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Department of the Treasury

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 2012

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning . 20 , 2012, and ending C Name of organization B Check if applicable D Employer identification number Address change CREATING GREAT PLACES 26-1827029 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 401 5TH AVE SOUTH 712-999-7031 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ COON RAPIDS, IOWA 50058 Application pending G Accounting Method: ☐ Cash X Accrual Other (specify) ► H Check ► M if the organization is not WWW. Creatinggreatplaces.org required to attach Schedule B (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) 527 J Tax-exempt status (check only one) - 📝 501(c)(3) 🗌 501(c) (If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. $\overline{\mathbf{Z}}$ 1 Contributions, gifts, grants, and similar amounts received 1 53936 Program service revenue including government fees and contracts 2 2 4779 3 3 4 276 5a 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . **6**b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances . . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 7c ٥ R Other revenue (describe in Schedule O) 8 1324 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 60315 10 Grants and similar amounts paid (list in Schedule O) 10 ٥ 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . -2013 12 676 13 Professional fees and other payments to independent contract 13 17845 14 Occupancy, rent, utilities, and maintenance 14 8867 Printing, publications, postage, and shipping . . . 15 15 1292 Other expenses (describe in Schedule O) 16 16 12611 17 Total expenses. Add lines 10 through 16 . 17 41291 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 21023 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 110535 Set 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 131558

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)



SCANNED SEP

	t II Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u>. </u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			124162		126284
23	Land and buildings			···	23	12000
24	Other assets (describe in Schedule O)	· · · · · · ·		5585		7244
25	Total assets			129747		145528
26	Total liabilities (describe in Schedule O)	· · · · · · ·		19212	_	13970
27	Net assets or fund balances (line 27 of column			110535	27	131558
Par		•		•		Expenses
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·	ny question in this	Part III 🗸		equired for section
	is the organization's primary exempt purpose?	SEE SCHEDULE O				1(c)(3) and 501(c)(4) panizations and section
as m	ribe the organization's program service accompline neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the	f its three largest per services provide	orogram services, d, the number of	494	47(a)(1) trusts, optional others.)
28	See Schedule O					
	(O)	to the dear for the same				
		includes foreign gra			28	a 8336.
29	See Schedule O					
						_
		includes foreign gra		<i></i> . ▶ ⊔	29	a 7176.
30	See Schedule O					
	/O 6	in all of a familiar man			20	
•		includes foreign gra		· · · • • • • • • • • • • • • • • • • •	30	a 13070.
31	Other program services (describe in Schedule O)	· · · · · · ·			24	
		includes foreign gra			31	
	Total program service expenses (add lines 28a				32	72000.
24:14						ations for Dark NA
	List of Officers, Directors, Trustees, and Ke					_
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		_
				(d) Health benefits, contributions to employ benefit plans, and	ee (e	_
	Check if the organization used Schedule	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount of
DOU	Check if the organization used Schedule	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount of
DOU	Check If the organization used Schedule (a) Name and title G CARPENTER CTOR	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-	Part IV	ree (e	e) Estimated amount of other compensation
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DOU DIRE BRA TRE	Check if the organization used Schedule (a) Name and title G CARPENTER CTOR DLEY HONOLD	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree (e	e) Estimated amount of other compensation
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DOU DIRE BRA TRE/ CUR PRES MAR DIRE MAR SECI MAR	Check if the organization used Schedule (a) Name and title G CARPENTER CTOR DLEY HONOLD ASURER TIS NEPSTAD THORNBERRY SIDENT GARITA PINA CTOR K ASMUS RETARY THA SIBBEL	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	e) Estimated amount of other compensation 0 0
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u> .	<u> </u>
••			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
05-	change on Schedule O (see instructions)	34_		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ		ار ا
ь 38а	Did the organization file Form 1120-POL for this year?	37b		1
Joa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		\ \stacksquare \ \sta
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		1
а	Initiation fees and capital contributions included on line 9	1		i
40a	Gross receipts, included on line 9, for public use of club facilities	-		l .
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			Ì
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 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		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		-
	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			
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		
41	List the states with which a copy of this return is filed ▶ NONE			
42a		712-99		1
b	Located at ► 401 5TH AVENUE COON RAPIDS, IOWA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	500	058 Voc	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	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 the U.S.?	42c		✓
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
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		√
b	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		√
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an authoration in School to Co.			
45~	explanation in Schedule O	44d 45a		1
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	438		V
700	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		:	'
	Form 990-EZ (see instructions)	45b		1

