice having been given of the meeting to all Directors as required by the By-Laws and a quorum of Directors being present and entitled to vote. Said vote being sufficient to amend the Articles of Incorporation.
- 6. No other approval is required pursuant to \$504.1031 of the Code.

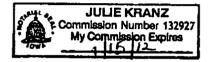
JAY H. HONOHAN

resident Iowa City Senior Center Fund, Inc.

I, Jay H. Honohan, President of the Iowa City Senior Center Fund, Inc. do hereby certify that the above Article of Amendment was duly adopted by Resolution adopted by the Board of Directors of Iowa City Senior Center Fund, Inc. on the 17th day of December, 2009 and that the statements contained are true and correct.

TAY H. HONOHAN

On this day of January, 2010 before me a notary, personally appeared Jay H. Honohan to me personally known, who being by me duly sworn did say that he is the President of said corporation that the corporation has no seal has and that said instrument was signed on behalf of said corporation by authority of its board of directors and the said Jay H. Honohan acknowledged the execution of said instrument to be the voluntary act and deed of said corporation by it voluntarily executed.



Juli Kranz Notary (Public

> FILED IOWA SECRETARY OF STATE (-8-10 10:10Am

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