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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

MAR 31, 2010 For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending D Employer identification number C Name of organization Please Address use IRS label or Name change 42-1478900 print or MINDBRIDGE FOUNDATION type Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific 308 E. BURLINGTON Termin-ated 300 3195940226 Amended City or town, state or country, and ZIP + 4 tions F Group Exemption IOWA CITY, IA 52240 Number -G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X If the organization is not Website: ► N/A Tax-exempt status (check only one) — X 501(c) (7) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Fig. 1 of the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 184,645. 2 2 3 3 Membership dues and assessments 1,537. 4 Investment income SCANNELPreSeepe 1 4 2010 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a b Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 186,182. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Stmt 3,500. 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee benefits 12 1,464. OSC Professional fees and other payments to independent contractors 13 13 1,277. 14 Occupancy, rent, utilities, and maintenance AUG 19 2010 14 Ś 755. 15 15 Printing, publications, postage, and shipping 124,996. Statement 1 16 Other expenses (describe 16 131,992. 17 Total expenses. Add lines 10 through 16 17 18 54,190. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 144,516. 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 198,706. 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 195,781. 144,516. 22 22 Cash, savings, and investments 23 23 Land and buildings 2,925. Other assets (describe ► NOTE RECEIVABLE 0. 24 24 198,706. 144,516. 25 25 Total assets 0.26 0. 26 Total liabilities (describe $144,5\overline{16}$. 198,706. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| For | m 990-EZ (2009) MINDBRIDGE FOUNDATION | | | <u> 42 – </u> | 14/89 | OO Page 2 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|---------------|-----------------------------|---------------------------------------|
| | art III Statement of Program Service Accomplishmer | nts (See the instructions for | Part III) | | Ex | penses |
| | at is the organization's primary exempt purpose? See Statement | | <u> </u> | | (Required for | r section 501(c)(3) |
| | | | ee manner deser | bo. | | organizations and |
| | scribe what was achieved in carrying out the organization's exempt purp | | | De | section 4947 for others) | (a)(1) trusts, optional |
| | services provided, the number of persons benefited, and other relevan | | | | lor outers ; | |
| 28 | Mindbridge hosted the AnimeIowa 201 | | | | 1 1 | |
| | attendees and the website received | 24,948,976 ni | ts in 200 | <u>9.</u> | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | • | | 28a | |
| 29 | Mindbridge hosted the ICON 2010 con | | 00 | | | |
| | attendees and the website received | | | | | |
| | The state of the s | | | |] | |
| | | | | _ | 29a | |
| | (Grants \$) If this amount includes foreign g | rants, check here | | لببا | 294 | · · · · · · · · · · · · · · · · · · · |
| 30 | See Statement 4 | *** | | | | |
| | | | | | 1 1 | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here . | > | | 30a | |
| 31 | Other program services (attach schedule) | | | | | |
| • | (Grants \$) If this amount includes foreign of | rante check here | • | | 31a | |
| 20 | | rants, check here | | | 32 | |
| <u> </u> | Total program service expenses (add lines 28a through 31a) art N List of Officers, Directors, Trustees, and Key E | mployoos | | (C 4)- | | by Dord B/A |
| P | art IV List of Officers, Directors, Trustees, and Key E | Improyees. List each one ex | ren if not compensated | _ | - | or Part IV) |
| | | (b) Title and average hours | (c) Compensation | | ontributions | (e) Expense |
| | (a) Name and address | per week devoted to | (if not paid, enter | | employee efit plans & | account and |
| | (4) | position | -0) | | eferred | other allowances |
| | | | | 1 | pensation | |
| \overline{C} | RISTINE CROMWELL, 2100 S SCOTT | TREASURER | | | | |
| | JVD #47, IOWA CITY, IA 52240 | 16.25 | 0. | | 0. | 0. |
| | | PRESIDENT | | | | |
| | | | ١ , | | ^ | |
| | SW, BLAIRSTOWN, IA 52209 | 0.50 | 0. | <u> </u> | 0. | 0. |
| JC | OSH ELLIOTT | DIRECTOR | | | | |
| 61 | 9 9TH AVE, CORALVILLE, IA 52241 | 4.25 | 0. | | 0. | 0. |
| | ON MAAKSTAED, 130 E HACKBERRY, | DIRECTOR | | | - | |
| | ORTH LIBERTY, IA 52317 | 0.50 | 0. | | 0. | 0. |
| | CHELLE WEINARD MCKIBBEN, 2055 4TH | DIRECTOR | | † | | |
| | | | 0. | | 0. | 0. |
| | E SE, CEDAR RAPIDS, IA 52403 | 1.25 | 0. | ╁ | | · · · |
| | ENNIS LYNCH, 68 36TH AVE SW, CEDAR | DIRECTOR | | | • | |
| RI | APIDS, IA 52404 | 0.50 | 0. | ļ | 0. | 0. |
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Form **990-EZ** (2009)

