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Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

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)

Open to Public

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending

D Employer identification number C Name of organization Check if applicable Please use IRS Address change label or COMMUNITY BETTERMENT ORGANIZATION print o 42-1499686 Name type Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number See 641-621-6224 Termin-ated 02 MAIN STREET Instruc Amende tions City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending 50219 PELLA, IA H(a) Is this a group return Yes X No F Name and address of principal officer:DAVID ROE for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? __Yes Tax-exempt status: X 501(c) (3) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Other > L Year of formation 2000 M State of legal domicile: IA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE STATEMENT 1 Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of employees (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue 41,355. 38,959. Program service revenue (Part VIII, line 2g) 43. 70. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,42539,002 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Expenses Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 78,323. 82,245. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 78,323. 82,245 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <39,321. <40,820.> Revenue less expenses. Subtract line 18 from line 12, The Complete Line 18 **Beginning of Current Year End of Year** OSC 1,695,771 1,654,951. MAY 18 2010 20 Total assets (Part X, line 16) ŖŠ Total liabilities (Part X, line 26) 1,654,951. 1,695,771. Net assets or fund balances. Subtract line 21 from Signature Block OGDE Part II ng schedules and statements, and to the best of my knowledge and belief, it is true, correct, Sign Signature of officer Here DAVID ROE, DIRECTOR Type or print name and title Date Check If Preparer's identifying number (see Instructions) Preparer's Paid 5-11-10 employed > signature Preparer's WHITNEY LLP EIN ▶ Firm's name (or DORSEY & yours if self-employed), Use Only 50 S 6TH ST, STE 1500 Phone no ► 612 340-2600 MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$				ORGANIZATION	1 42-14	99686	Page 2
Did the organization undertake any significant program services during the year which were not listed on the prior form \$60 or 990-E27 in 1745, describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? The School of the organization cease conducting, or make significant changes in how it conducts, any program services by expenses. Section \$91(6)(3) and \$51(6)(4) organizations and section \$447(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 45 (Code:) (Expenses \$ 77, 271 - including grants of \$)(Revenue \$ SEE STATEMENT 2 46 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 47 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 48 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 49 (Code:) (Expenses \$ including grants of \$) (Revenue \$)	Pa	rt III Statement of Program Se	rvice Accomplishme	ents			·
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42-1499686

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u></u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ. <u></u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u> </u>	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	1	х
404	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.			
IZA	, , , , , , , , , , , , , , , , , , ,			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.70		- - -
•	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.1		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>

Part IV Checklist of Required Schedules (continued)

		T-	T	Τ
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	-	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	ĺ	-
	Schedule J	23	Х	
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 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ĺ		ì
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1-00		<u></u> -
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	 		
_	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1		
	Schedule L, Part III	27	}	Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			, .,,,,,,,,
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	}	
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_		<u> </u>
		Form	990 (2	2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
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 this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	-	- -		х
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.	:	х
	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d	7c	,.	<u> </u>
	II Too, incloded the northead of the control of the			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		х
_	benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	many to the state of the state	9ь		
10	Section 501(c)(7) organizations. Enter:		,	
a	Initiation fees and capital contributions included on Part VIII, line 12	,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	2 to the second control of the second contro			
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,,,,,,,,,	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

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

Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body	1a		5			
b	Enter the number of voting members that are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	n any other		_		v
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ect supervision	'			v
	of officers, directors or trustees, or key employees to a management company or other person?	•		-	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5 6		X
6	Does the organization have members or stockholders?			-	•		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the	.	7a		Х
	governing body?	***	2	⊢	7b		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per	dun	a the year		-		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	Guin	g the year				
	by the following:				ва	х	
	The governing body? Each committee with authority to act on behalf of the governing body?				3ь	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	achec	at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	20,100	ar tho	ŀ	9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal R	even:	re Code.)				
500	MON D. F OHOGO (This occurs is special with the second in a second					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			1	0a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			1	0ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling t	he form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a_	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gi	ve rise	Ì	•		
	to conflicts?			_1	2b_	_X_	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe			.,	
	ın Schedule O how this is done .				2c	X	
13	Does the organization have a written whistleblower policy?			_	13	X	
14	Does the organization have a written document retention and destruction policy?			ļ	14	^_	
15	Did the process for determining compensation of the following persons include a review and approv		independent		•		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		. ا	. .		Х
	The organization's CEO, Executive Director, or top management official			_	5a 5b		- <u>X</u>
b	Other officers or key employees of the organization			<u></u>	30		**********
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	men*	with a				
ı oa				1	6a	·	Х
L	taxable entity during the year?	aluate	ts participatio	ļ	-		
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?	,		1	6ь		
Sec	tion C. Disclosure			•			
17	List the states with which a copy of this Form 990 is required to be filed ►IA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	(c)(3)s only) av	allable fo	r		_
·	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confli	t of interest pe	olicy, and	fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd re	cords of the o	rganızatio	n: 🕨	·	
	MARY VAN ZANTE - 641-621-6224		 				
	102 MAIN STREET, PELLA, IA 50219-2147						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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.

