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Department of the Treasury Incernel 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

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

2010

OMB No 1545 1150

Open to Public Inspection

Α	For t	he 2010 ca	alendar year. or tax year beginning , 2010, and ending			,
<u>B</u>	Check	ıf applicable	CREATING GREAT PLACES	D E	mployer i	dentification number
L	Addres	s change	26-18	27029		
		change	Telephone number			
$\vdash$	Initial r		COON RAPIDS, IA 50058	-	712-9	99-7031
$\vdash$	Termin					
⊨		led return				xemption
Ť		ation pending			lumber	
G		unting Met				e organization is <b>not</b> Schedule B (Form
'.				0, 990-E		
<u>,,</u>			$\frac{1}{3} \frac{1}{3} \frac{1}$			
K	Chec	K ►If	the organization is not a section 509(a)(3) supporting organization and its gross receipts	are norr	nally <b>n</b> o	of more than
	Droar	JUU. A Forr Jization ch	m 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requoses to file a return, be sure to file a complete return.	uirea (se	ee instr	uctions). But if the
_				6 4 - 4 - 1	<del></del>	<del>_</del>
L	asset	lines ob, 6 ts (Part II.	ic, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or ii totai	<b>►</b> \$	27,307.
P:	art I		iue, Expenses, and Changes in Net Assets or Fund Balances (See the	instru		
نـــــا			f the organization used Schedule O to respond to any question in this Part I			X
_	1		tions, gifts, grants, and similar amounts received		1	20,108.
	2		service revenue including government fees and contracts		2	6,184.
	1	-			3	0,104.
	3		ship dues and assessments .		<del>- 1</del>	
	4		ent income		4	344.
	1		nount from sale of assets other than inventory 5a		- 1	
			st or other basis and salestexpenses 5b		4 1	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		and fundraising events		1	
E			come from galning (attach Schedule G f greater than \$15,000)		] ]	
REVERUE	b	Gross inc	come from fundralsing events (not including \$ of contributions		]	
N		from fund	draising events reported on line 1) (attach Schedule G if the sum gross income and contributions exceeds \$15,000)			
E	į	of such g	pross income and contributions exceeds \$15,000) . 6b		]	
	C	Less. dire	ect expenses from gaming and fundraising events 6c		4 1	
	d	Net incon	ne or (loss) from gaming and fundraising events (add lines 6a and			
		6b and su	ubtract line 6c)		6d	<del> </del>
	7 a	Gross sal	les of inventory, less returns and allowances . 7a	671.	.]	
	Ь	Less cos	st of goods sold 7b	118.	.]	
	C	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	553.
	8	Other rev	venue (describe in Schedule O)		8	
_	9_	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	27,189.
	10		nd similar amounts paid (list in Schedule O)		10	1,020.
	11		paid to or for members		11	<u></u>
Ē	12	•	other compensation, and employee benefits		12	28,694.
P	13	•	onal fees and other payments to independent contractors		13	8,346.
EXPENSE	14		cy, rent, utilities, and maintenance		14	10,330.
S E	15	· ·	publications, postage, and shipping .		15	1,684.
\$	16	•	penses (describe in Schedule O)  See Schedule (	1	16	20,727.
	17	· · · · · · · · · · · · · · · · · · ·	penses, Add lines 10 through 16	<i>)</i> ▶		70,801.
	-				<del></del>	
	18	Excess of	or (deficit) for the year (Subtract line 17 from line 9)		18	-43,612.
N S E E	19					135 155
ES			ported on prior year's return)		19	135,155.
T	il .		anges in net assets or fund balances (explain in Schedule O)	-	20	
	21		ts or fund balances at end of year. Combine lines 18 through 20		21	91,543.
BA	A For	r Paperwo	ork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2010)