Form 990	D-EZ (2012)						F	Page 4	
	Did the organization engage, directly or i						Yes	No	
Part \	to candidates for public office? If "Yes," of Section 501(c)(3) organizations		, Part I	· · · · ·	· · · ·	46		1	
rait	All section 501(c)(3) organization		stions 47-49b and	d 52, and cor	nplete the	tables fe	or lin	es	
	50 and 51	4		,					
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI					
							Yes	No	
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai		section 501(h) elect		uring the to	ax 47	1		
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule E		48		1	
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organ	nization?		49a		1	
	If "Yes," was the related organization a se					49b		✓	
50	Complete this table for the organization's								
	employees) who each received more than	n \$100,000 of compe	nsation from the org			, enter "N	lone.'	•	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health I contributions t benefit plans, a compens	o employee ind deferred	(e) Estimate other corr			
NONE		-							
223222		l	L						
						<u></u>			
		_							
		-							
		4		ŀ					
	Tabal and a state of a	£100 000	► NON						
	Total number of other employees paid ov Complete this table for the organization		• •						
51	\$100,000 of compensation from the organization			it contractors	wno each	received	more	, man	
(a) l	Name and address of each independent contractor p	···········	(b) Type of se	arvice	(c) (Compensati	on.		
NONE			-						
			-						
			†						
	· · · · · · · · · · · · · · · · · · ·								
			1						
		·							
			1			·			
			<u> </u>						
d	Total number of other independent contr	J	•	. ▶	NOI	NE			
52	Did the organization complete Schedule			ns and 4947(a)					
	nonexempt charitable trusts must attach					► ✓ Yes		No	
Under po	enalties of perjury, I declare that I have examined this rect, and complete. Deptaration of preparer other tha	return, including accompan n officer) is based on all info	lying schedules and stater ormation of which prepare	ments, and to the l r has any knowled	best of my kno Ige	wledge and	l belief,	, it is	
	Pachel Hour	7			P-15-	/3			
Sign	Signature of officer			Date					
Here	RACHEL GARST E)	ECUTIVE DIR	ECTOR						
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	f PTIN			
Prepa	arer				self-employe	ed			
Use (_ .			Firm	s EIN ▶				
	Firm's address ▶	Firm's address ▶ Phone no							
May th	e IRS discuss this return with the prepare	r shown above? See	instructions .		🕨	' 🔲 Yes		No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection Employer identification number

		GREAT PLAC		the Status /All orga	nization	must o	omplete	this no	t \ Soo ii	26-18		
Par		-		rity Status (All organ						ISTRUCTIO	115.	
1110 C			•	tion because it is: (Fo		•		•	•			
2				nes, or association of 170(b)(1)(A)(ii). (Attac			u III Sec	וטוז ווטם	יון ראוני וער.)•		
3	_						caction 1	70/h\/4\/	AV:::\			
4	□ A	medical rese		spital service organiza in operated in conjund e:)(b)(1)(A)((iii). Ente	r the
5		-	n operated for the complete of	the benefit of a collect plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernment	al unit de	escribed in
6 7	✓ Ar	n organizatio	n that normally	nment or govemmenta receives a substantia (A)(vi). (Complete Par	I part of					it or from	n the gen	neral public
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	re- su	ceipts from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	ertain ex kable inc	ceptions ome (les	s, and (2) ss section	no more	than 33	11/3% of its
10	☐ Ar	n organizatio	n organized and	operated exclusively	to test fo	or public s	afety. Se	e sectio	n 509(a)(4).		
11	ρι	urposes of o	ne or more pub	ed operated exclusive dicly supported organ describes the type of	nizations	described	d in secti	on 509(a	a)(1) or se	ection 509	9(a)(2). S	
		☐ Type I	b ☐ Type							lon-funct		tegrated
е	☐ By	y checking th	his box, I certify indation manage	that the organization	is not co	ntrolled d	irectly or	indirecti	y by one	or more	dısqualifi	ed persons
f	lf	the organiza		written determination	on from 1	the IRS t	hat it is	a Type	I, Type I	II, or Typ	e III sup	porting
g		nce August		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•		
	(i)			ndirectly controls, eitlody of the supported o					describe	d in (ii) ar	nd 11g(i)	Yes No
	(ii)) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
	(iii	i) A 35% cor	trolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)	
h				on about the support								
(i)		of supported nization	(ii) EIN	(lii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify lization in of your port?	organizat (i) organi	s the son in col zed in the S.?		nt of monetary pport
				(400 4104 50-511-4)	Yes	No	Yes	No	Yes	No	1	
(A)												
(B)				-								_
(C)												
(D)		·										.,,
(E)	_											
Tota	· 1											