Name and Title Average hours per week Position (check all that apply) Position (check all that a	Check this box if the organization did r	(B)				C)			(D)	(E)	(F)
hours per week per we			Position								
Week agg and a state of the organization (W-2/1099-MISC) and respect to the organization (W-2/1099-MISC) and respect to the organization (W-2/1099-MISC) and related organizations (W-2/1099-MISC) and								ly)		•	amount of
DIRECTOR 1.00 X 0.0.0 ROBERT VERMEER 0.0.0 DIRECTOR 1.00 X 0.0.0 DAVID ROE 0.00 X 0.0.0 DIRECTOR 1.00 X 0.0.0 FRED KREYKES 0.0.0 0.0.0 MIKE NARDINI 0.0.0 0.0.0			Individual trustee or director	Institutional frustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
ROBERT VERMEER 0.00 DIRECTOR 1.00 X 0.00 DAVID ROE 0.210,470.0 0.00 DIRECTOR 1.00 X 0.00 DIRECTOR 1.00 X 0.00 MIKE NARDINI 0.00 0.00								ļ	_	_	_
DIRECTOR 1.00 X 0.0.0 DAVID ROE 0.210,470.0 DIRECTOR 1.00 X 0.210,470.0 FRED KREYKES 0.0.0 DIRECTOR 1.00 X 0.0.0 MIKE NARDINI 0.0.0		1.00	X				<u> </u>		0.	0.	0.
DAVID ROE DIRECTOR 1.00 X 0. 210,470. 0 FRED KREYKES DIRECTOR 1.00 X 0. 0. 0 MIKE NARDINI					1						
DIRECTOR 1.00 X 0. 210,470. 0 FRED KREYKES 0. 0. 0. 0. 0. 0 DIRECTOR 1.00 X 0. 0. 0 MIKE NARDINI 0. 0. 0 0		1.00	X			_	┞-		0.	0.	0.
FRED KREYKES DIRECTOR 1.00 X 0. 0. 0 MIKE NARDINI		1 00	<u></u>			ļ				010 470	_
DIRECTOR 1.00 X 0. 0. 0 MIKE NARDINI		1.00	X		_	ļ	-		0.	210,470.	
MIKE NARDINI		1 00	v						م ا	0	0
		1.00	^	_		-	╁	-	<u> </u>		<u> </u>
1.00 K		1 00	v						0	116 222	0
	DIRECTOR	1.00								110/2021	
			<u></u>								
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				_						_	
							<u> </u>				
				.							
							-				
							-				

COMMUNITY BETTERMENT ORGANIZATION

Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	Position						Reportable	Reportable'		Estimat	
	hours per week	Individual trustee or director		c all		Highest compensated components		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C) C	amount other ompens from the organiza	r ation ne ition
		Individual	Institutional frustee	Officer	Key employee	Highest co employee	Former				and rela rganizat	
												<u>.</u>
											<u></u>	
									,			
		_				-			!			
								0.	326,70	2		0.
1b Total2 Total number of individuals (including b	ut not limited to t	haaa	lioto	od ol	2011	a) ust	20.50		· · · · · · · · · · · · · · · · · · ·			0.
compensation from the organization		11036	IISC	o ai				eceived more than proc	,000 iii reportable			0
3 Did the organization list any former offi	cer, director or tri	ıstee	. ke	v em	olar	vee.	or h	ughest compensated er	nplovee on	[Yes	No
line 1a? If "Yes," complete Schedule J f	or such individua	1								3		X
4 For any individual listed on line 1a, is th									the organization	4	Х	
and related organizations greater than \$Did any person listed on line 1a receive									ices rendered to			ļ
the organization? If "Yes," complete Sc										. 5		X
Section B. Independent Contractors					-							
1 Complete this table for your five highes the organization. NONE	t compensated in	depe	ende	ent c	ontr	racto	rs t	hat received more than	\$100,000 of comp	ensatio	n from	
(A)								(B)			(C)	
Name and busin	ess address						-	Description of s	ervices	Comp	pensatio	on
				_			\downarrow					
											_	
							1					
							+					
Total number of independent contracto \$100,000 in compensation from the org		not lii	mıte	d to		se lis	sted	above) who received m	ore than			
										F	~ aan	2000

COMMUNITY BETTERMENT ORGANIZATION Form 990 (2009) Part VIII Statement of Revenue (D) (B) (A) (C) Revenue excluded from Related or Unrelated Total revenue tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 23,755. 23,755. 2 a PROPERTY TAX APPORTION 531120 Program Service Revenue 17,600. 17,600. 531120 **b** RENTAL INCOME f All other program service revenue 41,355. \triangleright g Total. Add lines 2a-2f Investment income (including dividends, interest, and 70. 70. other similar amounts) 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) \blacktriangleright d Net rental income or (loss) (i) Securities (ii) Other 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 Other Revenue 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 ... 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 **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 41,355. 70. 41,425. Total revenue. See instructions