TEEA0803L 02/10/11

<u>.,</u>	Check if the organization used Sche	edule O to respond to any que	estion in this Part II				X
				(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments				126,557	. 22	109,556.
23	Land and buildings					23	
24	Other assets (describe in Schedule O)	See Schedule O	)		30,673		10,932.
_	Total assets				157,230		120,488.
26	Total liabilities (describe in Schedule O)	See Schedule O	)		22,075		28,945.
	Net assets or fund balances (line 27 of c				135,155	. 27	91,543.
Par	t III Statement of Program Ser						Expenses
	Check if the organization used Sc		uestion in this Part	Ш	X	(Req	uired for section
What I	s the organization's primary exempt purpose? See	Schedule O				501(0	c)(3) and 501(c)(4) nizations and section
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo nersons benefited, and other	oses. In a clear and relevant information	conc	cise manner,	4947	(a)(1) trusts, optional
prog	ram title.	persons benefited, and other	Televant inilonnatio	11 101	each —	for of	thers)
28	See Schedule 0		·				
					·		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		·	28 a	10,626.
29	See Schedule Q						
		is amount includes foreign gr			<b>-</b>	29 a	10,623.
30	DIVERSITYCGP hosted a C	pen World delegati	on of Russia	ע מו	visitors,		<del></del>
	and assisted with communi	ty outreach to the	Latino migr	ant	families		
	that come to Coon Rapids						
		is amount includes foreign gr	ants, check here		·	30 a	8,617.
31	Other program services (describe in Scho						
		is amount includes foreign gr			▶ □	31 a	15,384.
32	Total program service expenses (add line				•	32	45,250.
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees, List each	one evi	en if not compensated	l. (see t	
<u> </u>	Check if the organization used Sc				•		
		(b) Title and average hours			(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	)	employee benefit plar deferred compensa		and other allowances
TOO	IG CARPENTER	Director		0.	deletted compensa	0.	0.
	3 4TH AVENUE	0		٠.۱		٠.	
	N RAPIDS, IA 50058	•					
	SICA LEIGHTY	Director		0.		0.	0.
	THIRD AVENUE SOUTH	0		٠.		٠.	0.
	N RAPIDS, IA 50058	· ·					
	ADLEY HONOLD	Treasurer		0.		0.	0.
	THIRD AVENUE SOUTH	0		٠.		٠.	0.
	N RAPIDS, IA 50058	!		1			
	RTIS NEPSTAD THORNBERRY	President		0.		0.	0.
	EAST JACKSON	0.000		٠.۱		٠.	0.
	IORA, IA 50216						
	RGARITA PINA	Director		0.	_	0.	0.
	ELM STREET	0	•	•		•	· ·
	N RAPIDS, IA 50058	_		- 1			
	RK ASMUS	Secretary		0.		0.	0.
	2 130TH STREET	0		1		•	•
Coc	N RAPIDS, IA 50058	-					
	RTHA SIBBEL	Director		0.	· · · · · · · · · · · · · · · · · · ·	0.	0.
	W HIGHWAY 30	0				•	٠.
	ROLL, IA 51401	_		ļ			
					<del></del>	•	<del></del>
			!				
	<del></del>						-
				1			
		<u> </u>	·	1			

u 0	Check if the organization used Schedule O to respond to any question in this Part V.) See Sch	ieau.	re O	X		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No X		
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.					
;	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		_ X		
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b				
	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		Х		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0						
	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>		
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  o If 'Yes,' complete Schedule L, Part II and enter the total	38a		<u>X</u>		
	amount involved 38b N/A					
39	Section 501(c)(7) organizations. Enter.					
	a Initiation fees and capital contributions included on line 9 . 39a N/A					
	o Gross receipts, included on line 9, for public use of club facilities.  N/A	[ ]				
40 8	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 4911   O., section 4912   O., section 4955   Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		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					
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
	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  None	40 e		<u>X_</u>		
	Telephone no. > 712-9  Located at > 401 5TH AVENUE SOUTH COON RAPIDS IA  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)?	99-7( 42b	)31Yes	No X		
ć	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  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		
	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 N/A No		
	of Form 990-EZ	<b>44</b> a	163	X		
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	44 d		·		
ВАА		m 990	-EZ (2	2010)		