932172 02-08-10

| Pa | other Information (Note the statement requirements in the instructions for Part V.) | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | | |
| | reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, | | | |
| | and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/ | A |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Sch. N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b 0. | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the | | | |
| | year or is it 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 Schedule L, Part I | 40b | N/ | A |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | · | | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the | | | |
| | organization N/A | | | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | Х |
| 41 | List the states with which a copy of this return is filed \rightarrow IA | | | |
| 42 a | The organization's books are in care of ► CHRISTINE CROMWELL Telephone no ► 319-59 | 4 - 0 | 226 | |
| | Located at ► 2100 S SCOTT BLVD #47, IOWA CITY, IA ZIP+4 ► 5 | <u> 224</u> | 0 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | Х |
| | 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. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | <u> </u> | | |
| • | Form 990-EZ | 44 | <u> </u> | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be | | | |
| - | completed instead of Form 990-EZ | 45 | | Х |
| | | | | |

age 4

| diffice? If Yes, * complete Schedule C, Part II 47 | Pari | Section 501(c)(3) organizations and section 4947(organizations and section 4947(a)(1) nonexempt charitable trusts and 51. | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|----------------------------------------------|------------------|----------|------|
| 47 Dut the organization engage in bibbying activities? If Yes, 'complete Schedule C, Part II 48 Is the organization activate as described in section 15(0)(1)(1)(1)(1)(1) 'Yes, 'complete Schedule E 49 a | 46 D | Did the organization engage in direct or indirect political campaign activities on beh | alf of or in opposition to | o candidates for publ | lic | | Yes | No |
| 48 is the organization as chools as described in section 17(0)(1)(A)(1)°(1)°(1)°(1)°(1)°(2)°(2)°(2)°(2)°(2)°(2)°(2)°(2)°(2)°(2 | | · | | | | 46 | | |
| 49a dire organization make any transfers to an exempt non-charable related organization? 19 if "Yes," was the related organization a section 527 organization? 20 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to be position (c) Complete the stable of the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Ylone. (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter Ylone. (b) Title and average hours per week devoted to delete and other allowances of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Ylone. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Complete this table for the organizations is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Ylone. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (f) Compensation (g) Type of service (g) Compensation (g) Type of servic | | • | | | | 47 | | |
| b If "es," was the related organization a section 527 organization? 50 Complete this table for the organization if the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employee paid more than \$100,000 of compensation. (b) Title and average hours (c) Compensation for employee between than \$100,000 of compensation. (c) Expense account and other allowances of the allowances. (d) Total number of other employees paid over \$100,000 51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None". (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (c) Compensation. (e) Expense account and other allowances of the allowances of the allowances of the position of the properties of p | | | | | ļ | 48 | | |
| Complete this table for the organization from the organization if there is none, enter 'None' (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter 'None' (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee account and deferred compensation from the organization if the end average hours per week devoted to position (e) Total number of other employees paid over \$100,000 (f) Total number of other employees paid over \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Type of service (g) Compensation (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (h) Title and average hours (g) Compensation (g) Compensation (g) Compensation (g) Type of service (g) Compensation (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (h) Type | | · · · · · · · · · · · · · · · · · · · | zation? | | | | | |
| (a) Name and address of each employee paid more than \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other imagement of the organization of the organiza | | • | | | | | | |
| (a) Name and address of each employee paid more than \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Your's N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization from the organization of the expensive paid of the expensive pa | | | | ors, trustees and key | · · · | | eivea i | nore |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Dispersion of the independent contractors each receiving over \$100,000 Under penalties of penuly, Ideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect, and complete pectanation of preparer (other than officer) is based on all information of which preparer has any knowledge S/16/2010 Signature of officer CROMWELL, TREASURER | | (a) Name and address of each employee paid more than \$100,000 | per week devoted to | s (c) Compensatio | n to employee benefit plans & deferred | (e ac othe | count | and |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Dispersion of the independent contractors each receiving over \$100,000 Under penalties of penuly, Ideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect, and complete pectanation of preparer (other than officer) is based on all information of which preparer has any knowledge S/16/2010 Signature of officer CROMWELL, TREASURER | | | | | | | | |
| d Total number of other independent contractors each receiving over \$100,000 Sign | 5 1 C | Complete this table for the organization's five highest compensated independent co organization. If there is none, enter "None." | ntractors who each red | ceived more than \$10 | 00,000 of compens | ation fi | om the | 3 |
| Sign Here Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge CHRISTINE CROMWELL, TREASURER Type or print name and title Preparer's signature Preparer's signature Preparer's signature BERGAN, PAULSEN & COMPANY, P.C. Firm' name (or yours it settemployed). Probater's signature CPA BERGAN, PAULSEN & COMPANY, P.C. EIN Phone no (319)248-0367 | | (a) Name and address of each independent contractor paid more than \$ | 100,000 | (b) Type of s | service (| c) Com | pensa | tion |
| Sign Here Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge CHRISTINE CROMWELL, TREASURER Type or print name and title Preparer's signature Preparer's signature Preparer's signature BERGAN, PAULSEN & COMPANY, P.C. Firm' name (or yours it settemployed). Probater's signature CPA BERGAN, PAULSEN & COMPANY, P.C. EIN Phone no (319)248-0367 | | | | | | | | |
| Sign Here Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge CHRISTINE CROMWELL, TREASURER Type or print name and title Preparer's signature Preparer's signature Preparer's signature BERGAN, PAULSEN & COMPANY, P.C. Firm' name (or yours it settemployed). Probater's signature CPA BERGAN, PAULSEN & COMPANY, P.C. EIN Phone no (319)248-0367 | | | | | | | | |
| Sign Here Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer | d T | Total number of other independent contractors each receiving over \$100,000 | · · · · · · · · · · · · · · · · · · · | > | | | | |
| Type or print name and title Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's identifying number (See instr.) Proparer's identifying number (See instr.) Preparer's identifying number (See instr.) | Sign Here | correct, and complete Declaration of preparer (other than officer) is based on all informations and complete Declaration of preparer (other than officer). | nying schedules and stater ion of which preparer has a | nents, and to the best of any knowledge | my knowledge and be | elief, it is | true, | |
| Preparer's Use Only Firm' (nage (or yours If selemptoyed), address, and ZIP+4 CORALVILLE, IA 52241-0267 COR | | Type or print name and title | | | | | | |
| P.O. BOX 5267 Phone ► | | rer's Janes CPA | 81310 | mployed | | umber (| See inst | 1) |
| | | if self-amployed). P.O. BOX 5267 | • | Ph | one ► | 248 | -03 | 67 |
| | May the | | . * | |) [| | | No |