932009 02-04-10

42-1499686

Page 9

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are			
	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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	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			j	
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)	<u></u>			
9	Other employee benefits				·
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	4 050		4 050	
b	Legal	4,959.		4,959.	
¢	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other .				
12	Advertising and promotion	- 			
13	Office expenses				
14	Information technology				···
15	Royalties .				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest .				
21	Payments to affiliates	49,644.	49,644.		
22	Depreciation, depletion, and amortization	49,044.	47,044.		
23	Insurance	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) PROPERTY TAXES	27,627.	27,627.		
a	CHECKS	15.	2170218	15.	
b		15.		13.	
C					
d					· · · · · · · · · · · · · · · · · · ·
e	All other eveness	· · · · · · · · · · · · · · · · · · ·			
f oe	All other expenses	82,245.	77,271.	4,974.	0.
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here	021243.	,,,,,,,,,		
26	-				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part 2	X]	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
:	2	Savings and temporary cash investments		30,239.	2	39,063
;	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	<u> </u>		4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
(6	Receivables from other disqualified persons (as	defined under section			
ļ		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
j		Part II of Schedule L	L	·—··	6	
: ا ي	7	Notes and loans receivable, net	L		7	
Assets	8	Inventories for sale or use			8	
ž ,	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 2,012,147. 10b 396,259.			
	b	Less: accumulated depreciation	10ы 396,259.	1,665,532.	10c	1,615,888.
1.	1	Investments - publicly traded securities		•	11	
1:	2	Investments - other securities. See Part IV, line	11		12	
1:	3	Investments - program-related. See Part IV, line	i i		13	
14	4	Intangible assets			14	
119	5	Other assets. See Part IV, line 11			15	
10	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,695,771.	16	1,654,951.
1	7	Accounts payable and accrued expenses			17	
18	8	Grants payable		18		
119	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities			20	
ဖွ 2	1	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	2	Payables to current and former officers, director		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>		highest compensated employees, and disqualifi	1			
=		of Schedule L			22	
2:	3	Secured mortgages and notes payable to unrela	ated third parties		23	
2	4	Unsecured notes and loans payable to unrelate			24	
2	5	Other liabilities. Complete Part X of Schedule D			25	
20	6	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere and complete			
တ္က		lines 27 through 29, and lines 33 and 34.				
၌ 2	7	Unrestricted net assets	_		27	
B 2	8	Temporarily restricted net assets	. [28	
B 2	9	Permanently restricted net assets			29	
.들		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
<u>ة</u>		complete lines 30 through 34.				
\$ 3	0	Capital stock or trust principal, or current funds		0.	30	0.
3		Paid-in or capital surplus, or land, building, or ed		0.	31	0.
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in		1,695,771.	32	1,654,951.
ž 3		Total net assets or fund balances		1,695,771.	33	1,654,951.
3		Total liabilities and net assets/fund balances		1,695,771.	34	1,654,951.

Form **990** (2009)

Form	990 (2009) COMMUNITY BETTERMENT ORGANIZATION 42-149	9000	Pag	ge 12
Pai	t XI Financial Statements and Reporting			
			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	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 Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	- {		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	l	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service _{z)} 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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION Employer identification number 42-1499686