				4=40.144	1416 1 6 6	MA(1) (4) (4) (4)	
Part	II Support Schedule for Organiza						
	(Complete only if you checked the						ality under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support				40.00		
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	98133	377224	20108	78533	53936	627934
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	_					
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	98133	377224	20108	78533	53936	627934
	The portion of total contributions by						
5	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.						
	on B. Total Support	···					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	98133	377224	20108	78533	53936	627934
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources		454		4000	4450	2024
_	Net income from unrelated business	38	151	344	1832	1456	3821
9	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.)]			-1613	o	-1613
11	Total support. Add lines 7 through 10						630142
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ye		
	organization, check this box and stop he			<u> </u>	<u> </u>		🕨 🗸
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2012 (line					14	<u>%</u>
15	Public support percentage from 2011 Sc					15	<u>%</u>
16a	331/3% support test - 2012. If the organi						
	box and stop here. The organization qua						
b	331/3% support test - 2011. If the organ check this box and stop here. The organ	uzation qualifie	s as a publicly	supported org	anization .		. ▶ □
17a							
	10% or more, and if the organization me						
	Part IV how the organization meets the "	tacts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly s	<u> </u>
	organization						. •
b	10%-facts-and-circumstances test – 2	011. If the orga	anization did n	ot check a box	on line 13, 16	ia, 16b, or 17a	, and line
	15 is 10% or more, and if the organization	tion meets the	Tacts-and-ci	rcumstances"	iest, check th	ns dox and st	op nere.
	Explain in Part IV how the organization in supported organization		s-and-circums		ne organizatio	n quames as a	a publicly . ► □
18	Private foundation If the organization d				. or 17b. chec	k this box and	see

Schedu	le A (Form 990 or 990-EZ) 2012						Page 3
Part							
	(Complete only if you checked th						der Part II.
<u> </u>	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u>II.)</u>	
	on A. Public Support	(-) 0000	(h.) 0000	(-) 0010	(4) 0044	(-) 0010	(A) T-4-1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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						
8 8	Add lines 7a and 7b						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b	<u>, , , , , , , , , , , , , , , , , , , </u>					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			•	ear as a section	
Sect	ion C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2012 (line 8						%
16	Public support percentage from 2011 Sch	edule A, Part	III, line 15 .	<u> </u>	<u></u>	16	%
Coot	ion D. Computation of Investment Inc						

Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2011 Schedule A, Part III, line 17

33¹/a% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33¹/a%, and line 17 is not more than 33¹/a%, check this box and stop here. The organization qualifies as a publicly supported organization

b 331/2% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2%, and

17

20

Schedule A (Form 990 or 990-EZ) 2012

17

%

%

Pá	3 9 e	4
, ,	-740	_

,	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
2011 INVEN	TORY WRITEDOWN OF \$1613.00

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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.
- · 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.

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

	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer id	entification number
	TING GREAT PLACES				26-1827029
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire		•	^
2					3
3	volunteer nours				
Part	I-B Complete if the	e organization is exempt und	ler section 501(c)(3).	
1	_	excise tax incurred by the organiz			\$ 0
2	-	excise tax incurred by organizatio	_		
3	•	ed a section 4955 tax, did it file Fo	-		
4a			· · · · · ·		Yes No
b	If "Yes," describe in Part		I TO 1	-)	N4/-V0)
		e organization is exempt und ly expended by the filing organi			л(с)(3) .
1					¢
2		filing organization's funds contri			Ψ
~		vities	_		\$
3		expenditures. Add lines 1 and 2			
•					\$
4		n file Form 1120-POL for this year			Yes No
5	organization made payme the amount of political co	ses and employer identification nuents. For each organization listed, ontributions received that were profund or a political action committed.	enter the amount emptly and directly	paid from the filing organic delivered to a separate	anization's funds. Also enter political organization, such
	(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)					

