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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

<u>A I</u>	For the	2012 calendar year, or tax year beginning and	ending							
В	Check if applicabl	C Name of organization	· · -	D Employer identific	cation number					
	Addre	COMMUNITY FOUNDATION OF JACKSON COUNT	Y							
	Name chang			42-1	197911					
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)								
<u> </u>	Termii ated Ameni	dod I			-652-4179					
누	iretum IApplic	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,665,097.					
_	⊥ltión pend⊪			H(a) Is this a group re for affiliates?	Yes X No					
			52060	H(b) Are all affiliates inc						
1	Гах-ех	empt status: X 501(c)(3) 501(c) ()		7	list. (see instructions)					
J	Vebs i	e: ► HTTP://WWW.CFOFJC.ORG		H(c) Group exemption						
		organization	L Year	of formation 1982 N	State of legal domicile IA					
P	art I	Summary	D.T.M. 01							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BENE EDUCATIONAL COMMUNITY PROJECTS	FIT CI	HARITABLE AN	<u>U</u>					
E .	2	Check this box If the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7					
∞		Number of independent voting members of the governing body (Part VI, line 1b)		4	7					
ties		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	1					
Ę		Total number of volunteers (estimate if necessary)		6	30					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.					
	· B	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)		337,957.	462,049.					
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.					
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	206,037.	193,290.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,587.	19,559.					
	12	Total revenue padd-lines 8 through 11 (must equal Part VIII, column (A), line 12)		557,581.	674,898.					
		Grants and similar amounts paid (Partix, column (A), lines 1-3)		550,380.	197,456.					
	l	Benefits paid (20 Tor members (PartUX) column (A), line 4)		0.	<u> </u>					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	53,205.	57,109.					
Expenses	loa	Professional wordsing fees (Part/IX, column A), line 11e) Total fundraising expenses (Part IX, column (b), line 25)	0.	0.						
Ä	17		<u> </u>	27,223.	27,225.					
	18	Other expenses (Part X Column (A), lines 1 = 11d, 11f-24e) Total expenses. Add lines 19-17 (must equal Part IX, column (A), line 25)		630,808.	281,790.					
	19	Revenue less expenses. Subtract line 18 from line 12		-73,227.	393,108.					
or Ses			В	eginning of Current Year	End of Year					
Sets	20	Total assets (Part X, line 16)		4,738,749.	5,131,857.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.					
		Net assets or fund balances. Subtract line 21 from line 20		4,738,749.	5,131,857.					
	art II	Signature Block			. Impervious and bales was					
		lties of pe rjury, I declare that I have examine d this return, including accompanying schedule it, and complete. Declaration of prepare; (other than officery)s based on all information of wi			knowledge and belief, it is					
tiue	, 001160	A A A A A A A A A A A A A A A A A A A	пси рисраго		3/12					
Sig	n	Signature of officer		Date						
Hei		TOM BREUCH , BOARD CHAIR								
		Type or print name and title								
		Print/Type preparer's name	ALIC	Date 2013 Check self-employe	□ PTIN					
Paid		JEREMY L WOOLF CPA								
	parer	Firm's name O'CONNOR, BROOKS & CQ, PC V	Firm's EIN	42-1302327						
use	Only	Firm's address P.O. BOX 743 DUBUQUE, IA 52004-0743		Phone no 5	63-582-7224					
	u tha II	RS discuss this return with the preparer shown above? (see instructions)		Priorie no 3	Yes X No					
		0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions	ons.		Form 990 (2012)					