Part I	Reason	tor Public Char	ity Status (All organia	zations mu	st comple	te this par	t.) See ins	tructions			
The organ	nization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).			
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital's i	name,
	city, and stat	e:								·	
5 🔲			benefit of a college or u	niversity ov	wned or o	perated by	a govern	mental uni	t describe	ed in	
	-	(b)(1)(A)(iv). (Comple		·							
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	oublic describ	ed in
	section 170	b)(1)(A)(vi). (Comple	te Part II.)								
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🔲	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, ar	nd gross recei	ots from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross inv	estment/
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization a	after June 30,	1975.
	See section	509(a)(2). (Complete	Part III.)								
10 🗀	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See secti o	on 509(a)(4	1).			
11 X	An organizati	on organized and or	perated exclusively for the	he benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of o	ne or
	more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se e	ction 509(a)(<mark>3</mark>). Che	ck the box th	at
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.					
	a 🔲 Type i	ь 🗆	Type II o	с 🗶 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - Oth	er
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other	than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	(a)(1) or s	section 509(a)	(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	ns box							•	
g	Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	described	n (II) and (ii) below,	Y	es No
	the gove	erning body of the st	upported organization?		_					11g(i)	X
	(ii) A family	member of a persor	described in (i) above?							11g(ii)	X
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)	X
h			about the supported or	• •							
		-									
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	u notify the	(vi) is	the	(vii) Amou	nt of
• •	anization	(,	organization (described on lines 1-9		ted in your			organizatio (i) organiz	ed in the l	suppor	
_			above or IRC section	governing	document?	(i) of you	r support?	i'' _us	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
CENTE	RAL										
COLLE	EGE	42-0680344	6	X		X		Х			0.
CITY	OF										
PELLA	Δ	42-6005115	8	X		_X		Х			0.
PELLA	1										
REGIO	NAL HEA	42-0842204	7	Х		Х		Х			0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support				 		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			İ			
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to			İ			
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions		1 11 11 11 11 11 11 11 11 11 11 11 11 1				
	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						
	ction B. Total Support				···		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			ļ			
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>			
9	Net income from unrelated business						
	activities, whether or not the						•
	business is regularly carried on					ļ	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>	<u></u>		
12	Gross receipts from related activities	, etc. (see instructi	ons)		-	12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
	organization, check this box and sto	p here	<u> </u>		·		. ▶∟_
	ction C. Computation of Publ						
	Public support percentage for 2009 (column (f))	• •	14	%
	Public support percentage from 2008					15	
16a	33 1/3% support test - 2009.If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2008.If the c				I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						💆
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					ırt IV how the orgar	nization
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						•
	organization meets the "facts-and-cir						P
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17		and see Instruction	
						ocilio a learm uda	www.lape/12/11/0

PE	art III Support Schedule for	Organizations	Described in	Section 509(a	(Complete onl	y if you checked the b	ox on line 9 of Part I
Se	ction A. Public Support					1.	
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1			
	include any "unusual grants.")					ļ <u></u>	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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	·					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				· · ·	1	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	· · · · · · · · · · · · · · · · · · ·			· - -		
	from other than disqualified persons that	i					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support			,			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6					<u> </u>	
10a	Gross income from interest, dividends, payments received on	}			ł	1	
	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						
_	Add lines 10a and 10b				 		
11	Net income from unrelated business				 		
••	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					1	
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here				· • <u>• • • </u>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (line 8, column (f) d	vided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2008			<u> </u>	<u> </u>	16	<u>%</u>
Sec	tion D. Computation of Inve					, -, 	
17	,		· · · · ·	ne 13, column (f))		17	<u> </u>
18	Investment income percentage from					[18]	<u> </u>
19a	33 1/3% support tests - 2009. If the						7 is not
	more than 33 1/3%, check this box a	•		• •			₽ ∐
b	33 1/3% support tests - 2008. If the	_					una
20	line 18 is not more than 33 1/3%, che		-	•		_	
20	Private foundation. If the organization	in did not check a	DOX ON line 14, 19	a, or 190, check tr	UI 995 DUP YOU SII	structions	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number 42-1499686