		7					
	II-A	Complete if the organization section 501(h)).					
A	Check ▶	if the filing organization be					up member's
		name, address, EIN, expe					
B (Check ▶	☐ if the filing organization cl			rol" provisions a	apply.	
-			bying Expenditu			(a) Filing	(b) Affiliated
		(The term "expenditures" n				organization's totals	group totals
1a	Total le	obbying expenditures to influence	e public opinion (grass roots lobby	ing)		
b	Total le	obbying expenditures to influenc	e a legislative bo	dy (direct lobbying	3)		
C	c Total lobbying expenditures (add lines 1a and 1b)						0
d	Other of	exempt purpose expenditures .					
e	Total e	exempt purpose expenditures (ac	ld lines 1c and 1c	d)		0	0
f	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
	If the a	mount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amount	t is:		
	Not ove	r \$500,000	20% of the am	ount on line 1e.			
	Over \$5	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.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	Grassi	roots nontaxable amount (enter 2	5% of line 1f)			0	0
r	Subtra	act line 1g from line 1a. If zero or	less, enter -0-			0	0
i		act line 1f from line 1c. If zero or I				0	0
j		e is an amount other than zeroing section 4911 tax for this year	_		the organization	file Form 4720	Yes No
		(Some organizations that m	ade a section 5	Period Under Sec 01(h) election do tions for lines 2a	not have to com		•
		Lobbyin	g Expenditures	During 4-Year A	veraging Period	1	
	Cale	endar year (or fiscal year beginning ın)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
22	Lobby	ing nontaxable amount	245	530	0	0	775
t	•	ing ceiling amount of line 2a, column (e))					1163
	Total I	obbying expenditures	1224	2651	0	0	3875
		roots nontaxable amount	61	133	0	0	194
		roots ceiling amount of line 2d, column (e))					291
ſ	Grass	roots lobbying expenditures					_

Schedule C (Form 990 or 990-EZ) 2012

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	57 6 8	}	
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(1	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	t
1	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:					
а	Volunteers?					
b						
c d	Media advertisements?	<u> </u>				
e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?	-				
g 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?	<u> </u>	-			
i	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)?					
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 .					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
	501(c)(6).					
					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 carry over lobbying and political expenditures from the prior year?			3		1
1	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members				line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	-			
а	Current year		2a			
b	Carryover from last year		2b	<u> </u>		
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	ļ		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble	ying				
	and political expenditure next year?		4			
5_	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Part I	I-A (a	ffiliated	grou	p

	m 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
	•	
	,	
		++4
		·
	······································	
		**

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

nses to specific questions on

OMB No. 1545-0047

Open to Public Inspection

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.

Illiana neverice Service	- /	Inspection
Name of the organization CREATING GREAT PLACES		Employer identification number 26-1827029
FORM 990EZ PART I LINE 16		
OTHER EXPENSES		
DEPRECIATION	\$1117 .	
Conferences, Conventions, and Meetings	\$223.	
Information Technology	\$270 .	
Travel	\$4627.	
Rental Property	\$828.	
Office Expense	\$1947.	
Other Fees	\$460.	
Telephone	\$3139.	
Total	\$12611.	
Form 990-EZ, Part II Line 24		
Other Assets	Beginning	Ending
Accounts Receivable	\$ 69	\$2845.
Artwork	\$2000.	\$2000.
Miscellaneous	\$3516.	\$2399.
Total	\$5585	\$7244.
Form 990-EZ, Part II, Line 26		
Accounts Payable and Accrued Expenses	\$6212.	\$970.
Deferred Revenue	\$13000.	\$13000.
Total	\$19212.	\$13970.
Form 990-EZ, Part III, Line 26		
Statement of Program Service Accomplishments		
OUTDOOR RECREATION: Completed a performa	ance stage at the Carroll Country Riverside Par	rk. Continued to lead planning and
development efforts for 1) a proposed 17-mile Gu	nthrie County trail and 2) a Coon Rapids entryw	vay Greenspace. CGP also provided
Whiterock Conservancy with free grantwriting su	pport for their internal "Soft Trails" initiative, a	and represented Coon Rapids at regionwide

Schedule O (Form 990 or 990-EZ) (2012)			Page 2		
Name of the organization			Employer Identification number		
CREATING GREAT PLACES			26-1827029		
planning meetings.	Grants \$30000.	Expenses \$	8336.		
RURAL ARTS:: Creating Great Places held a state	wide "Public Arts for Rural C	ommunities" conference wit	h Whiterock Conservancy,		
and commissioned Kansas-artist Mathew Farley to create a public art piece using corn planter plates.					
	Grants \$16911.	Expenses \$	7176.		
HISTORIC PRESERVATION: CGP contracted an ar	rchitectural firm to provide pl	anning and guidance for eve	entual rehab of the historic		
Garst Farm house and barn (owned by Whiterock (Conservancy), for key Main S	treet buildings especially th	e 1911 City Hall owned by		
by the City of Coon Rapids.	Grants \$0	Expenses	\$13070.		
Environment: CGP continued to work with the low	a DNR, the NRSC, and the U	SFWS to promote expanded	wetland restoration		
in the Dunbar Slough area NW of Coon Rapids, in	the context of the Southern F	rairie Potholes proposal tha	t forms part of		
the federal Americas Great Outdoors initiative.	Grants \$4779.	Expenses	\$3513.		
		~**********			
	·—				
