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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 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.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MVL COMMUNITY DEVELOPMENT GROUP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 31

City or town, state or country, and ZIP + 4
MT VERNON, IA 52314

D Employer identification number
20-4769084

E Telephone number
(319) 210-9935

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify):

I Website: www.visitmvl.com

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally 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.

L 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

\$ 125,852

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	104,838
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	8,150
	4	Investment income	651
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	
Expenses	6b	Less direct expenses other than fundraising expenses	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	3,778
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	117,417
Expenses	10	Grants and similar amounts paid (attach schedule)	8,617
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	32,930
	13	Professional fees and other payments to independent contractors	783
	14	Occupancy, rent, utilities, and maintenance	4,068
	15	Printing, publications, postage, and shipping	8,370
	16	Other expenses (describe)	90,581
	17	Total expenses. Add lines 10 through 16	145,349
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-27,932
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	102,546
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	74,614

Part II 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)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	102,546	92,114
23 Land and buildings		
24 Other assets (describe)		
25 Total assets	102,546	92,114
26 Total liabilities (describe)		17,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	102,546	74,614

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

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? ACTIVELY PROMOTE CULTURAL, RECREATIONAL, EDUCATIONAL AND BUSINESS RESOURCES IN THE MT VERNON-LISBON AREA			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	91,105

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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		
a	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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	
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 ▶ _____		
e	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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>BRENDA LANGENBERG</u> Telephone no ▶ <u>(319) 895-4018</u> 720 1ST AVE S Located at ▶ <u>MT VERNON, IA</u> ZIP + 4 ▶ <u>52314</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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 position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 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 "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-11-10 Date	
Paid Preparer's Use Only	BRENDA LANGENBERG Treasurer Type or print name and title			
	Preparer's signature	Mark Sargent	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Sargent & Fortmann LLP 506 1st Avenue S Suite B Mt Vernon, IA 523141612			EIN Phone no (319) 895-6295
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 20-4769084

Name: MVL COMMUNITY DEVELOPMENT GROUP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PLAN AND DESIGN DOWNTOWN REVITALIZATION PROJECTS (Grants \$ 50,587) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 VOLUNTEER RECRUITMENT AND RECOGNITION AND PUBLIC OUTREACH (MSI MEETINGS/ANNUAL MEETING/COMMUNICATION) (Grants \$ 1,167) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 BUSINESS IMPROVEMENT GRANTS GRANTS TO BUSINESS OWNERS IN THE MAIN STREET DISTRICT FOR SIGNS AND AWNINGS TO MAKE UPTOWN MOUNT VERNON MORE ATTRACTIVE FOR RESIDENTS AND VISITORS (Grants \$ 8,617) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	8,617
PROMOTION OF MOUNT VERNON AND LISBON THROUGH PRINT AND RADIO ADVERTISEMENTS, VISITORS GUIDE PRINTING AND DISTRIBUTION, SIGNAGE AND EVENTS (Grants \$ 30,734) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KRISTY SEBLONKA 311 FIRST STREET NW MT VERNON, IA 52314	Director 35 00	23,385		
JOE JENNISON 311 FIRST STREET NW MT VERNON, IA 52314	Director 35 00	2,344		
BRENDA LANGENBERG 940 ST ANDREWS DR NORTH LIBERTY, IA 52317	Treasurer 1 00	0		
KIM WOLFE 511 5TH AVE SW MT VERNON, IA 52314	BOARD MEMBER 1 00	0		
GARY PORT 657 18TH AVE SW CEDAR RAPIDS, IA 52404	BOARD MEMBER 1 00	0		
ED SAUTER 505 1ST STREET E MT VERNON, IA 52314	President 1 00	0		
JENNIFER MILLER 1225 1ST AVE N LOT 11 MT VERNON, IA 52314	Secretary 1 00	0		
DEB HERRMANN 400 WOLFE LANE MT VERNON, IA 52314	BOARD MEMBER 1 00	0		
DEE ANN REXROAT 300 CANDLESTICK DR NE MT VERNON, IA 52314	BOARD MEMBER 1 00	0		
RICH HERRMANN 400 WOLFE LANE MT VERNON, IA 52314	PAST PRESIDENT 1 00	0		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** MVL COMMUNITY DEVELOPMENT GROUP**EIN:** 20-4769084**Software ID:** 09000047**Software Version:** 2009v1.3

Item No.	1
Class of Activity	BUSINESS PROMOTION
Donee's Name	VARIOUS LOCAL BUSINESSES
Donee's Address	VARIOUS MT VERNON, IA 52314
Amount (FMV)	8,617
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: MVL COMMUNITY DEVELOPMENT GROUP

EIN: 20-4769084

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
WEB EXP	5,032
VOLUNTEER DRIVE	447
UPTOWN DESIGN PLAN	20,282
Travel	1,998
SUMMER AWARDS	501
SPONSORSHIPS	4,210
SCHOLARSHIPS	1,000
RAIN GARDEN PROJECT	1,508
PLANTING & WATERING	3,601
Office Expenses	365
NET EVENT EXP-VARIOUS	1,481
MISC EXP	583
LOT 32 PROJECT	30,305
INVESTMENT DRIVE	1,466
DUES/SUBSCRIPTIONS	1,318
DIRECTOR SEARCH	423
AMBASSADORS	995
Advertising and Promotion	11,881

TY 2009 Other Liabilities Schedule

Name: MVL COMMUNITY DEVELOPMENT GROUP

EIN: 20-4769084

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
DEFERRED INCOME		17,500