832001 12-31-18

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Lepartment of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address change COMMUNITY BETTERMENT ORGANIZATION Name change 42-1499686 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 641-621-6224 617 FRANKLIN PLACE 200 term ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 50219 PELLA, IA H(a) is this a group return Applica-F Name and address of principal officer ADAM FARVER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes 1 Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) ((insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 2000 M State of legal domicile: IA Trust Association Part I Summary SEE STATEMENT 1 Briefly describe the organization's mission or most significant activities. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2018 (Part V, line 2018)
 Total number of volunteers (estimate if necessary) 2019 5 υ Σ 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN, 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7b **Current Year Prior Year** 0. <u>o .</u> Contributions and grants (Part VIII, line 1h) 85,655. 78,620. Program service revenue (Part VIII, line 2g) 62. 91. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78.711. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 85. 717. 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Ō. Ō. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 120,566. 119,486. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 120,566. 119,486. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -34,849. -40,775. Revenue less expenses. Subtract line 18 from line 12 25 Beginning of Current Year End of Year 1,379,513. 1,319,689 Total assets (Part X, line 16) 19,049. 21 Total liabilities (Part X, line 26) О. 689. 360,464. 319. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DAN FACIER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 5-29-19 ₱00292168 Paid BARRY NEWMAN self-emptoyed 41-0223337 Firm's name DORSEY & WHITNEY LLP Preparer Firm's EIN Use Only Firm's address \searrow 50 S 6TH ST, 1500 STE Phone no. 612 - 340 - 2600MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (20:5)

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			res	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	L	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for]]
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			۱
	If "Yes," complete Schedule D, Part IV .	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Manufa 18.	X
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.	20,2		**. **
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		. ,	
	Part VI	11a	<u>X</u>	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	امدا		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
ū	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 le		
•	the organization's separate of consolidated final clar statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>'''</u>		
·Lu	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		_ X

Form 990 (2018) COMMUNITY BETTERMENT ORGANIZATION

Part IV Checklist of Required Schedules (continued) 42-1499686 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		l
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		X
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		2	
	instructions for applicable filing thresholds, conditions, and exceptions)	物質		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	Ĺ
Par				
	Check if Schedule O contains a response or note to any line 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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V,