	990 (2012) COMMUNITY FOUNDATION OF JACKSON COUNTY 42-1197911 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	BENEFIT CHARITABLE AND EDUCATIONAL COMMUNITY PROJECTS.
	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 41,850 • including grants of \$ 41,850 •) (Revenue \$
	SCHOLARSHIPS - INDIVIDUALS ARE SELECTED BY THE DISTRIBUTION COMMITTEE
	BASED UPON ACADEMIC DEVELOPMENT, PUBLIC SERVICE, AND NEED.
	202 427
4Ь	(Code) (Expenses \$ 223,477. including grants of \$ 155,606.) (Revenue \$
	COMMUNITY PROJECTS-DISTRIBUTION COMMITTEE AUTHORIZES TRUSTEES TO
	DISBURSE FUNDS FOR NUMEROUS PROJECTS AFTER REVIEW AND DISCUSSION OF
	APPLICATIONS. ALL PROJECTS ARE EDUCATIONAL AND CHARITABLE IN NATURE.
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 265,327.
4e	Form 990 (201)

COMMUNITY FOUNDATION OF JACKSON COUNTY 42-1197911 Form 990 (2012) Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A 1 X 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals Х 16

located outside the United States? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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19

20a 20b X

X

X

Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization 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 Х 25b Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X

> X Form **990** (2012)

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			····
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	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)?	4a	j	X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		- 1	
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year		- 1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7</u> h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	134		
.	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	11 100, That it med d.1 of the report these payments: If 170, provide an explanation in occidence of		990	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are multiple to the governing body at the end of the tax year if there are multiple to the providing nights among members of the governing body, or if the governing body delegated broad subrority to an executive committee or small committee, region in Schedule 0 b. Effect the number of voting members included in the 1s, above, who are independent of the providing of the prov		Check if Schedule O contains a response to any question in this Part VI			X
the zer amental difference an uniting ngths among members of the governing body, or the governing body of the governing body of the governing body delegated broad submitty to an exacutive committee or small recommittee, explain in Schedule 0 b. Enter the number of voting members in the governing body of the governing body of the governing body of the governing of the control of co	Sec	tion A. Governing Body and Management			
there are material differences in violing rights among members of the governing body, or if the governing body elegated toward suthority to an executive committee or similar committee, replain in Schedule 0 Enter the number of voting members included at line 1s, above, who are independent of the control				Yes	No
body delegated bread submitty to an executive committee or similar committee, explain in Schedule 0 b Effect the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees to a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members, stockholders? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Avairable of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Avairable of the organization have members, stockholders, or other persons of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body? 5 Did the organization have members, stockholders, or other persons of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body? 5 Each committee with suthority to act on behalf of the governing body? 6 Is been organization to certain packagement to the province of the governing body? 7 Is been organization than the power of the province of the governing body? 8 Is been organization than the power of the governing body? 9 Is there ary officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Is been organization have a written organization to reway this forms 1930. 12 Did the organizatio	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
b Enter the number of voting members included in line 1a, above, who are independent 1b 7 2 Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization become aware during the year of a significant diversion of officers, orferetors, or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization have members of stockholders? 5 Did the organization have members of stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 In the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 In the organization company body? 8 In the organization stockholders or the present of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 In the organization have members of the governing body? 8 In the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 In the organization of the organization of the governing body? 8 In the organization of the organization of the governing body? 9 In the organization have with a subject to approval by interest failures. 9 In the organization have a winten organization of the province of the province of the organization have a winten organization to every this port of the province of the province of the organization have a winten organization to review this form 980. 10 In the organization have a winten organization of the deliberation and decision		If there are material differences in voting rights among members of the governing body, or if the governing			
2 Dut any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Dut the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Dut the organization baccome aware during the year of a significant changes to its governing documents since the prior Form 990 was filed? 5 Dut the organization baccome aware during the year of a significant diversion of the organization's assets? 5 Dut the organization have members a stockholders? 6 Dut the organization have members as descholders? 7 Dut the organization have members as descholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Dut the organization have members, stockholders, or other than the governing body? 6 Dut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Dut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Dut the organization than the governing body? 9 Dut the organization fraction, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization for making addivers? If Yes, "provide the names and advisesses in Schedule 0 9 X Section B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code) 10 Dut the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Describe in Schedule O the process, if any, used by the organization's exempt purposes? 110 Describe in Schedule O the process, if any, used by the organizati		body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Did the organization contemperaneously document the meetings held or written actions undertaken during the organization contemperaneously of the organization contemperaneously of the organization have members or stockholders, or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 5 Are any operaneously document the meetings held or written actions upon the organization or the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the operanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any operanization contemperaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 6 Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have written actions and addresses in Schedulie O. 7 In a Committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 8 In Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have written policies and procedures governing the activities of such chapters, and the process, if any, used by the organization's e	Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 7		`	
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed IA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Cher (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060		· ·			
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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ANGELA PETIT − 563−652−4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	а		15a	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	b				X
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		,	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060		taxable entity during the year?	16a		X
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
 List the states with which a copy of this Form 990 is required to be filed ►IA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060 		exempt status with respect to such arrangements?	16b		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Check conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANGELA PETIT − 563−652−4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	<u>Sec</u>	tion C. Disclosure			
for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	17	List the states with which a copy of this Form 990 is required to be filed ▶IA			
X Own website X Another's website X Upon request	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	le	
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANGELA PETIT − 563−652−4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060					
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	19		d finan	cıal	
ANGELA PETIT - 563-652-4179 120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060					
120 1/2 SOUTH MAIN, MAQUOKETA, IA 52060	20		ion: 🕨	·	
MANAGE CONTRACTOR OF THE PROPERTY OF THE PROPE					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(do box	not c	Pos heck	C) Ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustæe or director	Institutional frustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM BREUCH	1.00	.,								
BOARD CHAIR	1 00	Х	<u> </u>	<u> </u>	-			0.	0.	0.
(2) LENKE CARSON	1.00	x	İ	· '				0.	0.	0.
DIRECTOR (3) LORAS HERRIG	1.00	Λ	\vdash	\vdash	_	 		0.	<u>_</u>	<u> </u>
DIRECTOR	1.00	Х	İ					0.	0.	0.
(4) VALERIE HORST	1.00	-	┝	-		╁	H		•	•
SECRETARY	1.00	х		İ		-		0.	0.	0.
(5) NANCY JOHNSON	1.00				_	 				
DIRECTOR		Х						0.	0.	0.
(6) CHRIS NISSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DARWIN SCHIPPER	1.00									
DIRECTOR		X						0.	0.	0.
(8) MAQUOKETA STATE BANK	15.00								_	_
TRUSTEE			Х			L_	L	2,000.	0.	0.
(9) US BANK	1.00									
TRUSTEE	40.00		X	ļ	ļ	ļ		2,000.	0.	0.
(10) ANGELA PETIT	40.00	ļ	1	,,			ŀ	40 200		_
EXECUTIVE DIRECTOR		ļ		X	-	<u> </u>		49,288.	0.	0.
		-								
	-	-	1			-		<u> </u>		
						\vdash				
			_			<u> </u>				
	<u> </u>]	<u> </u>	<u> </u>	<u>L.</u>			5 000 (2242)