Pa	rt I Organizations Maintaining Donor Advise		le or Accounts Complete if the
15.60			is of Accounts: Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total anabay at and african	(4) 201101 4211000 121100	(b) t directally direct deceases
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	Land to the control hald to decorate	L
5	Did the organization inform all donors and donor advisors in		
•	are the organization's property, subject to the organization's		└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da	impermissible private benefit? ↑ # Conservation Easements. Complete if the order.	ganization answered "Ves" to Form 990	Part IV line 7
1			rait IV, lille 7.
•	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation or public use (e.g., re	· ———	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	1 reservation of a cer	Titled Historic Structure
2	Complete lines 2a through 2d if the organization held a qualit	find concernation contribution in the form	a of a conservation agreement on the last
_	day of the tax year.	ned conservation contribution in the form	tot a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
•	Number of conservation easements on a certified historic str	nicture included in (a)	2c
٦	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		· ————————————————————————————————————
Ū	year	loaded, extinguished, or terminated by th	to organization doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		•
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		_ · ·
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	Yes No
9.	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		. > \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2009 COMMUNI	TY BETTERM	ENT	ORGANI	ZATION			42-14	9968	<u>5 Ра</u>	ıge 2
Check all that apply -								er Simila	ar Asse	ts (conti	nued)	
a	3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant i	use of its	collection	ı items	3
b Scholarly research e Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Drung the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to realise funder starting that the to the manufaction's collection? Yes No. Part XI Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI. Ine 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. Is a list the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. Is a list the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. Is a list the organization included an amount on Form 990, Part XI. Ine 21. Is a list the organization include an amount on Form 990, Part X, line 21. Is a list the organization include an amount on Form 990, Part X, line 21. If Yes No. No. Yes No. N		(check all that apply).										
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exampt purpose in Part XIV. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in e.g., and the organization analyses of the organization and the organization analyses of the organization and the part X in e.g., and the organization analyses of the organization analyses of the organization analyses of the organization that are held and administered for the organization by: Part V Endowment Funds. Complete if the organization that are held and administered for the organization by: O unrelated organizations Sa(i) Sa(а	Public exhibition	c	. 🗀	Loan or exc	hange progr	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X is equipment. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990 APX is legal. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIV and complete the following table: 1	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to relies funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
Lo be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exe	mpt purpo	se in Par	XIV.		
Part IV	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımıla	r assets		_		_
reported an amount on Form 990, Part X, Inve 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year l Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year 3 Eagening of year palance for facilities and programs 4 Segnating of year balance 6 Contributions 1 Administrative expenses 2 End of year balance 3 Cher expenditures for facilities and programs 4 Administrative expenses 5 End of year balance 6 Other expenditures for facilities and programs 5 Are there endowment funds not in the possession of the organization that are held and administered for the organization by 1 Pres' to Sa(t), are the related organizations listed as required on Schedule R? 1 Administrative expenses 9 End of year balance 1 Provide the estimated percentage of the year end balance held as: 1 Board designated or quasi-endowment		to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	▼ IV Escrow and Custodial Arran	gements. Compl	ete if or	ganization a	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four y												
b If Yes,* explain the arrangement in Part XIV and complete the following table: Amount	1a	Is the organization an agent, trustee, custod	ıan or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_	_	,
Amount Comparison Compar									<u> </u>	Yes		No
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bif Yees, explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasivendowment ▶	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
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1	d	Additions during the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21? Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Calcument year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four years back (e) Four years (e) Four years back (e) Four years (e) Four	e	Distributions during the year	•	-			-	1e				
b f Yes, explain the arrangement in Part XIV.	f	-						11				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Comparison (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Two years bac		=		217					. L	J Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Fo												
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Pa	TV Endowment Funds. Complete		1		1	1					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment			(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years b	jack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	1a	• •					++++++			 		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 76,000. 76,000. 1,936,147. 396,259. 1,539,888. c Leasehold improvements d Equipment e Other	b					ļ		~~~~~				
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (investment) basis (other) 4 Land 76,000. 76,000. 76,000. 5 J, 539,888. 6 Equipment 6 Equipment 7 G, 000.	С	· -										
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	•					ĺ					
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Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment Description of investment Description of investment Land Buildings Land Buildings Leasehold improvements Equipment Cother	T	•						**************			r *1.11. 11 *	
a Board designated or quasi-endowment	. •					<u> </u>		•••••				
b Permanent endowment		· · · · · · · · · · · · · · · · · · ·	ir end balance neid a									
c Term endowment ▶		- · · · · · · · · · · · · · · · · · · ·	0/	_76								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 76,000. 76,000. 76,000. 5 Buildings 1,936,147. 396,259. 1,539,888. c Leasehold improvements d Equipment e Other	_											
by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 76,000. 76,000. 76,000. 576,000. 6 Equipment 6 Equipment 6 Other	-			ation th	at are held a	and administs	ared for t	he organiz	ation			
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 76,000. 76,000. 5 Buildings C Leasehold improvements G Equipment Other												
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 76,000. 76,000. 5 Buildings C Leasehold improvements 4 Equipment 6 Other						•						
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Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 76,000. 76,000. 76,000.	_	•	•									
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 76,000. 76,000. 5 Buildings C Leasehold improvements 4 Equipment 6 Other						, Part X, line	10.					
basis (investment) basis (other) depreciation			1					ccumulate	d	(d) Book	value	
b Buildings 1,936,147. 396,259. 1,539,888. c Leasehold improvements d Equipment e Other		bosonphon of invocations	1 ' '		1 ' '		• • •			(-,		
b Buildings 1,936,147. 396,259. 1,539,888. c Leasehold improvements d Equipment e Other	1a	Land		<u> </u>						76	,00	0.
c Leasehold improvements d Equipment e Other	_							396,25	59.			
d Equipment	c				<u> </u>	•		<u> </u>		<u> </u>		
e Other	d	•					-					
1 (15 000	e	• •						•				
			qual Form 990, Part	X, colui	mn (B), line 1	10(c).)			>	1,615	,88	38.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, Ine 12. (a) Description of security or category (b) Book value (c) Method of valuation: (cost or end-of-year market value Prinancial derivatives Closely-held equity interests Clother Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	
(including name of security) Financial derivatives Closely-held equity interests Other Fotal. (Col (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value Fotal. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	
Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Form 13 (Col (b) must equal Form 990, Part X, col (B) line 13) Form 1X Other Assets. See Form 990, Part X, line 15.	
Other	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value Cost or end-of-year market value	
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(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	***************************************
Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description (b) B	
	ook value
	