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				Yes	No
by If a least one is reported on Imp 2a, did the organization file all required to a_nile (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did here, has it filed a Form \$60° Tor this year? If *No° to line 30, prowde an explanation on Schedule O 32 Did *No apparation have unrelated business gross income of \$1,000 or more during the year? At any time during the calendary say, 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). 33 Did *No apparation of the financial account in a foreign country. 34 Lay time the name of the foreign country. 35 Was the organization a foreign country. 36 Was the organization in foreign country. 37 Was the organization in foreign country. 38 Was the organization and the foreign country. 39 Lift *Nest* of the financial account, or other financial account, or other financial account, or other financial accountry. 39 Lift *Nest* of the financial accounts in the financial accounts. 40 Lift *Nest* of the financial accounts in the financial accounts. 41 May the financial accountry and the financial accounts. 42 Lift *No any accountry accounts in the financial accounts. 43 Lift *No any accountry accountry accounts. 44 Lift *No any accountry account	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	``·	١.	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fee (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0	,		<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fee (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
39 Det the organization have unrelated business gross income of \$1,000 or more during the year? 39 M * 14" yes," instancial account in a foreign country. * "No" to five 85,000 provide an explanation of Schedule O financial account in a foreign country. * "No" to five 85,000 provide an explanation and schedule O financial account in a foreign country. * "No" to five 85,000 provide an explanation and financial account or financial account in a foreign country. * "See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 50 Was the organization in a party to a prohibited tax shelter transaction? 61 M * "See in the 5 ard 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 62 M * "See in the 5 ard 5b, did the organization the organization that it was or is a party to a prohibited tax shelter transaction? 62 M * "See in the 5 ard 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 63 M * X * "See in the see are 5b, did the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 64 M * "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions where not tax deductible as charitable contributions? 65 M * X * "Yes," did the organization network with every solicitation an express statement that such contributions or grits were not tax deductible? 66 M * X * "Yes," did the organization receive a payment in excess of \$75 made party sax contributions and party for goods and services provided to the payor? 67 M * "Yes," indicate the number of Forms 8262 filed during the year. 68 Did the organization receive a post price that are normally general property for which it was a required to file form 8282? 79 If the organization received a contribution of crue in directly, to pay premiums on a personal benefit contract? 70 Did the organization received			14.		
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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization profity the organization financial and profit tax year? 5c If "Yes" to line Sa or 5b, did the organization find Form 8866 17 (and any texable party northy the organization financial account any combination have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinations that were not tax deductible as charitable contributions? 5c If "Yes," did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 7c If "Yes," indicate the number of Forms 8282 filed during the year or the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 7c If the organization received a contribution of qualified intellectual property, did the organization file Form 1898 or sequired? 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 1898 or sequired? 7d If the organization received a contribution of care, beats, appliance, or otherwised fund maintained by the sponsoring organizations make any taxable distributions under section 4966? 8 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring orga	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). When the organization a party to a prohibited tax shelter transaction at any time during the tax year? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line Sa or Sb, did the organization file Form 18886-17 By Did any taxable party notify the organization file form 1888-17 If "Yes" to line Sa or Sb, did the organization file form 1888-17 If "Yes," did the organization nuclude with every solicitation an express statement that such contributions or gifts were not tax deductible? If "Yes," did the organization nuclude with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization express a payment in excess of \$5 made party as a contribution of quantity or goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a payment in excess of \$5 made party as a contribution of quantity or goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year If the organization received a contribution of quantified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of quantified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of quantified intellectual property, did the organization file a Form 1098-0? Section 501(c) 120 graphizations. Enter In Intation fees and capital contributions in middle distributions under section 4968? Section 501(c) 120 graphizations	b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country. ▶ 59 was the organization aparty to a prohibited star shelter transaction at any time during the tax year? 50 bid any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 50 bid any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 50 bid any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 51 and 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 a chantable contributions? 52 bill "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 53 bill the organization shelf are received deductible contributions under section 170(c). 54 bill the organization shelf are received deductible contributions under section 170(c). 55 circles the organization shelf are received deductible contributions under section 170(c). 56 circles the organization shelf are received deductible contributions under section 170(c). 57 circles the organization shelf are received a contribution of the value of the goods or servese provided to the payor? 58 bill "Yes," include on from \$202? 59 circles Form \$202? 50 bill the organization deliver or ordinary to the organization flee form \$202? 50 bill the organization received a contribution of qualified intellectual property, did the organization flee form \$209 as required? 59 circles formation are divised funds. Did a donor advised funds and the organization flee form \$209 as required? 70 circles formation flee formation in the payor advised funds. Did a donor advised funds and the organization flee form \$209 as required? 71 circles formation flee and capital contributions included on Part Vill, line 12 for public use of club facilities 50 cross income from methers and simi	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
5.8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.9 Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5.0 Lift "See" to line 5a or 5b, did the organization file Form 8888-7? 5.0 Bobes 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? 5.0 Lift "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions any contributions that may receive deductible contributions under section 170(c). 5.0 Under organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7.0 Organizations that may receive deductible contributions under section 170(c). 5.1 If "Yes," indicate the number of Forms \$25.5 made partly as a contribution of the value of the goods or services provided? 7.1 If "Yes," indicate the number of Forms \$22.2 filed during the year. 8. Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8. Sponsoring organization make a contribution of class, boats, ampliens, or other velocies, did the organization file Form 8899 as required? 9. Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 9. Did the sponsoring organization make any taxable distributions under section 4966? 9. Sponsoring organization make a statibution to a donor, donor advised funds. 9. Did the sponsoring organization make any taxable distributions under section 4966? 9. Section 501(c)(7) organization scluded on Part VIII, line 12 9. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 9. Section 501(c)(29) qualif		financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
5.8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.9 Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5.0 Lift "See" to line 5a or 5b, did the organization file Form 8886.7? 5.0 Bobes 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 chantable contributions. 5.0 Lift "Yes." I did the organization include with every solicitation an express statement that such contributions or grifts were not tax oeductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes." I did the organization notify the donor of the value of the goods or services provided? 9. If "Yes." Indicate the number of Forms 8282 filed during the year. 9. Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1. If the organization received a contribution of cars, boats, amplianes, or other velocies, did the organization file Form 8899 as required? 1. If the organization received a contribution of cars, boats, amplianes, or other velocies, did the organization file Form 8899 as required? 1. If the organization have excess business holdings at any time during the year? 9. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 1. Did the sponsoring organization make any taxable distributions under section 4966? 1. Organization second property organizations is enter the amount of tracerempt interest received or accrued during the year? 1. Organi	b	If "Yes," enter the name of the foreign country:	1	2 4 4	ı E
b Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization life Form 8888-T? B Does the organization has 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? Organization state, exchange, or otherwise dispose of rangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ord the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To be the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization flee Form 1098-C? Soponsoring organization is an activation of cars, boats, arplaines, or other vehicles, did the organization flee a Form 1098-C? To be did the sponsoring organization make at a distribution to a donor, donor advised funds. Did a donor advised fund maintained by the sponsoring organization make at a distribution to a donor, donor advised fund maintained by the sponsoring organization make at a distribution to a donor, donor advised fund maintained by the sponsoring organization has been sholding at any time during the year? Socious income from members or shareholders Did the sponsoring organizations. Enter If a cross income from members or shareholders Socious income from members or shareholders If yes is section 50		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1,7	t .	· . <u></u>
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If "Yes," complete Form 4720, Schedule O	16		16		x
	10		10		
		n res, complete runn 4720, schedule o	Form	990	(2018)

