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Form **990-EZ**

Short Form

2009

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED FEB 1 6 2011

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

А	For the 2009 calendar year, or tax year beginning OCC 1 , 2009, and ending Sep 30	, 2010
В	Check if applicable C Name of organization D Em	ployer identification number
L	Address change use IRS MASON CITY CHAMBER OF COMMERCE FOUNDATION 42	2-1505507
	land a la	ephone number
<u> </u>	Initial return type.	
_	Termination Specific City or lower state or country, and ZIR + 4	641) 423-5724
_	Amended return litings F Gro	oup Exemption
┸	Application pending MASON CITY 1A 50401 Nu	ımber •
	• 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 metho Other (specify) ▶	d X Cash Accrual
		the organization is not
ı	Website: ► N/A required to attach	Schedule B (Form 990,
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-PF	-)
K	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	mally 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 s	
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	►\$ 464,929.
P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
	1 Contributions, gifts, grants, and similar amounts received	1 461,576.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 3,353.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
Ž	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
R E V E N U	a Gross revenue (not including \$ of contributions	
Ü	reported on line 1) 6a	* : []
	b Less. direct expenses other than fundraising expenses 6b	<i>}.</i> ∰
	c 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	Services .
	b Less cost of goods sold 7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 464,929.
	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10 560,155.
	11 Benefits paid to or for members	11
Ē	12 Salaries, other compensation, and employee benefits	12
Ê	13 Professional fees and other payments to independent contractors	13 135,449.
EXPENSE	14 Occupancy, rent, utilities, and maintenance RECFIVED	14
E	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping	15
S	16 Other BANK PERO	16 181.
	17 Total expenses. Add lines 10 through 16	17 695,785.
_		18 -230,856.
		-230,836.
N E		
T !	E ligare reported on prior years return,	19 659,065. 20
:	T 20 Other changes in net assets or fund balances (attach explanation) S 21 Net assets or fund balances at end of year Combine lines 18 through 20	21 428, 209.
Б		
, -	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	
_	(See the instructions for Part II) (A) Beginning of years and an advantage of the control of t	
_	2 Cash, savings, and investments 659,065	
	3 Land and buildings Other essets (describe >	
	4 Other assets (describe >)	
	5 Total assets 659,065	
	Total liabilities (describe ►) 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 659.065	4
	A DECEMBER OF THE CONTROL OF THE CASE OF THE CONTROL OF THE CONTRO	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0812 01/30/10

Form 990-EZ (2009)

	990-EZ (2009) MASON CITY CHAM				<u>-150</u>)5507 Page 2
Par	TIII Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the organization's primary exempt purpose? CO	MMUNITY IMPROVEMEN	ITS	•	(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
	ribe what was achieved in carrying out the			ncise manner.	orgai	nizations and section
desci	ibe the services provided, the number of	persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, optional thers)
	am title	THE BOD BOUR MATOR	DUITIDING		101 0	liers /
28	THE FOUNDATION IS A CONDU	DIT FOR FOUR WAJOR	BOILDING			
	PROJECTS IN MASON CITY.					
	(Grants \$ 560, 155.) If th	is amount includes foreign gr	rants, check here	▶□	28 a	560,155.
29			•	•		<u> </u>
						
		-				
	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u> </u>	29 a	
30						
	(Grants \$) If th	is amount includes foreign gr	rants, check here		30 a	
31	Other program services (attach schedule					
٠.		n is amount includes foreign gr	rants check here	►□	31 a	
32	Total program service expenses (add lii		arito, priobit field	<u> </u>	32	560,155.
Par			-lovoo 1 -111			
Par	t IV List of Officers, Directors,					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar	t0 ns and	(e) Expense account and other allowances
	(a) Name and address	to position	not para, enter 10 ./	deferred compensa	ition	and other anowances
ROP	IN ANDERSON	•		i '		
		SECRETARY				
			^		_	
		1.00	0.		0.	
	IN_EDGAR					
425	TIFFANY DRIVE	CHAIR				
		1.00	0.		0.	
KEN	BALES		,			
	WEST STATE ST	TREASURER		ĺ		
		1.00	0.		0.	
		1.00			υ.	
	TI_RODAMAKER					
260	1 4TH STREET SW	DIRECTOR				
MAS	ON CITY IA 50401	1.00	0.		0.	
TOM	DOUGLAS					
	7 4TH STREET SW	DIRECTOR				
		1.00	0.		0.	
PIAL	SON CITT 1A 30401	1:00	<u> </u>		<u> </u>	
-			·			
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	-					
			-			
DAA		TET. 2015	1 20/10	1		Form 990-EZ (2009)
BAA		TEEA0812 0	11/30/10			1 UIIII 33U-EZ (2009)