Form **990** (2012)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	<u>, an</u>	d Hi	ighe	st C	ompensated Employe	es (continued)				
•	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			imate ount d	
		week					or/trus		from	from related			other	J1
		(list any hours for	irector						the	organizations (W-2/1099-MISC	,	comp		
		related	8	#8 #8			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the nızatı	
		organizations	al trust	ral Et		92 (o)	compe		,			and	relate	ed
		below line)	Individual trustee or director	Institutional trustee	Jagger Officer	Key employee	Highest compensated employee	Former				orgai	nızatıd	ons
		,	=		0	3.	王郡	ŭ.					_	
				_			-		_		_			
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			-	-	┝		1							
			1											
1 b	Sub-total				1		>	·	53,288.		0.		-	0.
c	Total from continuation sheets to Part V	II, Section A							0.		<u>o</u> .			0.
	Total (add lines 1b and 1c)						<u> </u>		53,288.		0.			0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, or tre	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the s									the organization			-	Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	ŀ	-		· · · ·
	rendered to the organization? If "Yes," con							0141	.oo organization or men		į	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-									ensa	ation fr	om	
	the organization. Report compensation for	the calendar y	ear	end	Ing \	<u>vith</u>	or w	'ithir	n the organization's tax (B)	year.		(C		
	(A) Name and business	s address	N	ON	E				Description of s	services	C	ompen		n
						_								
								-						-
								-						
2	Total number of independent contractors	(includina but r	not l	ımıte	ed to	the	se li	sted	d above) who received n	nore than				
_	\$100,000 of compensation from the organ						0					,		
												Form 9	9 90 (2	2012)