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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "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? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 15b **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 X taxable entity during the year? 16a 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 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 (1024 or 1024 A 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 Own website Other (explain in Schedule O) Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records GREG FISHER - 641-621-6224 617 FRANKLIN PLACE, SUITE 200, PELLA 50219

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	(2018)	

COMMUNITY BETTERMENT ORGANIZATION

42-1499686

Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 employee"
- 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
- 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)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than (one	Reportable	Reportable	Estimated
	hours per week	box.	unle	ss per	rson ı	s both	an i	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ADAM FARVER	1.00	亨	lust	Officer	Ke	운동	For			
DIRECTOR	1.00	x						0.	0.	0.
(2) ROBERT VERMEER	1.00	Λ				-		0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(3) FRED KREYKES	1.00	^			_	┢		0.		
DIRECTOR	1.00	х						0.	0.	0 .
(4) MIKE NARDINI	1.00	4.			-		_	•		
DIRECTOR		х						0.	151,741.	0.
(5) MARK PUTNAM	1.00									
DIRECTOR		х						0.	266,500.	0 .
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		_	-		_					
		-				-				
										
							-			

Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	ang	J Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			((C)			(D)	(E)	}		(F)	
٠	Name and title	Average	/40	not c	Pos				Reportable	Reportable		Est	imate	d
		hours per	box	, unle	ss pe	rson (s both	n an	compensation	compensation	n	am	ount c	٥f
		week		cer an	id a d	recto	r/trus	tee)	from	from related	- 1		other	
		(list any	ecto				ļ		the	organizations		-	ensat	
		hours for related	- -	9			ated		organization	(W-2/1099-MIS	,C)		m the	
		organizations	nstee	trust		8	ubeus		(W-2/1099-MISC)		Ì	-	inizatio relate	
		below	inal tr	tional	[_	nglo	st con	[[nizatio	
		line)	Individual trustee or director	nslitutional trustee	Officer	Key employee	Highest compensated employee	Former				o.ga		
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1b 3	Sub-total							>	0.	418,24				0.
c ·	Total from continuation sheets to Part VI	l, Section A						>	0.		0.			0.
d .	Total (add lines 1b and 1c)							<u> </u>	0.	418,24	1.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
														No
3 (Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or h	highest compensated en	nployee on	Į.	(1) 12 T	14.	
1	line 1a? If "Yes," complete Schedule J for si	uch individual									Ļ	3		X
	For any individual listed on line 1a, is the su									ne organization		2.5%		1 4.
	and related organizations greater than \$150										-	4	X	
	Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services	ļ	1, 1,	` <u>`</u>	
	rendered to the organization? If "Yes." com	plete Schedule	Jf	or st	ich i	oers	on					5	Щ,	Х
	on B. Independent Contractors													
	Complete this table for your five highest con										ensati	ion froi	m	
1	the organization Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NT/	187	7				(B) Description of s	enuces	C	(C) ompen		,
	Name and business	2001633	147	ONE	<u>. </u>				Description of s	crvices		Ompon	341011	
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2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to 1	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	=				0			·					

42-1499686 Page 9 Form 990 (2018) COMMUNITY BETTERMENT ORGANIZATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Giffs, Grants lar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code $35,\overline{371}$ 2 a PROPERTY TAX APPORTION 531120 35,371. Program Service Revenue 531120 **b** EQUIPMENT REBATES 27,649. 27,649. c RENTAL INCOME 531120 15,600. 15,600. f All other program service revenue g Total. Add lines 2a-2f 78,620.[計集宣氣學學 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) \triangleright 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a

78,711

78,620.