i, ai	Cities information (Note the statement requirements in the instistion) art v.)		1.,	г
`			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		х
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			X
	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?	35 a		х
l	of If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
	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		x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			<u> </u> -^j
	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
l	of If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		3,	
39	Section 501(c)(7) organizations Enter		* ,	
;	a Initiation fees and capital contributions included on line 9	+ 330		
	Gross receipts, included on line 9, for public use of club facilities 39b			,
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ı	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	40 b		X
•	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	***	ئو لود ماري) (2) (2) (3)
,	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 List the states with which a copy of this return is filed	40 e		X
42	a The organization's books are in care of ► ROBIN ANDERSON Telephone no. ► (641) Located at ► 25 WEST STATE ST MASON CITY IA ZIP+4 ► 50401		- <u>57</u> 2	24
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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*	42b	<i>(</i>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		- []	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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		X
BA	TEEA0812 01/30/10 Fc	rm 99 0)-EZ ((2009)

Form 990-EZ (2009) MASON CITY CHAMBER OF COMMERCE FOUNDATION 42-1505507 Page 4 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. Yes No 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 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49 b 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' (b) Title and average hours per week devoted to position (d) Contributions to employed benefit plans and deferred compensation (c) Compensation (e) Expense account and other allowances NONE 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 PLANSCAPE PARTNERS 333 N WASHINGTON, STE 337 MINNEAPOLIS MN 55401 CONSTRUCTION OVERSIGHT 135,499. d Total number of other independent contractors each receiving over \$100,000 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. Sign Sinnature o Date Here SECRETARY Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's **Paid** signature 01/18/11 employed Pre-

IA

50401

Phone no ►

(641)

424-5993

►X Yes No

Form 990-EZ (2009)

Schupick

Mason City

13

Firm's name (or

yours if selfemployed), address, and ZIP + 4

parer's

Use Only

BAA

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North Federal

May the IRS discuss this return with the preparer shown above? See instructions

Associates

SCHEDULE A (Form 998 or 990-EZ)

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

2009
Open to Public Inspection

OMB No 1545-0047

			BER OF COMMERCE							505507		
Par	t lø	Reason for	Public Charity State	us (All organizations	must o	comple	te this	_part.)	See ı	nstruct	ions	
The o	rga	nization is not a	private foundation beca	use it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1		A church, conve	ention of churches or ass	sociation of churches des	cribed in	section	170(b)	(i)(A)(I)				
2		A school describ	bed in section 170(b)(1)	(A)(ii). (Attach Schedule I	E)							
3	Ш	A hospital or co	operative hospital service	ce organization described	ın secti	on 170(l) (1)(A)(iii).				
4		A medical resea	arch organization operat	ed in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) . Er	iter the hos	pıtal's
_	_	name, city, and								- -	- -	
5		170(b)(1)(A)(iv).	(Complete Part II)	t of a college or university			_		nmenta	l unit des	scribed in s	ection
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(v)). (Complete Part II)							neral public	described				
8		-		170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	$\overline{\mathbf{x}}$	•		(1) more than 33-1/3 % of		-	m contri	butions	memb	ershin fe	es and are	ss receints
	_	from activities r investment inco	elated to its exempt fund	ctions – subject to certair ess taxable income (less	า except	ions, an	d (2) no	more t	han 33-	1/3 % of	its support	from gross
10		An organization	organized and operated	d exclusively to test for pu	ublic safe	ety See	section	1509(a)	(4).			
11		more publicly si describes the ty	upported organizations vpe of supporting organ	d exclusively for the bene described in section 509(ization and complete lines	a)(1) or s 11e thi	section rough 11	509(a)(2 h	2) See	of, or ca section	rry out th 509(a)(3	ne purposes). Check th	of one or e box that
		a ∐ Type I	b Type II	··		-	•			d 📙	Type III-	
е		By checking this than foundation 509(a)(2)	s box, I certify that the of managers and other that	organization is not control an one or more publicly s	led direc upportec	tly or in d organia	directly zations (by one describe	or more ed in sec	disquali ction 509	fied persor (a)(1) or se	ns other ection
f		If the organization check this box	on received a written de	termination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting o	organization), <u> </u>
g		Since August 17	7, 2006, has the organiz	ation accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	,? 	
		(i) a person v	who directly or indirectly	controls, either alone or	together	with ne	renne d	ascriba	dun (u) e	and (uu)		Yes No
		below, the	governing body of the	supported organization?	together	with po	130113 0	CSCITOC	(<i>)</i> .	and (m)	11g (i)	
		(ii) a family m	nember of a person des	cribed in (i) above?							11g (ii)	
		(iii) a 35% cor	ntrolled entity of a perso	n described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the folia	owing information about	the supported organization	ons							
	()	Name of Supported Organization	(iı) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?		ization in	organizat (i) organi	s the ion in col zed in the 3.7	(vii) Amount	of Support
					Yes	No	Yes	No	Yes	No		
												-
												_
					<u> </u>		ļ <u>.</u>					
					ļ	ļ						
					 		ļ			<u> </u>	· -	
T = 4 - 1												
Total		Drivaev Ast and Da	nonuark Padustian Ast Matic	e, see the Instructions for Form	000 05 00	00-E7	<u> </u>	<u> </u>	Cabadul Cabadul	0 A /Fa::	000 00	20.FZ) 2009
-	ror	THEALY ACT ADD PA	DELWOLK REGUCTION ACT MOTIC	e, see the mandicuous for POM	330 01 93	7U*E.L.			schealt	⊢ ω (⊢∩r	III MMII AF Y	れいトノン ノロバビ

