Extended to November 16, 2020

Form

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

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

→ 200 (a) instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ু Openito Public াই ইন্ড Inspection : ১২

		the Treasury ue Service	► Go to www.irs.go	v/Form990 for instructions and	d the latest	information.	Challispection)					
			ar year, or tax year beginning		ending							
В	heck if	C Name o	forganization			D Employer identifi	cation number					
. 🗆	Addres	s Albi	a Community Better	ment Corporation	ı							
	Name change		usiness as			42-1097946						
<u>'</u>	Initial return	Number	and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone numbe						
, \square	Final return/		enton Ave E			641-932-						
, 	termin- ated	City or t	own, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	225,393.					
<u>'</u>	☐Amend return ☐Applica	WIDI		-1-1 D Objections		H(a) Is this a group re						
<u>,</u> L	tion pending		nd address of principal officer. Datas C above	niel D. Stocker	NI	for subordinates						
' 		empt status.	501(c)(3) X 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1)	or 527	H(b) Are all subordinates in	ncluded? Yes No					
		e: ▶ n/a	301(0)(3) [22] 301(0)(4	(Illselt 110.) (4347(a)(1)	or Ca sqr	H(c) Group exemption						
			X Corporation Trust	Association Other	L Year		M State of legal domicile: IA					
		Summary										
	1		e the organization's mission or mos				mote					
Governance	:		tial home developm									
rua	2 (x 🕨 🔙 if the organization disc		sed of more	than 25% of its net ass	sets					
Š	3 1		ting members of the governing body	• •		3	$\frac{1}{7}$					
જ			dependent voting members of the go	= ::		5	7					
ties			of individuals employed in calendar	•		6	7					
Activities			of volunteers (estimate if necessary d business revenue from Part VIII, c)	7a	0.					
¥	'a	Net unrelated	business taxable income from Form	1 990 Ti. line 39	- ၂၇	7b	0.					
				1 1 1/2	77	Prior Year	Current Year					
4	8 (Contributions	and grants (Part VIII, line 1h)	[E] NOV (7) 202	. IST	0.	0.					
Revenue			ce revenue (Part VIII, line 2g)			0.	0.					
eve	10	Investment in	come (Part VIII, column (A), lines 3,	4, and 7d) OGDEN, L	<u> </u>	0.	-32,493.					
<u>~</u>	11 (Other revenue	e (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 19c , and 11e)	ļ <u> </u>	<u>0.</u>	6,700.					
	 		- add lines 8 through 11 (must equa			0.	-25,793.					
	l .		milar amounts paid (Part IX, column		ļ	0.	1,050.					
	l	•	to or for members (Part IX, column			0.	0.					
ses	15 3		r compensation, employee benefits undraising fees (Part IX, column (A),		 	0.	0.					
Expenses	h h		ing expenses (Part IX, column (D), li		0. 驗		STATE AND STREET					
Ω̈	17		es (Part IX, column (A), lines 11a-11	·		0.	300.					
			s Add lines 13-17 (must equal Part			0.	1,350.					
	19 1	Revenue less	expenses Subtract line 18 from line	e 12		0.	-27,143.					
3 O.					Be	ginning of Current Year	End of Year					
t Assets	20	•	Part X, line 16)			1,208,788.	1,181,645.					
Net A	21		(Part X, line 26)		-	0. 1,208,788.	1,181,645.					
2	22 I	Net assets or Signature	fund balances Subtract line 21 from	n line 20		1,200,700.	1,101,043.					
			I declare that I have examined this return	n including accompanying schedule	s and stateme	ents, and to the heat of my	knowledge and belief, it is					
			Declaration of prepare (timer tran office				, momorgo and conce, me					
		The same of the sa	2 In Hole									
Sig	n	Signatur	e of officer			Date	10 0-					
Her	1			RETARY/TREASURER	`	11/1-	3/2020					
		Type or p	orint name and title			N-4-	-11 07111					
		Print/Type pre		Preparer's signature	I .	Date Check	PTIN					
Paid	1		erfeld, CPA	Terry Merfeld,	CPA 1	1/12/20 self-employ						
	oarer		Eide Bailly LLP 666 Walnut St.,	Sto 1900		Firm's EIN >	45-0250958					
USA	Only	rirm's address		50309-3912		Phone no 51	5-244-0266					
May	l	S discuss the	s return with the preparer shown ab			Tritone no. 5 ±	X Yes No					
	01 01-20	•	For Paperwork Reduction Act Not		ons.		Form 990 (2019)					

Form	990	(2019)

Form 990 (2019) Albia Community Betterment Corporation Partily Checklist of Required Schedules

42-1097946

1	<i>\</i>	1		1
Į	Pag	Ĺ	3.	/

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	<u> </u>	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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱,,
_	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7_	<u> </u>	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?			Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9_		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	İ	х
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	10		3745
•	as applicable	ä		+ 4.5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			45006240
-	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	-		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial 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		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
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	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
8	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	\vdash	
•	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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

Page 4 Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes, " complete Schedule L, Part IV X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M X 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Fnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Albia Community Betterment Corporation

Management and Disclosure For each "Yes" response to lines 2 thro 42-1097946 Page 6