0.

d All other revenue e Total. Add lines 11a 11d

Total revenue See instructions

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A)	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		·		,
	organizations, foreign governments, and foreign	Ì			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal	1,533.		1,533.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)		•		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	190.		190.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,862.	69,862.		·
23	Insurance				·
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 0.)				
а	PROPERTY TAXES	41,130.	41,130.		
b	INSURANCE	5,986.	5,986.		
C	PROPERTY REPAIRS	785.	785.		
d		, 55 •			
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	119,486.	117,763.	1,723.	0.
26	Joint costs Complete this line only if the organization	=======================================			
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.	İ			
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X* Balance Shee

	(X	Dalance Sileet	·		
		Check if Schedule O contains a response or note to any line in this Part X		т	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	-4.
	2	Savings and temporary cash investments	51,860.	2	62,502.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4_	
	5	Loans and other receivables from current and former officers, directors,	THE STATE OF THE S	、亚次	建筑是是建筑
		trustees, key employees, and highest compensated employees. Complete	网络对象部外的		通過
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	SECTION AND ADDRESS OF THE PARTY.	汽盘	建筑是被铁路
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary		沙雪	成。
ស		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		170	
		basis. Complete Part VI of Schedule D 10a 2,223,320		5,23	
	b	Less: accumulated depreciation 10b 966, 129	1,327,053.	10c	1,257,191.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	600.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,379,513.	16	1,319,689.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		S	
Ě	ļ	key employees, highest compensated employees, and disqualified persons	公司。 公司, 公司 公司 公司 公司 公司 公司 公司 公司 公司 公司	985	特别是中国共和国的
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	10.010	23	
	24	Unsecured notes and loans payable to unrelated third parties	19,049.	24	
	25	Other liabilities (including federal income tax, payables to related third	İ	i	
	}	parties, and other liabilities not included on lines 17-24) Complete Part X of		ļ	
		Schedule D	10.040	25_	
	26	Total liabilities. Add lines 17 through 25	19,049.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and		1	
es		complete lines 27 through 29, and lines 33 and 34.	Figure Control of the		14(3),735,325,525,524,452°
auc	27	Unrestricted net assets		27	
Bale	28	Temporarily restricted net assets		28	
둳	29	Permanently restricted net assets	3 . 22 22 22 24 24 2 2 22	29	Marin San
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	n= ; == ; == ; = ; = ; = ; = ;
sets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	1,360,464.	31	1,319,689.
let	32	Retained earnings, endowment, accumulated income, or other funds	1,360,464.	32	1,319,689.
_	33	Total net assets or fund balances	1,379,513.		1,319,689.
	34	Total liabilities and net assets/fund balances	1,3/3,313.	34	1,313,003.

	990 (2018) COMMUNITY BETTERMENT ORGANIZATION	42-1	499686	Page	12
Pa	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			[
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		71	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,48	
3	Revenue less expenses Subtract line 2 from line 1	3		,77	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,360	,46	<u>4 . </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,319	,68	<u>9.</u>
Pa	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>_</u>	
	A series to the series of the		(k 23%) 5	ا Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	J.	200		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Tatal 1	A 1550
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			w ^h y
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		154.35	2743 cg	X 郊羽
b	Were the organization's financial statements audited by an independent accountant?		2b	advectad in the	∧ सङ्ख्या
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		455.5K E	14.43 15t Eve	7.1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ا م ستر دریا	100,7 40
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		545825 F	اله المواهدة	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		3a	-+	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit]	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 (=	
			Form	990 (20	018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

2

3

6

R

10 L

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION 42-1499686 Reason for Public Charity Status (All organizations must complete this part) See instructions Part T The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or

activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of support	•					L
g Provide the following inform (i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1 10	in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
CENTRAL COLLEGE	42-0680344	6	х		0.	0.
CITY OF PELLA	42-6005115	8	x		0.	0.
PELLA REGIONAL HEALTH CENTER	42-0842204	7	х		0.	0.
HEADIN CENTER	42-0042204		- A			
	-					
Total	1				0.	0.