1 41			Check if Schedule O cont		to any question in	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 :	а	Federated campaigns	1a					
ara Our	ı	b	Membership dues	1b					
Am A	•	С	Fundraising events	1c					
a git	(d	Related organizations	1d					
ž.Ē	(е	Government grants (contribut	ions) 1e	125,959.				
i Si	1	f	All other contributions, gifts, gran	ts, and					
불			similar amounts not included abo	ve 1f	336,090.				
달	•	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h_	Total. Add lines 1a-1f		>	462,049.			
					Business Code				
9	2 ;	а							
ا و چ	1	b							
ent.	•	С							
e a	(d							
Program Service Revenue	(е							
ا ت	1	f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		▶ [185,186.			185,186.
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		•				
				(i) Real	(ii) Personal				
	6 a	а	Gross rents	23,100.					
i	í	b	Less: rental expenses	3,984.			İ		
	•	C	Rental income or (loss)	19,116.					
	•	d	Net rental income or (loss)		>	19,116.	19,116.		
	7 8	а	Gross amount from sales of	(i) Securities	(II) Other_				
			assets other than inventory	994,319.	<u> </u>				
	l		Less: cost or other basis	006 015					
			and sales expenses	986,215.					
			Gain or (loss)	8,104.	· 	0 104			0 104
			Net gain or (loss)		•	8,104.			8,104.
e l	8 :		Gross income from fundraisin	•					
e e			including \$	of					
ş			contributions reported on line	: 1c). See					
Other Revenu			Part IV, line 18	а					
ਰ			Less: direct expenses	b					1
			Net income or (loss) from fund	=	P				
	9 :	а	Gross income from gaming ac						
İ			Part IV, line 19	a					
			Less: direct expenses	b					
			Net income or (loss) from gan					v *********************************	
	10	а	Gross sales of inventory, less						
			and allowances	a					
			Less: cost of goods sold	b	' .		1		
}		C	Net income or (loss) from sale		B				
ŀ	44	_	Miscellaneous Revenu MISCELLANEOUS	ie	Business Code 99999	443.	443.		
	11		MISCEPTWNFOOS		100000	443.	443.		
		b				·			
		C	All other rough:				 		
			All other revenue Total. Add lines 11a-11d			443.			
	12	е	Total revenue. See instructions			674,898.		0.	193,290.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	nse to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	155,606.	155,606.		~~~
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	41,850.	41,850.		······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,	40.000	40.000		
	trustees, and key employees	49,288.	49,288.		,
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 050	4 050		
9	Other employee benefits	4,050.	4,050.		
10	Payroll taxes	3,771.	3,771.		
11	Fees for services (non-employees):				
а	Management				
Ь	Legal	7 400		7 400	
C	Accounting	7,480.		7,480.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	8,287.		8,287.	
T	Investment management fees	0,201.		0,201.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	1,116.	1,116.		
12	Advertising and promotion	3,978.	3,978.		
13	Office expenses	690.	690.		
14	Information technology	090.	030.		
15	Royalties				
16	Occupancy	2,784.	2,784.		
17	Travel	2,704.	2,704.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,368.	1,368.		
19 20	Conferences, conventions, and meetings Interest	1,300.	1,300.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	696.		696.	
23	Insurance	826.	826.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O)		1311 113 113 113 113 113 113 113 113 11		
a					
b					
٦ 0					
d	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	281,790.	265,327.	16,463.	0.
26	Joint costs. Complete this line only if the organization	201/170+	200,021.	10,403.	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				
	11 IOHOWING SOP 98-2 (ASC 938-720)		<u> </u>		- 000 (00)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	18,326.	1	28,584.
	2	Savings and temporary cash investments	326,952.	2	427,825.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
, 0		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			1000
		basis. Complete Part VI of Schedule D 10a 187,151.			
	ь	Less: accumulated depreciation 10b 13,222.	174,625.	10c	173,929.
	11	Investments - publicly traded securities	3,568,731.	11	173,929. 3,471,820.
	12	Investments - other securities. See Part IV, line 11	650,115.	12	927,973.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	101,726.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,738,749.	16	5,131,857.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
	26	Total liabilities. Add lines 17 through 25	0.	25 26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	0.	20	<u> </u>
so.		complete lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets	842,982.	27	4,923,235.
alar	28	Temporarily restricted net assets	359,587.	28	0.
Ä	29	Permanently restricted net assets	3,536,180.	29	208,622.
Š	- "	Organizations that do not follow SFAS 117 (ASC 958), check here		-	· · · · · · · · · · · · · · · · · · ·
Ϋ́		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	4,738,749.	33	5,131,857.
	34	Total liabilities and net assets/fund balances	4,738,749.	34	5,131,857.
				:	- 000