·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability (b) Amount	
ederal income taxes	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

	dule D (Form 990) 2009 COMMUNITY BETTERMENT ORGANI					<u>1499686</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u> 1	ted Finan	cial Sta	tement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			425.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		82	245.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<40	820.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		5	10			820.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Rever	iue per	Return		
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:	ı	ı				
а	Net unrealized gains on investments	2a			-1 1		
Ь	Donated services and use of facilities	2ь			_		
C	Recoveries of prior year grants .	2c			_		
d	Other (Describe in Part XIV.)	2d			4 1		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3	· · · · · · · · · · · · · · · · · · ·	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_			_		
b	Other (Describe in Part XIV.)	4b			_		
C	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		V		5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemen	nts v	vith Expe	nses pe	r Retur	<u>n</u>	
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:	ا ما					
a	Donated services and use of facilities	2a		<u> </u>			
b	Prior year adjustments	2b			-		
C	Other losses	2c					
d	Other (Describe in Part XIV.)	2d			\dashv \downarrow \downarrow		
e	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:		ļ				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
	Other (Describe in Part XIV.)	4b		_	- 1		
_	Add lines 4a and 4b				4c		
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information			-	5		
		linna	la and 4: Da	t IV lines	15 and 0	b. Dort V. Jaco	4. Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4, Part
^, iii i	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete tins	s part to pro-	vide ally a	dditionai	mormation.	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions. Attach to Form 990.

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number

42-1499686

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply.		. !	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Tomicood of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	The state of the s	4b	,	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	. 5a	. 1	X
	Any related organization?	. 5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		,	_
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
Я	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number 42-1499686 COMMUNITY BETTERMENT ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDED A COPY OF THIS RETURN TO THE DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION COMPLETES A PERIODIC REVIEW OF THE POLICY AT THEIR ANNUAL MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST STATEMENT AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THEIR OFFICE, LOCATED AT 102 MAIN STREET, PELLA, IA 50219.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) COMMUNITY BETTERMENT ORGANIZATION ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Open to Public Inspection

OMB No 1545-0047

Employer identification number 42-1499686

Direct controlling

End-of-year assets e

ε

Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part #

,					
(a)	(q)	(2)	(p)	(e)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
CENTRAL COLLEGE - 42-0680344					
812 UNIVERSITY					
PELLA, IA 50219	EDUCATIONAL INSTITUTION	IOWA	501(C)(3)	170(B)(1)(A)(V N/A	V
PELLA REGIONAL HEALTH CENTER - 42-0842204					
404 JEFFERSON STREET					
PELLA, IA 50219	HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1)(A)(V N/A	4
CITY OF PELLA - 42-6005115					
825 BROADWAY					
PELLA, IA 50219	CITY SERVICES	IOWA	501(c)(3)	170(B)(1)(A)(V N/A	4
				-	

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

Schedule R (Form 990) 2009

42-1499686

Schedule R (Form 999) 2009 COMMUNITY BETTERMENT ORGANIZATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UB! amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income ε Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) চ Share of total income $\boldsymbol{\varepsilon}$ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত **e** Legal domicile (state or foreign country) O Direct controlling entity Primary activity 9 Legal domicite (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization ø (a) 932162 02-04-10 Part IV

Page 3

Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Yes	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			·	
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		1a	×	
b Gift, grant, or capital contribution to other organization(s)		1b	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	١
		19	×	١
		-1 -	×	١
			-	ŀ
f Sale of assets to other organization(s)		=	×	١
g Purchase of assets from other organization(s)		19	×	١
		두	×	١
		; =	×	١
j Lease of facilities, equipment, or other assets from other organization(s)		1,	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		+	×	
		=	×	ا ، ا
m Sharing of facilities, equipment, mailing lists, or other assets		£	×	انا
n Sharing of paid employees		1	×	۰
 Reimbursement paid to other organization for expenses 		10	×	
		1 0	×	ادا
q Other transfer of cash or property to other organization(s)		7	×	
		11	X	ادا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds.			
(a) Name of other organization(s) trun	(b) Transaction Ar	(c) Amount involved	olved	
	type (art)			- 1
(1)				
				1
(3)				- 1
(4)				
			}	
(9)				
932163 02-04-10	Schedule R (Form 990) 2009	R (Form	990) 200	න

Page 4

Schedule R (Form 990) 2009 COMMUNITY BETTERMENT ORGANIZATION

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(Q)	(0)	Ð	(e)	€	(b)	ε
Name, address, and EiN of entity	Primary activity	nicıle	Are all partners section 501(c)(3)	Share of end-of- vear assets	- o	Code V-UBI amount in box 20	G E
			Yes No			form 1065)	1 -
					j		
				•			

Schedule R (Form 990) 2009

Asset						Description	of property		
Number		Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1		LDING	& EQ	UIPME	NT	<u> </u>			
		01/01/02	SL	39.00	16	1,908,244. REMODELING		342,503.	48,929.
2	CAI	TAL	IMPRO	VEMEN	TS	- REMODELING	·		
)32503	SL,	39.00	16	27,903.		4,112.	715.
3	LAI	101 ₀₂	h	Τ	ι –	76,000.	T		0.
· · · · · · · · · · · · · · · · · · ·	*	POTAL	990 P	AGE 1	OF	EPR	<u> </u>		
		<u> </u>	<u> </u>		1	2,012,147.	0.	346,615.	49,644.
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916261 04-24-09					#	- Current year section 179	(D) - Asset dispos	sed	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Attachment