Sch	edule A (Form 990 or 990-EZ) 2018 _C	· V'T'T / I I I I MMO'	BETTERMEN'	T ORGANIZA	ATTON	42-1499	9686 Fage 2
_	ort II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and		
<u> </u>	(Complete only if you checke	-					,
٠	fails to qualify under the tests						
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(0,201	(0) 20.0	1	(4) 50 11	1	
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to					/	
	or expended on its behalf					/	
3	The value of services or facilities					1/	
3	furnished by a governmental unit to				· .	./	
	the organization without charge						
4	•				/	 	7
-	Total. Add lines 1 through 3. The portion of total contributions	·····································	re-warra a war	THE PROPERTY OF	3.547-2	Management were	
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1/23-1-		
	on line 1 that exceeds 2% of the			建设建筑			
	amount shown on line 11,						
	column (f)					The state of the s	
	• •	SERVICE AND AND AND AND AND AND AND AND AND AND	THE PROPERTY OF THE PARTY OF TH	BENEVICE AND SELECTION OF A SECOND SE		Secretary Control of the Control of	
	Public support. Subtract line 5 from line 4	STATE OF THE PARTY	MARINE HAR BOLLEY	Transfer (7. February Cr.	TOWN OF THE TOWN IN THE PERSON IN	CHARLES THE STATE OF	
	 	(=) 2014	/b) 2015	/(a) 2016	(a) 2017	(-) 2010	/f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					 	
8	Gross income from interest,						
	dividends, payments received on			ĺ		1	
	securities loans, rents, royalties,						
^	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					1	•
40	business is regularly carried on	-	/				
10	Other income Do not include gain				į		*
	or loss from the sale of capital						
	assets (Explain in Part VI) Total support. Add lines 7 through 10	Paralli and theme	たのでもと思いてもかってい	100 Jan 1852 185	. Carrier of Sec.	and the second second	
	• • • • • • • • • • • • • • • • • • • •			3 M 2 - 47 2 12 / 6 / 6 / 6 / 6	。 在数据50% 30 电电影电	1	
12	Gross receipts from related activities,	` /	•	المطاعب منافعات		12	
13	First five years. If the Form 990 is fo	/ "	s iirst, secona, thir	u, iourtri, or iiπn ta	ix year as a section	11 30 1(0)(3)	▶□
Sci	organization, check this box and stoction C. Computation of Publi	p nere ic.Support Por	centage	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
				olumo (0)	_	14	0/
14	Public support percentage for 2018 (Olumn (t))		14	%
15	Public support percentage from 2017			n linn 10	14 :0 00 4 /001 -	15	<u>%</u>
16a	33 1/3% support test - 2018. If the				14 IS 33 1/3% OF IT	iore, cneck this box	and ►
<u> </u>	stop here. The organization qualifies				1	Tormoro Take Inthe	
C	33 1/3% support test - 2017. If the	•			ine 15 is 33 1/3%	or more, check this	s box ▶
	and stop here. The organization qua				10 164 165	and line 14 :- 400/ -	,
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac					irt vi now the organ	ization •
-	meets the "facts-and/circumstances"	•	•	• • •	_	17a and the 45 - 4	
t	10% -facts-and-circumstances test						
	more, and if the organization meets the						_ [
	organization meets the "facts-and-circ		-				P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
	/				Sch	edule A (Form 990	UI 99U-EZ) 2018
	1			•			

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (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 Total. Add lines 1 through 5 7a 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 c Add lines 7a and 7b 《武司公司有由西 宝宝宝点净点。 [美元654] [李元] [李元] [李元] [李元] 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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 VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 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 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%/check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C if you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	Y	
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5b	- ,	Х
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5b	-,	х
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5b 5c 6		X
5b 5c 6 7 8		X X
5b 5c 6 7 8		X X
5b 5c 6		X
5b 5c 6 7 8		X X X
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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? b A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b		dule A (Form 990 or 990-EZ) 2018 COMMUNITY BETTERMENT ORGANIZATION 42-14	9968	b Pa	age 5
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how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			.		
that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b X 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.					
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.					X
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reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b X 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	b				
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3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a			2h		X
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	2	·	-20		
trustees of each of the supported organizations? Provide details in Part VI.					
Try or a company of the company of t	a		3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		

Sche	dule A (Form 990 or 990 EZ) 2018 COMMUNITY BETTERMENT OF			2-1499686 Page 6
Pa	3,5			
.1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust oi	n Nov 20, 1970 (explain in P	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
-1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4_		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	-		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	10 m	CHECKE CONTRACTOR	经现代的证据的
	instructions for short tax year or assets held for part of year)	2.5		《公司共和国共和国
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	200	TANK THE TRANSPORT	
	factors (explain in detail in Part VI)	200		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	到1271年1875年1876年18	
2	Enter 85% of line 1	2	POSTER AREAS OF THE	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	气。只要在17.5gggggggggggggg	
4	Enter greater of line 2 or line 3	4	文中,自然中央的社会的意义的	
5	Income tax imposed in prior year	5	18 . 1 6 产品的基础。	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_	The state of the s	
7	Check here if the current year is the organization's first as a non-functional	illy integra		