Form **990** (2012)

<u>Form</u>	990 (2012)	COMMUNITY	FOUNDATION	OF J	ACKSON CO	UNTY	42-1	197911	Pag	je 12
Pa	rt XI Reconciliat	tion of Net Assets								
	Check if Sched	dule O contains a respor	nse to any question in	this Part X	l		<u>-</u>			
1	Total revenue (must e	equal Part VIII, column (A), line 12)				1	674	1,89	98.
2	Total expenses (mus	t equal Part IX, column (A), line 25)				2	28:	L,79	90.
3	Revenue less expens	ses. Subtract line 2 from	line 1				3		3,10	
4	Net assets or fund ba	alances at beginning of	year (must equal Part	t X, line 33, 6	column (A))		4	4,738	3,7	49.
5		(losses) on investments					5			
6	Donated services and						6			
7	Investment expenses	s					7			
8	Prior period adjustme	ents					8			
9		t assets or fund balance	s (explain in Schedule	e O)			9			0.
10	Net assets or fund ba	alances at end of year. (Combine lines 3 throu	igh 9 (must	equal Part X, line	33,				
	column (B))						10	5,13	l , 8!	<u>57.</u>
Pa	rt XII Financial S	tatements and Re	porting							
	Check if Sched	dule O contains a respor	nse to any question in	this Part X	l !					<u> </u>
1	Accounting method i	used to prepare the Forr	m 990· X Cash	Accr	ual Other				Yes	No
•		nanged its method of acc				olain in Schedule	Ο.	-		
2a	•	n's financial statements	•	•	•		· ·	2a	ĺ	X
	-	below to indicate whetl	•	-	•		d on a	-=-		
	•	solidated basis, or both:			, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Separate basis		d basis Bot	th consolida	ited and separate	basis				
ь	Were the organization	n's financial statements	audited by an indepe	endent acco	ountant?			2b	Ì	X
	-	c below to indicate wheth				ted on a separat	e basis,		-	•
	consolidated basis, o	or both:			-					
	Separate basis	S Consolidated	d basis 🔲 Bot	th consolida	ited and separate	basis				
С	If "Yes" to line 2a or 2	2b, does the organizatio	n have a committee t	that assume	s responsibility fo	or oversight of th	e audıt,			
	review, or compilation	n of its financial stateme	ents and selection of	an independ	dent accountant?			2c		
	If the organization ch	nanged either its oversig	ht process or selection	on process o	during the tax yea	r, explaın ın Sch	edule O.			
За	As a result of a feder	al award, was the organ	ızatıon required to un	ndergo an au	ıdıt or audıts as s	et forth in the Si	ngle Audıt			
	Act and OMB Circula	ar A-133?						3a		<u>X</u>
b	If "Yes," did the orga	inization undergo the rec	quired audit or audits	? If the orga	ınızatıon dıd not u	ndergo the requ	ired audit			
	or audits, explain wh	y in Schedule O and des	scribe any steps take	n to underg	o such audits			3ь		
								Form !	9 90 (2012)

12-10-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 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.