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Sequence No 67 Identifying number

COMMUNITY BETTERMENT O	RGANIZAT	ION	FOR	M 990) P.	AGE 10		42-1499686	
Part Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any lis	ted prop	erty, c	omplete Part	V before	,	
1 Maximum amount. See the instructions	for a higher limit	for certain b	usinesses				_ 1_	250,000.	
2 Total cost of section 179 property place	d in service (see	instructions)				2		
3 Threshold cost of section 179 property I	pefore reduction	in limitation					3	800,000.	
4 Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	er -0-				4		
5 Dollar limitation for tax year Subtract line 4 from line	I If zero or less, enter	-0- If marned fil	ing separately, see	instructions			5		
6 (a) Description of proj	perty		(b) Cost (busin	ess use only		(c) Elected	d cost		
					╧				
								j	
					\perp				
7 Listed property. Enter the amount from I	ine 29				<u> </u>				
8 Total elected cost of section 179 proper	ty. Add amounts	s in column (d	c), lines 6 and	7			_8_		
9 Tentative deduction. Enter the smaller of	of line 5 or line 8						9		
10 Carryover of disallowed deduction from	line 13 of your 2	008 Form 45	62				10		
11 Business income limitation. Enter the sm	aller of business	s income (no	less than zer	o) or line	5		11		
12 Section 179 expense deduction. Add lin	es 9 and 10, but	do not ente	r more than lir	ne 11		<u> </u>	12		
13 Carryover of disallowed deduction to 20	10. Add lines 9 a	and 10, less l	ine 12	<u>▶ 1</u>	3		<u> </u>	<u> </u>	
Note: Do not use Part II or Part III below for	listed property. I	nstead, use i	Part V.						
Part II Special Depreciation Allowan	ce and Other D	epreciation	(Do not inclu-	de listed i	rope	rty.)		,	
14 Special depreciation allowance for qualit	ied property (oth	ner than liste	d property) pl	aced in s	rvice	during			
the tax year							14		
15 Property subject to section 168(f)(1) elec	Property subject to section 168(f)(1) election								
16 Other depreciation (including ACRS)	16	49,644.							
Part III MACRS Depreciation (Do not	include listed pr	operty.) (See	instructions.)					
		Se	ction A						
17 MACRS deductions for assets placed in	service in tax ye	ears beginnin	g before 2009	9			17		
18 If you are electing to group any assets placed in service						<u> </u>	<u> </u>		
Section B - Assets F	Placed in Servic			Jsing the	Gene	eral Deprecia	tion Syst	em	
(a) Classification of property	(b) Month and year placed in service	(business/it	r depreclation evestment use instructions)	(d) Reco	very d	(e) Convention	(f) Method	(g) Depreciation deduction	
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property			<u> </u>						
f 20-year property									
g 25-year property				25 y	s		S/L		
h Donidontial reatal areasists	/			27.5	rs.	MM	S/L		
h Residential rental property	/			27.5	rs.	MM	S/L		
i Nonresidential real property	/	_		39 yı	s	MM	S/L		
	/					MM	S/L		
Section C - Assets Plant	aced in Service	During 2009	Tax Year Us	ing the	ltern	ative Deprec	iation Sys	stem	
20a Class life							S/L		
b 12-year				12 y	s.		S/L		
c 40-year	/			40 y	s.	MM	S/L		
Part IV Summary (See instructions.)									
21 Listed property. Enter amount from line	28						21		
22 Total. Add amounts from line 12, lines 14	4 through 17, line	es 19 and 20	ın column (g)	, and line	21.				
Enter here and on the appropriate lines of For assets shown above and placed in s	of your return. Pa	artnerships a	nd S corporat			· · · · · · · · · · · · · · · · · · ·	_22	49,644.	
portion of the basis attributable to section		zoniem yea	i, ciner liic	2	a				