Form 990-	EZ (2010) CREATING GREAT PLAC	CES		26-18270	129	P	age <b>4</b>
						Yes	No
	ny related organization a controlled entity on the organization receive any payment from	•	•	-	45		X
	the organization receive any payment from ection 512(b)(13)? If 'Yes,' Form 990 and S				45a		X
46 Did t	the organization engage, directly or indirectly and indirect indirectly fixed from the first transfer of the complete in the c	ctly, in political campaig Schedule C, Part I	n activities on behalf	of or in opposition to	46		Х
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) no ne tables for lines !	nexempt charital 50 and 51.	ole trusts must answer	, All se questic	ection ons	
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part V			Yes	No
<b>47</b> Did t	the organization engage in lobbying activiti	es? If 'Yes.' complete \$	Schedule C. Part II		47	X	NO
	e organization a school as described in se	· · ·	· ·	edule E	48		Х
<b>49</b> a Did t	he organization make any transfers to an	exempt non-charitable i	elated organization?		<b>49</b> a		X
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?			49 b		
50 Com empl	plete this table for the organization's five I loyees) who each received more than \$10	nighest compensated er 0,000 of compensation	nployees (other than from the organization	officers, directors, trustees a . If there is none, enter 'None	nd key		
(a	) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex account other all	pense nt and owances	i
None_							
			_				
						-	
None	plete this table for the organization's five to pensation from the organization. If there is (a) Name and address of each independent continuous (a) Name and address of each independent continuous (a) Name and address of	none, enter 'None.'	<del></del>	(b) Type of service	an \$100, (c) Comp	_	
<b>d</b> Total	number of other independent contractors	each receiving over \$1	00,000	<b>&gt;</b>			
charı	he organization complete Schedule A? No Itable trusts must attach a completed Sche	edule A		<u> </u>	X		No
Under penaltrue, correct,	ies of perjury, I declare that I have examined this return and complete Reclaration of preparer (other than offic	n, including accompanying sche er) is based on all information	dules and statements, and of which preparer has any b	to the best of my knowledge and belies	f, it is		
	- harmel Hant	-					
Sign Here	Signature of officer  ACHEL GARST  Type or print name and title	EXECUTIV	E DIRECTO	n Date Aug 3	,20	11	
	Print/Type preparer's name	Prehasen's elematures /	/ Date	Charle V. PTIN			
Paid	LISA A. CALVERT	LISA A. CALVER	WC4 5-2	Check X if PTIN self employed N/A	. Po1	058	۸۵
Preparer	Firm's name Lisa A Calvert,	CPA	<u> </u>	LI 3 -/2	2//0/	QX	<u>,ΨU</u>
Use Only	Firm's address > 306 State Street			Firm's EIN N	\$7 OU	770	
	Guthrie Center,	IA 50115		Phone no (641)	332-2	2115	
	RS discuss this return with the preparer sh	own above? See instruc	tions	<u> </u>	X Yes		No
BAA				<u></u>	Form <b>99</b> 0	)-EZ (	2010)

#### SGHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2010

CREATING GREAT PLACES 26-1827029 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II Type III — Functionally integrated **d** | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (v) Did you notify (III) Type of organization (iv) Is the (vi) Is the (vii) Amount of support organization in column (i) listed in organization (described on lines 1.9 above or IRC section e organization column (i) of organization in column (i) (see instructions)) your governing document? your support? organized in the Yes Yes Yes (A) (B) (C) (D) (E) Total

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

#### 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')			98,133.	377,224.	20,108.	495,465.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	0.	0.	98,133.	377,224.	20,108.	495,465.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4					:	495,465.	
Sec	tion B. Total Support							
Cale:	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
7	Amounts from line 4	0.	0.	98,133.	377,224.	20,108.	495,465.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			38.	151.	344.	533.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	:					0.	
11	Total support. Add lines 7 through 10 .					-	495,998.	
12	Gross receipts from related activ	ities, etc (see inst	ructions)		• •	12	0.	
13	First five years. If the Form 990 i organization, check this box and	stop here	=	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>	
<u>Sec</u>	tion C. Computation of Pu	blic Support I	Percentage					
14	Public support percentage for 20	•	•	11, column (f))		14	%	
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15		
16 a	33-1/3% support test — 2010. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the bo licly supported org	ox on line 13, and ganization	the line 14 is 33-1	/3% or more, che	ck this box	
b	b 33-1/3% support test − 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts'	neets the 'facts-a	nd-circumstances'	test, check this b	oox and stop here.	. Explain in Part I\	/ how	
	10%-facts-and-circumstances teror more, and if the organization in organization meets the 'facts-and	neets the 'facts-a d-circumstances'	nd-circumstances' test. The organiza	test, check this bition qualifies as a	oox and <b>stop here</b> a publicly supporte	. Explain in Part I\ d organization	/ how the	
18 BAA	The state of the s							