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

2012

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF JACKSON COUNTY

Employer identification number 42-1197911

Part f	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
	Reason for Public Charity Status (All organizations must complete this part.) See instructions. nization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1	1	•	s, or association of churc	•		-	•	i.				
2	1		' 0(b)(1)(A)(ii). (Attach Scl			0	(-)(-)(-)	•				
3	1		tal service organization of		n section	170/6\/1\/	Δι/ιίι					
4	, ·	•	operated in conjunction					/b\/1\/ ∆ \/ii	i) Enter	the hospital	l'e name	
-	city, and stat		operated in conjunction	WILLI & 1103	pital desci	1000 111 30	0	(6)(1)(7)(11	ıy. Entor	the nospital	i 3 marrie,	
5 🗀	, ,		benefit of a college or un	ivereity ov	wned or or	erated by	2 COVERN	mental uni	t decemb	ed in		
3	-	•	-	iiversity Ov	wiled of of	erated by	a governi	nemai um	i descrit	Jea III		
	1	(b)(1)(A)(iv). (Comple				4 = 0 (1) (4						
6	1	•	ent or governmental unit									
7 <u>X</u>	_	•	eives a substantial part o	of its supp	ort from a	governme	ntal unit c	r from the	general	public desc	ribed in	
_	1	b)(1)(A)(vi). (Comple	•									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembershi	p fees, a	nd gross re	ceipts from	
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	Investment	
	income and ι	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	30, 1975.	
	See section	509(a)(2). (Complete	e Part III.)									
ıo <u> </u>	An organizati	on organized and or	perated exclusively to tes	st for publ	ıc safety. S	ee sectio	n 509(a)(4	l).				
1	An organizati	on organized and or	perated exclusively for th	e benefit d	of, to perfo	rm the fur	ictions of,	or to carry	y out the	purposes o	of one or	
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or sectio	n 509(a)(2). See se c	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1°	1e through	11h.						
	a Type I	ı b 🗀 Τչ	/pell c 🗀 Ty	/pe III - Fu	nctionally i	ntegrated	c	I 🔙 Тур	e III - No	n-functional	ly integrated	
e [By checking	this box, I certify tha	t the organization is not	controlled	directly of	r indirectly	by one or	more disc	qualified	persons oth	ner than	
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or	section 509	9(a)(2).	
f			ten determination from t									
	supporting of	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either ale	one or tog	ether with	persons d	escribed i	n (II) and (I	III) below	,	Yes No	
	•		upported organization?	•		•		,, ,	•	11g(i)		
	-		n described in (i) above?							11g(ii)		
	•	· ·	person described in (i) o	or (II) above	<u>-</u> ?					11g(iii)		
h			about the supported org									
••	1 101100 1110 1	onowng monitori	about the supported of	gamzanom	(0).							
(i) No.		(II) EIN	(111) T	(iv) is the o	rnanization	(v) Did voi	notify the	(vI) Is	the	(11) A		
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		(iv) Is the organization (v) Did you notify the in col (i) listed in your organization in col (i) organized in the						t of monetary port	
01	yamzanom			governing		(i) of your	support?	US	?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1.00								
-												
_							-					
				 	-				-			
		ı	•	1		1	r					
otal												

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 COMMUNITY FOUNDATION OF JACKSON COUNTY 42-1197911 Page 2