COMMUNITY BETTERMENT ORGANIZATION

Recreation, or amusement). Note: For any synchic for shippy you are using the standard project of any or any control for shippy and	Form 4562			MUNITY										-1499		
Section A. Depreciation and Other Information (Goutton: See the instructions for limits for passenger automobiles) 4a Duy on have evidence to support the business/investment use claimed? 1by on the property of property of the state of th	Part V				ertain ot	her vehic	les, cel	lular tele	phone	s, certain	compute	ers, and	propert	y used f	or entert	aınmen
March Department Departme									dedu	cting lease	expens	e, com	olete on l	y 24a, 24	4b, colun	nns (a)
to a property placed in greatment measurement measurem		Section A	Depreciati	on and Other	Inform	ation (Ca	ution:	See the	instruc	tions for l	mits for	oassen	ger auto	mobiles)		
Type of forcepety (filst whiches first) placed in surveitment (filst whiches first) placed in perioritilities of the basis is provided with the provided of the basis of the b	24a Do you	have evidence to s	upport the bu	siness/investm	ent use cl	laimed?	<u> </u>	es _	No	24b If "Y	es," is th	e evide	nce wri	tten?] Yes [N ₀
5 Special deprevation allowance for qualified biseness use 6 Property used more than 50% in a qualified bissness use: 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Type of property Date Busine		Business/ investment	Cost or			Basis for depreciation (business/investment		Recovery	Method/		Depreciation		Ele section	cted on 179	
18 Property used more than 50% in a qualified business use: 19	25 Special	depreciation allo	wance for q	ualified listed	property	y placed	ın servi	ce during	the ta	ax year an	d					
7 Property used 50% or less in a qualified business use:	used m	ore than 50% in	a qualified b	usiness use						<u> </u>		25				
7 Property used 50% or less in a qualified business use: 96 S7L 96 S7L 96 S7L 97 S4D S7L 98 S7L 99 S4D S7L 99 S4D S7L 90 S4D S7L 90 S4D S7L 91 S4D S4D 91 S4D S4D 92 Section B - Information on Use of Vehicles 10 Total business/investment miles driven during the year (so not include commuting miles) 11 Total commuting miles driven during the year (do not include commuting miles) 11 Total commuting miles driven during the year (above the vehicles would be year) 12 Section B - Information on Use of Vehicles 13 Total miles driven during the year. 14 Was the vehicle available for personal use during off-duty hours? 15 Was the vehicle available for personal use during off-duty hours? 15 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owner or related persons. 15 Section C - Questions for Employers Who Provide Vehicles used by employees who are not more than 5% owner or related persons. 15 Section C - Questions for Employers Who Provide Vehicles used by employees who are not more than 5% owner or related persons. 15 Section C - Questions for Employers Who Provide Vehicles used by employees who are not more than 5% owner or related persons. 15 Section C - Questions for Employers Who Provide Vehicles, except commuting, by your employees? 15 Section C - Questions for Employers Who Provide Vehicles, except commuting, by your employees? 15 Section C - Questions for Vehicles used by corporate officers, directors, or 1% or more owners. 16 Open of the Province of the Section B for the covered vehicles. 16 Open of the Province of the Section B for the covered vehicles. 16 Open of the Province of the Section B for the covered vehicles. 16 Open of the Province of the Section B for the covered vehicles. 17 Open of the Province of the Section B for the covered vehicles. 18 Open of the Province of the Section B for the covered vehicles. 19 Open of the Province o	26 Propert	y used more that	1 50% in a c	ualified busin	ess use:	:										
7 Property used 50% or less in a qualified business use: 16					%								<u> </u>			
7. Property used 50% or less in a qualified business use:					%								ļ			
8 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 96 S/L 96 S/L 97 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 98 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 99 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 99 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 99 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 99 Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles 90 Use provided vehicles to your employees, first answer the questions in Section C to see if your meet an exception to completing this section for nose vehicles. 90 (d) (e) (f) 91 (vehicle Vehicle											<u> </u>		1			
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Part III Statement of Program Service Accomplishments

Statement 1 – The Organization's Primary Exempt Purposes

The Community Betterment Organization ("CBO") was formed to support Central College, the City of Pella, and Pella Regional Health Center, to engage in activities that such organizations would strive to engage in themselves were it not for CBO, including without limitation, providing amenities that make a small town a more desirable place to live and conduct business.

Statement 2 – Summary of Program Services Accomplishments - \$77,271

The CBO's program service accomplishments for the year 2009 all involve the operation of a building (the "Building") that was constructed in the years 2000 and 2001 as part of a large downtown block development project (the "Downtown Project"). The Downtown Project was developed to attract businesses and people to do business and live in the town, and includes a hotel, business space, restaurant space, and entertainment attractions. The CBO's contribution to the Downtown Project involved the construction and ongoing maintenance and operation of the Building. The Building includes a three-screen movie theater and a restaurant.

a - Depreciation - \$49,644

The depreciation listed on Part IX, Line 22 is for depreciation on the Building.

b - Property Taxes \$27,627

CBO pays the property taxes for the Building. Note, as reported on Part VII, Line 2a, CBO was reimbursed by tenants for a portion of the property taxes (\$23,755).

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Part VII, Column E Statement

Current Director	Amount Paid	Supported Organization	Title
David Roe	\$210,470	Central College	President
Mike Nardini	\$116,232	City of Pella, IA	City Administrator

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Schedule A, Part I, Line 11(i) Statement

Community Betterment Organization does not provide direct monetary support to the supported organizations. It uses its income and assets to conduct community projects that benefit the supported organizations.