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				···		
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, and 3 received from disqualified persons		_				···
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	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 or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu		Percentage				
15	Public support percentage for 20	10 (line 8, column	(f) divided by line	13, column (f))		15	્રે ફ
	Public support percentage from 2					16	%
	tion D. Computation of Inv			e			
	Investment income percentage for				ın (f))	17	ે
18	Investment income percentage fr	om 2009 Schedul	e A, Part III, line	17 .		18	્ર
19 a	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	the organization of this box and stop	lid not check the line. The organi	oox on line 14, and zation qualifies as	d line 15 is more t a publicly suppor	han 33-1/3%, and ted organization	
	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%,	, check this box ai	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	/3%, and ration ►
20	Private foundation. If the organiz	ation did not ched	ck a box on line 1	4, 19a, or 19b, che	eck this box and s	ee instructions	

Schedule	A (Form 990	or 990-EZ) 2	2010 (	CREATING	GREAT	PLAC:	ES	2	6-1827029	Page 4
Part IV	Supple Part II, (See in:	mental Info line 17a or structions).	rmatio 17b; a	<b>n.</b> Comple nd Part III,	te this i	part to . Also	provide the expl complete this pa	anations requi irt for any addi	6-1827029 red by Part II, line tional information.	10;
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#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No 1545 0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

• 5	Section 501(c)(4), (5), or (6) or	ganizations. Complete Part III.	, ,		
Name	of organization			Employer (dentific	ation number
	EATING GREAT PLACES			26-182702	
Par	t I-A Complete if the o	rganization is exempt under sect	ion 501(c) or is a	section 527 organ	nization
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in F	Part IV.	
2	Political expenditures	,		<b>►</b> \$	S
	Volunteer hours				
	······································	rganization is exempt under sect			
	•	ise tax incurred by the organization under s		<b>►</b> \$	
		ise tax incurred by organization managers i		► \$	S0.
		section 4955 tax, did it file Form 4720 for t	this year?		Yes No
	Was a correction made?				∐Yes ∐No
	olf 'Yes,' describe in Part IV.				<del></del>
		rganization is exempt under sect			
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	activities ► \$	S
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt ► \$	S
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	<b>►</b> \$	;
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the anons received that were promptly and directly action committee (PAC). If additional space	nount paid from the fill v delivered to a separ	ing organization's funds	s. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete i section 50	f the organizati I(h)).	on is exempt under se	ection 501(c)(3) and	filed Form 5768 (el	ection under	
	<del>``</del>	ongs to an affiliated group.	<del></del>	<del></del>		
<b>⊢</b>	~ ~	ecked box A and 'limited cor	ntrol' provisions apply.			
	Limits on Lobb	ying Expenditures eans amounts paid or incurr		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expendi	tures to influence pi	ublic opinion (grass roots lot	obving).			
• • •	•	legislative body (direct lobb	· · · · -	2,651.		
c Total lobbying expendi		• •	,	2,651.	0.	
d Other exempt purpose	expenditures	·				
e Total exempt purpose	expenditures (add li	nes 1c and 1d)		2,651.	0.	
f Lobbying nontaxable a both columns	mount. Enter the ar	nount from the following tab	le ın	530.		
If the amount on line 1e, co	olumn (a) or (b) is	The lobbying nontaxable a	mount is.			
Not over \$500,000		20% of the amount on line 1e.		<u> </u>		
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000.	-		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.	1		
Over \$1,500,000 but not over	\$17,000,000	over \$1,500,000	1			
Over \$17,000,000		\$1,000,000.		1		
g Grassroots nontaxable amount (enter 25% of line 1f)						
h Subtract line 1g from li	ine 1a. If zero or les		0.	0.		
i Subtract line 1f from line 1c. If zero or less, enter -0-					0.	
j If there is an amount of section 4911 tax for thi	other than zero on e	ther line 1h or line 1i, did th	e organization file Form	1720 reporting	Yes X No	
(So	ome organizations t colun	4-Year Averaging Period I hat made a section 501(h) el nns below. See the instructi	ection do not have to cor	nplete all of the five 2f.)		
	Lol	obying Expenditures During	4-Year Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total	
2a Lobbying non-taxable amount			245.	530.	775.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,163.	
<b>c</b> Total lobbying expenditures			1,224.	2,651.	3,875.	
d Grassroots nontaxable amount			61.	133.	194.	
e Grassroots ceiling amount (150% of line 2d, column (e))					291.	
f Grassroots lobbying expenditures					0.	
BAA				Schedule C (Form	990 or 990-EZ) 2010	