Schedule A (Form 990 or 990-EZ) 2018

instructions)

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Schedule A (Form 990 or 990-EZ) 2018

15 LONG GENERAL PRINTS

2. 2 co Sugar

d Excess from 2017

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 COMMUNITY BETTERMENT ORGANIZATION 42-1499680	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12,	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2,	on C
	line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1c, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, and 3b, 2a, 2b, 3a, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b	Dart V
•	tine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines TC, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, I	art v,
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information	
	(See instructions)	
	<i>)</i>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number 42-1499686

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (dunng year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds					
3	are the organization's property, subject to the organization's	•	Yes No					
6	Did the organization inform all grantees, donors, and donor at							
Ū	for charitable purposes and not for the benefit of the donor of	• •						
	impermissible private benefit?	donor advisor, or for any other purpose of	Yes No					
Par	TILE Conservation Easements. Complete if the org	agnization answered "Yes" on Form 990. I						
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or ed		orically important land area					
	Protection of natural habitat		tified historic structure					
	Preservation of open space	reservation or a cert	imed historic structure					
2	Complete lines 2a through 2d if the organization held a qualifi	red conservation contribution in the form	of a conseniation easement on the last					
_	day of the tax year	led Conservation Contribution in the form	Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
	-	Icture included in (a)						
_	c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure							
ŭ								
3								
	year	sased, extinguished, of terminated by the	organization during the tax					
4	Number of states where property subject to conservation eas	ement is located						
5	Does the organization have a written policy regarding the peri							
J	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, l							
Ŭ			servation odderne dating the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year					
•	▶ \$	mig of thomastor, and other only control to	and the second s					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)					
-	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense						
Ū	include, if applicable, the text of the footnote to the organizat							
	conservation easements	ion o maneral classification and cooping of	organication o accounting to:					
Pai	t-III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art.					
	historical treasures, or other similar assets held for public exh	•						
	the text of the footnote to its financial statements that describ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed							
	relating to these items	doution, or recourse, mineral control	one control, provide the remaining announce					
	(i) Revenue included on 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 trea	asures or other similar assets for financial						
~	the following amounts required to be reported under SFAS 1:		. gam, provide					
-	Revenue included on Form 990, Part VIII, line 1	To produce the second	▶ \$					
a	Assets included in Form 990, Part X		\$					
	maaeta iliciuueu iir i oilli 330, Falt A							

		TY BETTERM							99686		ıge 2
Par	t III. Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	s, check	cany of the f	ollowing that	t are a sig	nificant u	ise of its o	ollection i	tems	
	(check all that apply)										
а	Public exhibition	c	: <u> </u>		hange progra	ams					
b	Scholarly research	e	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	•		-	-			se ın Part	XIII		
5	During the year, did the organization solicit o					er sımılar a	assets	<u></u>	_		1
To a	to be sold to raise funds rather than to be ma								Yes_		No
Rar	Escrow and Custodial Arrange		ete if the	e organizatio	n answered '	"Yes" on I	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contributions	s or other ass	sets not in	cluded	r	٦.,		١
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able			Γ				
							-		Amount		
	Beginning balance						1c				
,d	Additions during the year						1d				
e	e Distributions during the year f Ending balance 1e										
7	•	anna 000 Dart V lina	01 for		.atadial aaaa	فالماميا فسنن			Yes	\vdash	NIS
	Did the organization include an amount on Foundation of the strangement in Part XIII.	· · · · · ·					y r	<u>L</u>	_ res	Η	No
	t.V. Endowment Funds. Complete						<u> </u>				
19,141	439347 Erico Innotes and Complete	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	veare h	
1a	Beginning of year balance	(a) Current year	(5),	noi yeai	(C) TWO yea	13 Dack	uj mice j	years back	(e) rour	<u>ycars 1</u>	Jack
h	Contributions										
	Net investment earnings, gains, and losses			···-							
d	Grants or scholarships					 					—
	Other expenditures for facilities										
·	and programs		İ								
f	Administrative expenses	·									
g g	End of year balance				•						
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1d	a. column (a)) held as						
- а	Board designated or quasi-endowment	om your one datane.	%	5 , • • • • • • • • • • • • • • • • • • •	,						
b	Permanent endowment ▶	%									
c	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation tha	it are held ar	nd administer	ed for the	organiza	ation			
	by	· ·					•		[·	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b		
_ 4	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a_S	ee Form 990	, Part X, I	ne 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	1
		basis (investr	nent)	basis		dep	reciation				
1a	Land				6,000.			,-		,00	
b	Buildings			1,94	8,243.	8	45,0	22.	1,103	, 22	11.
С	Leasehold improvements										
d	Equipment										
е	Other			19	<u>9,077.</u>	1	21,1	07.		,97	
Total	. Add lines 1a through 1e (Column (d) must e	oual Form 990, Part	X. colun	nn (B). line 1	Oc.)				1,257	,19	11.