Part If 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.) Section A. Public Support Calendar 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 553,906. 540,365. 337,957. 462,049. 614,976. 2509253. include any "unusual grants.") 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 614,976. 553,906. 540,365. 337,957. 462,049. 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, 378,974. column (f) 2130279. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2010 Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 (f) Total 553,906. 614,976. 540,365. 337,957. 462,049. 2509253. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 180,942. 122,016. 170,389. 156,072. 185,186. 814,605. and income from 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.) 3323858. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 64.09 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 test - 2012. 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

Schedule A (Form 990 or 990-EZ) 2012

b 10% -facts-and-circumstances test - 2011. 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

Schedule A (Form 990 or 990·EZ) 2012 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 failed	s to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	ndar 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		İ				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	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 lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	ırd, fourth, or fifth t	tax year as a sect	on 501(c)(3) organiz	ation,
	check this box and stop here	<u> </u>					▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage_				
15	Public support percentage for 2012 (line 8, column (f)	divided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Par	t III, line 15		•	16	%
Se	ction D. Computation of Inve						
17						17	<u>%</u>
18	Investment income percentage from	2011 Schedule A	, Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶ □
ı	b 33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che	-					
20					this box and see i	nstructions	▶□
2320	023 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF JACKSON COUNTY

Employer identification number 42-1197911

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(b) Funds and other accounts							
1	Total number at end of year	4	62						
2	Aggregate contributions to (during year) 169,432. 292,61								
3	Aggregate grants from (during year) 2,000. 195,45								
4	Aggregate value at end of year 228,861. 5,005,012								
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds						
	are the organization's property, subject to the organization's		X Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only						
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose of	onferring						
	impermissible private benefit?		X Yes No						
Par		ganization answered "Yes" to Form 990, Pa							
1	Purpose(s) of conservation easements held by the organization								
-	Preservation of land for public use (e.g., recreation or e		orically important land area						
	Protection of natural habitat	Preservation of a certific	• •						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last						
_	day of the tax year.								
	au or mo tax your		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
	c Number of conservation easements on a certified historic structure included in (a)								
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
_	listed in the National Register	3.10. 3 , 1,7,0 3, 3. 10 100 01, 01,100 01, 01,100 01, 01,100 01, 01,	2d						
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	<u> </u>						
•	year ►	,	3						
4	Number of states where property subject to conservation eas	sement is located ▶							
5	Does the organization have a written policy regarding the per								
•	violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting,		ring the year >						
7	Amount of expenses incurred in monitoring, inspecting, and								
8	Does each conservation easement reported on line 2(d) above								
_	and section 170(h)(4)(B)(ii)?	•	Yes No						
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization								
	conservation easements.								
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	ner Similar Assets.						
	Complete if the organization answered "Yes" to Form								
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,						
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri								
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ed								
	relating to these items:	·							
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial							
_	the following amounts required to be reported under SFAS 1								
а	Revenues included in Form 990, Part VIII, line 1		▶ \$						
	Assets included in Form 990, Part X		▶ \$ ▶ \$						
~									

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Schedule D (Form 990) 2012

97911 Page				FOUNDATION (
		ents With Revenue per	tatemer		XI Reconciliation of Revenue pe	
<u></u>	1				Total revenue, gains, and other support per au	
				D, Part VIII, line 12:	Amounts included on line 1 but not on Form 99	
		2a			Net unrealized gains on investments	
		2b			Donated services and use of facilities	
	-	2c			Recoveries of prior year grants	
	-	_2d			Other (Describe in Part XIII.)	
	2e				Add lines 2a through 2d	
	3				Subtract line 2e from line 1	
		1 1			Amounts included on Form 990, Part VIII, line	
	-	4a		, Part VIII, line 7b	Investment expenses not included on Form 99	
	-	4b			Other (Describe in Part XIII)	
 	4c				Add lines 4a and 4b	
	5				Total revenue. Add lines 3 and 4c. (This must e	
	<u>er Return</u>	ents With Expenses p	<u>Stateme</u>	r Audited Financial	XII Reconciliation of Expenses pe	art
	1				Total expenses and losses per audited financia	
		1), Part IX, line 25:	Amounts included on line 1 but not on Form 99	A
		2a			Donated services and use of facilities	a [
	_	2b			Prior year adjustments	b F
		2c			Other losses	c (
		2d			Other (Describe in Part XIII.)	d (
	2e				Add lines 2a through 2d	e A
	3				Subtract line 2e from line 1	5
				, but not on line 1:	Amounts included on Form 990, Part IX, line 29	A
		4a		, Part VIII, line 7b	Investment expenses not included on Form 99	a I
		4b			Other (Describe in Part XIII.)	b (
	4c				Add lines 4a and 4b	c A
	5		18.)	equal Form 990, Part I, line	Total expenses. Add lines 3 and 4c. (This must	7
				···	XIII Supplemental Information	
			is part to p	Jane 45: Alice complete to	2; Part XI, lines 2d and 4b; and Part XII, lines 2	
		<u>.</u>				
e D (F	Schedul					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Publid Inspection 2012