Schedule C (Form 990 or 990-EZ) 2010 CREATING GREAT PLACES	26	-1827	029	F	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT file	d Forr	n 5768		
	(a	)		b)	
	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.		1			
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1	<u> </u>			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					п
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 1				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	01(c)(5	), or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	)1(c)(5 Part III	, or A, line	3		
1 Dues, assessments and similar amounts from members		1	<u>-</u>		-
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year	[	2b			
c Total	ſ	2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?	s tical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information		2			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information.	d Part II	-B, line	11.		
. — — — — — — — — — — — — — — — — — — —	- <b></b> -			<del>-</del>	
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Schedule C (F	orm 990 or 990-EZ) 2010 CREATING GREAT PLACES	26-1827029	Page 4
Part IV	Supplemental Information (continued)		
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

CREATING GREAT PLACES	26-1827029						
Form 990-EZ, Part III - Organization's Primary Exempt Purpose							
TO PROVIDE CAPACITY-BUILDING SERVICES FOR COMMUNITY-BASED GROUP	S ENGAGED IN						
ENVIRONMENTAL PROTECTION AND RESTORATION, HISTORICAL PRESERVATION	ION, DIVERSITY,						
CULTURAL, HEALTH-PROMOTION, EDUCATION, POVERTY REDUCTION, AND	CULTURAL, HEALTH-PROMOTION, EDUCATION, POVERTY REDUCTION, AND OTHER CHARITABLE						
ACTIVITIES.	· <b></b>						
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishment	s						
HISTORIC PRESERVATIONIn 2010 CGP continued to assist the City	of Coon Rapids						
Historic Preservation Commission. We wrote a Preserve America	grant application						
for the City of Coon Rapids, prepared the nomination of the Arm	nour Poultry Packing						
Plant to the National Register of Historic Places, and engaged	in planning for a						
potential rehabilitation of that historic warehouse	<del></del>						
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishment	s						
RURAL ARTSIn 2010, CPG received grants from Humanities Iowa a	and the Iowa						
Department of Cultural Affairs to do 2011 statewide performance	es of "Peace through						
Corn, " a play on the Garst-Khrushchev relationship. CGP also	continued producing						
the Coon Rapids Visitor Guide highlighting local harts.							
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	cts						
(a) Did the organization, during the year, receive any funds,	directly or						
indirectly, to pay premiums on a personal benefit contract?	<u>No</u>						
(b) Did the organization, during the year, pay premiums, direct	tly or						
indirectly, on a personal benefit contract?	No						
	·						
	·						
	·						