| Form 990-EZ | Other Expenses | Statement 1 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------|
| Description | | Amount |
| ADVERTISING BANK CHARGES INSURANCE OFFICE EXPENSE SUPPLIES TAXES & LICENSES WEBSITE CONVENTION EXPENSE ARTIST FUNDS MEALS & ENTERTAINMENT ADMINISTRATIVE | | 705. 237. 820. 65. 100. 10,181. 562. 105,288. 4,326. 424. 2,288. |
| Total to Form 990-EZ, line | ≥ 16 | 124,996. |

| 42-14789 | υ | υ |
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| MINDBRIDGE | FOUNDATION |
|--------------|------------|
| LITUDDIVIDGE | LOONDALION |

| Affiliates Address | |
|--------------------|--------|
| | |
| | Amount |
| | 3,50 |
| | |

| FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts | | Statement | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------|----|--|
| directly o | ganization, during the year, receive any funds, or indirectly, to pay premiums on a personal ontract? | [] Yes [X] | No | |
| B) Did the or directly o | ganization, during the year, pay premiums, or indirectly, on a personal benefit contract? . | . [] Yes [X] | No | |

990-EZ Pg 2

Statement

4

Mindbridge hosted the Gamicon 2010 convention for 200 attendees and the website received and estimated 10,000 hits in 2009. The Mindbridge website receives 20 hits per day.

990-EZ Pg 2

Statement

5

Mindbridge is a not-for-profit corporation organized to provide social venues and a social outlet for people interested in Science-Fiction, fantasy, Nongambling Gaming, Anime, and related subjects in eastern Iowa. Mindbridge does this in many ways, including but not limited to:
 providing central communication for fans sponsoring local conventions volunteer support convention registration administrative services organizing author signings discussion groups