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization COMMUNITY	COMMUNITY FOUNDATION	OF	JACKSON COUNTY				Employer identification number 42-1197911
Part # General Information on Grants and Assistance	and Assistance	1 1					
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	omplete if the orga	anization answered "Y	es* to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is need	led.			
(a) Name and address of organization or government	(e)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY CONSERVATION							
18670 63RD STREET							INTERPRETIVE CENTER
MAQUORETA, IA 52060	42-6004923	501(C)(3)	11,000.	0.			PROJECT
MAQUOKETA ARTS EXPERIENCE							
107 E QUARRY			-				
MAQUOKETA, IA 52060	26-1771426	GOVERNMENT	19,600.	0.			PLEDGE AND DONATIONS
	and government or	ganizations listed in th	listed in the line 1 table				7.
-1	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

COMMUNITY FOUNDATION OF JACKSON COUNTY

Page 2

42-1197911

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)
| Part ill | Grants and Other

cash grant of (d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)	67 41,850. 0.			information required in Part I, line 2, Part III, column (b), and any other additional information.	COMPLETE A SCHOLARSHIP APPLICATION AND	THE NUMBER OF CANDIDATES IS	THE SPENDING AVAILABLE BY FUND.	FOUNDATION WITH THEIR COLLEGE	HIP FUNDS. NON-SCHOLARSHIP GRANTS	DIRECTORS BASED UPON APPLICATION	ENEW
(a) Type of grant or assistance (b) Number of recipients	SCHOLARSHIPS			Part IV Supplemental Information. Complete this part to provide the information.	SCHEDULE I, PART I, LINE 2: STUDENTS CON	SCHOLARSHIP COMMITTEE SELECTS CANDIDATES.	DETERMINED BY THE FOUNDATION BOARD UPON	THE STUDENTS ARE REQUIRED TO PROVIDE THE	REGISTRATION IN ORDER TO RECEIVE SCHOLARSHIP	ARE DETERMINED QUARTERLY BY THE BOARD OF	RECEIDES AR

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF JACKSON COUNTY

Employer identification number

COMMUNITY FOUNDATION OF JACKSON COUNTY 42-119/911
FORM 990, PART VI, SECTION B, LINE 11: BOARD WAS PROVIDED WITH A COPY OF
THE RETURN FOR REVIEW BEFORE IT WAS FILED
FORM 990, PART VI, SECTION B, LINE 12C: THERE IS AN ANNUAL REVIEW OF THE
CONFLICT OF INTEREST POLICY, ALONG WITH AN EXPLANATION OF WHAT
RELATIONSHIPS CONSTITUTE A CONFLICT OF INTEREST. WHEN A POTENTIAL CONFLICT
EXISTS, THE AFFECTED BOARD MEMBER ABSTAINS FROM DISCUSSION AND VOTING. THE
ABSTENTION IS DOCUMENTED IN THE MINUTES.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS THE EXECUTIVE
DIRECTOR'S PERFORMANCE AND APPROVES HER COMPENSATION
FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS ARE MADE AVAILABLE UPON
REQUEST