Schedule O - Supplemental Information  Client CGPCOON CREATING GREAT PLACES					
Form 990-EZ, Part I, Line Other Expenses	16				
Conferences, Convented Depreciation Information Technology Office Expenses OTHER FEES	_	·	\$	1,571. 5,117. 1,161. 2,799. 1,002.	
TELEPHONE Travel	 		Total <u>\$</u>	2,842. 6,235. 20,727.	
Form 990-EZ, Part II, Line Other Assets	24				
Accounts Receivable ARTWORK Inventories Miscellaneous			Beginning \$ 15,750. 0. 2,130. 12,660.	2,000. 2,012.	
Prepaid Expenses and	Deferred Charges	Total	133.	7,543. 259. 10,932.	
Form 990-EZ, Part II, Line Total Liabilities	26				
Accounts Payable and DEFERRED REVENUE	Accrued Expenses	Total	Beginning \$ 22,075. 0. \$ 22,075.		
Form 990-EZ, Part III, Line Statement of Program Sei					
	Description		Grants	Program Service Expenses	
well-designed trails, continued to lead pla proposed 17-mile Guth Coon Rapids), and an	CGP promotes the developmed parks & public spaces. Anning and development efforce County trail (from Helentryway greenspace for Corant to build an outdoor serside Park.  Includes Foreign	In 2010 CGP orts for a rndon to oon Rapids, tage at	7,000.	7,314.	
planning, development Coon Rapids, Guthrie Saving Our Avian Reso	provided free technical at and communications to the County, Whiterock Conservources, and provided forfapids Development Group.	e City of ancy, and		4,225.	

·201 <b>0</b>	Schedule O - Supplemental Information	Page 3
Client CGPCOON	CREATING GREAT PLACES	26-1827029
5/24/11 Form 990-EZ, Part III Statement of Progra	l, Line 31 (continued) am Service Accomplishments	02.47PM
	Description Gran	Program Service nts Expenses
	Includes Foreign Grants: No	
ENVIRONMENTIn Iowa Water and Landural resource outreach on the of lead-based am	2010 CGP participated in the statewide and Legacy campaign to help promote funding in Iowa, and also did public issues of light pollution and the dangers munition.  Includes Foreign Grants: No	3,845.
	Total \$ 7	7,000. \$ 15,384.

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## orm 8868

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

1710-110-10-10	3 50 7 50					
• If you are	filing for an Automatic 3-Month Extension,	complete c	nly Part I and check this box .			. ▶ 🗸
	filing for an Additional (Not Automatic) 3-Me					
	nplete Part II unless you have already been g			-		
	filing (e-file). You can electronically file Form					
a corporation	on required to file Form 990-T), or an addition	al (not auto	matic) 3-month extension of time.	You can el	ectronical	ly file Form
	quest an extension of time to file any of the Transfers Associated With Certain Persona					
	s). For more details on the electronic filing of the					
Part I	Automatic 3-Month Extension of Time	·			nics a ne	mprom3
	ion required to file Form 990-T and reque				ay and co	omplete
Part I only			· · · · · · · · · · · · · · · · · · ·			
•	orporations (including 1120-C filers), partnersh					
	ne tax returns.	.,50,	o, and tradic most add 7 dim 7004	r to regulati	un extens	non or time
Type or	Name of exempt organization	En		Employer i	Employer identification number	
print	Creating Great Places	reat Places			26-1827029	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for	401 5th Avenue South					
filing your return See	City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instructions.		·····	
instructions.	Coon Rapids, Iowa 50058					
Enter the B	leturn code for the return that this application	is for Ifile a	senarate application for each return	rn)		0 3
Litter the 11	istant cocc for the retain that this approach	io ioi (iiic a			· · · ·	رتات
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-	-BL	02	Form 1041-A	-A		08
Form 990-	-EZ	03	Form 4720			09
Form 990-	-PF	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	-T (trust other than above)	06	Form 8870			12
Telephon If the orga If this is for the who	Rachel Garst  T12-999-7031  anization does not have an office or place of bor a Group Return, enter the organization's follogroup, check this box ▶ ☐ . If the names and EINs of all members the extens	usiness in t ur digit Gro it is for par	up Exemption Number (GEN)		  If thi ∐ and att	
unti for t ▶ ☑	quest an automatic 3-month (6 months for a constant of the exect of th	mpt organiz	zation return for the organization n	amed above		
	e tax year entered in line 1 is for less than 12 Change in accounting period			Final return		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					s 0	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS					<del></del>	
(Elec	(Electronic Federal Tax Payment System) See instructions.  3c \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form					070 FO 1
navment in		withorawai	with this form 8868, see Form 8	3433-EU an	a rorm 8	8/9-EU for

Cat No 27916D