	till Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you check	-					
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			;			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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						
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	-
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)	3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20		-	ne 11, column (f)		14	
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	%
16	a 33-1/3 support test — 2009. If th	e organization did	I not check the bo	ox on line 13, and organization.	I the line 14 is 33	-1/3 % or more, ch	neck this box ► □
10.	and stop here. The organization	quannes as a par		9			L.)

17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

,	(Complete only if you ched	cked the box on iii	ne 9 of Part I)				
	tion A. Public Support	(-) 000T	(h) 0000	(-) 000T	(-1) 2022	4 2000	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	350.	0.	191,000.	540,142.	461,576.	1,193,068.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified	350.	0.	191,000.	540,142.	461,576.	1,193,068.
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	800.	1,250.	62,950.	65,000.
	year	0.	0.	78,500.		213,334.	635,751.
	Add lines 7a and 7b	0.	,0.	79,300.	345,167.	276,284.	700,751.
8	Public support (Subtract line	` .	` .		,	· ;***	
	7c from line 6)	4 . m	2' x2."	ε, , ,	1 50 C 25	6 2 2 May 14 18	492,317.
	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	350.	0.	191,000.	540,142.	461,576.	1,193,068.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	39.	0.	0.	4,546.	3,353.	7,938.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	33.		<u> </u>		3,333.	7,730.
	Add lines 10a and 10b	39.	0.	0.	4,546.	3,353.	7,938.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)		200	• ,		• *	1,201,006.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pul		ercentage				
	Public support percentage for 20			e 13 column (ft)		15	40 00%
	Public support percentage from 2	• •	``	c 13, coluilli (1))		16	40.99%
	tion D. Computation of Inv					10	
17	Investment income percentage for				mn (fl)	17	0 66 %
18	· · · · · · · · · · · · · · · · · · ·			•	11111 (1 <i>))</i>	18	0.66%
	INVESTMENT INCOME PERCENTAGE FROM 2008 Schedule A, Part III, line 17 [9a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not —						
178	more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pi	ublicly supported o	uiaii 55-1/5%, an organization	d line 17 is not
t	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization di	d not check a box	on line 14 or 19	a, and line 16 is n	nore than 33-1/3%	6, and line 18
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, o	theck this box and	see instructions	►
_20							

Form 990-EZ, Part I, Line 10

	Grants	and	Similar	Amounts	Paid
--	--------	-----	---------	----------------	-------------

Purpose of Paymen		RECONSTRUCTION OF HISTORICAL BUILDING						
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given				
CHARITABLE		Business X Person WRIGHT ON THE PARK, INC. 107 EAST STATE ST MASON CITY IA 50401	NONE	365,000.				
		n cash was given, the following additional in	oformation needs to be pr	rovided.				
Book Value		How Book Value	Determined					
FMV		How FMV Det	ermined					
Purpose of Payn	nent	RENOVATION OF PUBLIC	LIBRARY					
Class of Activity		Grantee's Name and Address	Grantee's Address Relationship					
CHARITABLE		usiness X Person NONE ASON CITY PUBLIC LIBRARY FOUNDATION NONE 25 2ND STREET SE ASON CITY IA 50401		165,855.				
If property other Description of Pi Date of Gift		an cash was given, the following additional information needs to be provided.						
Book Value		How Book Value Determined						
FMV		How FMV Determined						
Purpose of Payn	nent	CONSTRUCTION OF NEW	BANDSHELL					
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given				
CHARITABLE		Business X Person COMMON MANAGEMENT 25 WEST STATE ST		25,000				
		MASON CITY IA 50401		25,000.				
If property other Description of Pa Date of Gift		n cash was given, the following additional in irty	nformation needs to be p	rovided [.]				
Book Value		How Book Value	Determined					
FMV		How FMV Determined						

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Grants and Similar Amounts Paid

Continued

Grants and Sim	ilar Amounts Paid		
Purpose of Payr	ment CONSTRUCTION OF	NEW FACILITY	
Class of Activi	ty Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business X Person RIVER CITY SOCIETY FOR HISTORIC PRESERV PO BOX 565 MASON CITY IA 5	NONE 0402	4,300.
If property other Description of P Date of Gift	than cash was given, the following addition	onal information needs to be	provided.
Book Value	How Book Value Determined		
FMV	How FN	//V Determined	