Schedule D (Form 990) 2018

Page	•

, , , ,	Of Security Or Category (including name of security)	(b) Book value	e 11b See Form 990, (c) Method of v		-of-year market value
1) Financial de	rivatives				
	equity interests				
3) Other	• •				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	ust equal Form 990, Part X, col. (B) line 12.)		17 5 4 6 C. S.	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	" The Mint
	vestments - Program Related.			`	
	implete if the organization answered "Yes"	on Form 990, Part IV, Im	e 11c. See Form 990 I	Part X line 13	
	a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	-of-year market value
(1)					<u> </u>
(2)					
(3)	··········		 		
				·	
(4) (5)				· · · · · · · · · · · · · · · · · · ·	
		 -	 		
(6)					
(7)					
(8)					
(9)					
			12 17 Can 22 2 2 21	ning the limb satisface & Albeit	LILE TAKE THE KILLY
Total. (Col (b) m	ust equal Form 990, Part X, col. (B) line 13.)		W. J. C	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	with the second second
otal. (Col (b) m	ther Assets.	on Form 990. Part IV. In			(1) · · · · · · · · · · · · · · · · · · ·
otal. (Col (b) m	ther Assets. implete if the organization answered "Yes"				
Part IX O	ther Assets. implete if the organization answered "Yes"	on Form 990, Part IV, lin Description			(b) Book value
Part IX O	ther Assets. implete if the organization answered "Yes"				
Otal. (Col (b) m Part IX O Co (1) (2)	ther Assets. implete if the organization answered "Yes"				
Otal. (Col (b) m Part IX O Co (1) (2) (3)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (4)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (3) (4) (5)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (3) (4) (5)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (3) (4) (5) (6) (7)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (3) (4) (5) (6) (7) (8)	ther Assets. implete if the organization answered "Yes"				
(1) (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets. Implete if the organization answered "Yes" (a)	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column. Part X O	ther Assets. Implete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities.	Description	e 11d See Form 990,	Part X, line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X O	ther Assets. Implete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. Implete if the organization answered "Yes"	Description	e 11d See Form 990, l	Part X, line 15	(b) Book value
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	t XI Reconciliation of Revenue per Audited Financial Stateme		42-1499000	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		de per neturn.	
	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		**************************************	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,600	
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		系文	-
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	777 7.10	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	400	
b	Other (Describe in Part XIII)	4b	PAR	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		art V, line 4, Part X, line 2, Part XI	•
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	litional information		
				
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832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

42-1499686

COMMUNITY BETTERMENT ORGANIZATION

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1,1 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? **4**a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? Х b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a X 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 67 lf "Yes," describe in Part III 7 Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

9 | Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

COMMUNITY BETTERMENT ORGANIZATION

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

				}		Г		
		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	reported as deferred on prior Form 990
(1) MIKE NARDINI	ε	0	0	0	0	0	0	0
DIRECTOR	Ξ	151,74	0	0.	0	0	151,741.	0
(2) MARK PUTNAM	Θ	0	0	0.	0.	0.		0
DIRECTOR	3	266,500.	0	•0	0	0	266,500.	0.
	Ξ							
	€							
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Schedule J (Form 990) 2018

SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public . Inspection's

Name of the organization

Employer identification number

					GANIZATION				996	86		_
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3	3), sect	on 501(c)(4), and 50	1(c)(29) organization	s only)				
Complete if the c	organization ansv	vered "Yes" on f	orm 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	ine 40	b	_		
1	(b) F	Relationship bety	ween o	disqual	ified ,					(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganıza	ation	(0	c) Description of trai	nsactio	on 		Y	es	No
2 Enter the amount of tax	ncurred by the o	rganization man	agers	or disc	ualified persons dur	ing the year under						
section 4958								> \$		_		
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the org	ganization			▶ \$				
Partill Loans to and	l/or From Int	erested Pers	sons.	•								
Complete if the c	organization ansv	vered "Yes" on f	Form 9	990-EZ	, Part V, line 38a or F	form 990, Part IV, Iir	ie 26, d	or if th	e orga	nızatıc	n	
reported an amo	unt on Form 990	, Part X, line 5, 6				, _			10 \ 1 .			
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(e) Original	(f) Balance due) In	(h) Ap	ard or	1 (1) **	ritten
interested person	with organization	of loan		ization?	principal amount		deta	uit?	cómn	ittee?	agree	ment?
			То	From			Yes	No	Yes	_No	Yes	No
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Total Part III Grants or As	oistanas Ban	ofiting Inter	ooto	d Dar	\$		<u></u>	<u> </u>			4 4 4	, ,
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Complete if the c			_									
(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance	(d) Type assistar) Purp assista		f
		interested pers the organiza		ia	assistance	assistai	ice		•	2001016	21106	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Debartment of the Treasury

Supplemental Information to 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Name of the organization Employer identification number 42-1499686 COMMUNITY BETTERMENT ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION PROVIDED A COPY OF THIS RETURN TO THE DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION COMPLETES A PERIODIC REVIEW OF THE POLICY AT THEIR ANNUAL MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST STATEMENT AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THEIR OFFICE, LOCATED AT 102 MAIN STREET, PELLA, IA 50219.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

2018

OMB No 1545-0047

Employer identification number 42-1499686

Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITY BETTERMENT ORGANIZATION Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Parti

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the tax year							
(a)	(q)	(၁)	(p)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 (0) 13)	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	N _o
CENTRAL COLLEGE - 42-0680344							
812 UNIVERSITY				170(B)(1)(A)(
PELLA, IA 50219	EDUCATIONAL INSTITUTION	IOWA	501(C)(3)	î	N/A		5 4
PELLA REGIONAL HEALTH CENTER - 42-0842204]
404 JEFFERSON STREET				170(B)(1)(A)(
PELLA, IA 50219	HEALTH CARE SERVICES	IOWA	501(C)(3)	(I)	N/A		×
CITY OF PELLA - 42-6005115							ļ
825 BROADWAY				170(B)(1)(A)(
PELLA, IA 50219	CITY SERVICES	IOWA	501(C)(3)	VI)	N/A		×
	<i>'</i>						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

42-1499686.

Page 2

Schedule R (Form 990) 2018 COMMUNITY BETTERMENT ORGANIZATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

(j) (k) General or Percentage managing ownership partner? Yes No			
Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) y			
(h) Disproportionale allocations? Yes No			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(C) Legal domicile (state or foreign country)			
(b) Primary activity I	<u>-</u> .	 	
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(e)	(q)	(0)	(p)	(e)	(J)	(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	F,0	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	<u>, द</u> ्र ते _ज ु
		country)		(icasi)		desers		Yes	No
								_	
						:			
								•	
	T								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			,	Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	lated organizations listed II	n Parts II:IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X

f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				Tg X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
				:
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	ızatıon(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızation(s)			Tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			th X
 Sharing of paid employees with related organization(s) 				10 X
				13 (2) Page 18 (2)
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
r Other transfer of cash or property to related organization(s)				± ×
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is line, including covered r	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(6)	Ī			
(4)				
(6)				
832163 10-02-18			Schedul	Schedule R (Form 990) 2018

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parner? Versi No (Form 1065) Yes No					
Share of Ospropor (norale chd-of-year alterations) assets (e)					
(a) Are all Share of Solicion to to to to to to to to to to to to to					
Predominant income particle (related, unrelated, sectluded from tax under sections 512-514)		,			
(c) Legal domicile (state or foreign country)			`		
(b) Primary activity	 -				
(a) Name, address, and EIN of entity					

Schedule R	R (Form 990) 2018	COMMUNITY	<u>BETTERMENT</u>	ORGANIZATION	<u>42-1499686</u>	Page 5
Part VII	R (Form 990) 2018 Supplemental Infor	mation.				
	Provide additional inform		o questions on Schedi	ule B. See instructions		
	Trovide additional inform	attor for respondes to	o questions on contact	alo II God Matroctions		
			 			
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