. 41	dovernance, intallagement, and Disclosure For each "Yes" response to lines 2 thi	-		'No" re	espons	se	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See II	nstructions				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		· · · · · · · · · · · · · · · · · · ·			X	
Sec	tion A. Governing Body and Management		· · · · · · · · · · · · · · · · · · ·		r		
		1	i -		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-			
	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 on Schedule O.		_				
þ	Enter the number of voting members included on line 1a, above, who are independent	1b	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		<u>X</u> _	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint o	one or				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:				
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	, affiliates,				
and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es, " de	escribe				
	in Schedule O how this was done	•		12c			
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a		X	
	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a				
	taxable entity during the year?			16a		X	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			16b			
Sec	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501(c)(3)s	only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		, , , , , ,	- *			
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	al		
	statements available to the public during the tax year.		. •				
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	records >				
	Daniel D. Stocker - 641-932-2144						
	19 Benton Ave E, Albia, IA 52531-2032						

Form	990	(2019)	

Albia Community Betterment Corporation

42-1097946

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

Check if Schedule O contains a response 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.

 See instructions for the order in which to list the persons above.

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

Colon Colo	(A)	(B)	Jiga 	11122			ipei	isatt	(D)	(E)	(F)
Notice Property		1	İ		Pos	ition	1				
Week (list any hours for related organizations below line) Page Pa	Name and title	_	(do	ox, unless person is both an			· ·				
(1) Kevin Kness (2) Daniel D Stocker (2) Daniel D Stocker (3) Richard Clark (3) Richard Clark (4) Steve Rockwell (4) Steve Rockwell (5) Craig Ambrose (6) Peter Greiner (6) Peter Greiner (7) Mike Lawrence (0.10		1	offi	cer ar	d a d	recto	r/trus	tee)	1		
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(1) Kevin Kness (2) Daniel D Stocker (2) Daniel D Stocker (3) Richard Clark (3) Richard Clark (4) Steve Rockwell (4) Steve Rockwell (5) Craig Ambrose (6) Peter Greiner (6) Peter Greiner (7) Mike Lawrence (0.10			듛		ĺ		age a			(W·2/1099·MISC)	
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Carried D Stocker 1.00 X X X X X X X X X	(1) Kevin Kness	0.10									
X X X X X X X X X X	President		Х		X				0.	0.	0.
O O O O O O O O O O	(2) Daniel D Stocker	1.00									
Director X	Secretary/Treasurer		X		X	<u> </u>			0.	0.	0.
(4) Steve Rockwell 0.10 Director X (5) Craig Ambrose 0.10 Director X (6) Peter Greiner 0.10 Director X (7) Mike Lawrence 0.10	(3) Richard Clark	0.10									
Director X 0. 0. 0. 0.	Director		Х						0.	0.	0.
(5) Craig Ambrose 0.10 Director X (6) Peter Greiner 0.10 Director X (7) Mike Lawrence 0.10	(4) Steve Rockwell	0.10									
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(6) Peter Greiner 0.10 Director X (7) Mike Lawrence 0.10	(5) Craig Ambrose	0.10									
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<u>. u</u>	Section A. Officers, Directors, Trus		pioy I	ees,			gne	st C					<i>(</i> =:	
	(A)	(B)	ĺ	(C) Position			,		(D)	(E)			(F)	
	Name and title	Average hours per		(do not check more than one box, unless person is both an			than		Reportable	Reportable				
		week					or/trus		compensation	compensate from relate		1	ount c)1
		(list any	cjo.						the	organization		1	ensat	ion
		hours for	dire				<u>_</u>	ļ	organization	(W-2/1099-MI	SC)	fro	m the)
		related	ste o	rustee)	l	eusa	1	(W-2/1099-MISC)				ınızatı	
		organizations below	al fa	onal t		loyee	E a						relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	i ii				orga	nızatıo	ns
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			1											
		<u> </u>	 	T										
			1											
			<u> </u>			-								
			1											
1b	Subtotal	<u> </u>			· · · ·				0.		0.			0.
c		II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)	.,						•	0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	<u></u>			
	compensation from the organization						•			·				0
			پستس										Yes	No
3	Did the organization list any former officer	, director, trust	ee, l	кеу є	empi	loye	e, or	hıg	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		•	٠,	
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or	accrue comper	ısatı	on fr	rom	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." con	nolete Schedule	e <i>J f</i>	or su	ıch ı	oers	on					5		X
Sec	etion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	tion fro	m	
	the organization Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thın	the organization's tax y	ear				
	(A)				_				(B)		_	(C		
	Name and business	address	N	INC	<u> </u>				Description of s	ervices	\vdash	ompen	sation	
											l			
								_						
											1			
	· 							\dashv						
								\dashv						
								\dashv						
									ala a cala a			 ,		
2	Total number of independent contractors (ot IIr	nitec	101	_		tea	above) who received mo	ore than				
	\$100,000 of compensation from the organ	zation					<u>, </u>				<u>~</u>	Form S	90.6	240

1584 23	est similar	107	Check if Schedule O contains	a response	or note to any lir	ne in this Part VIII			
				,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Membership dues Fundraising events Related organizations 1b 1c 1d			Enter state of the control of the co			
ontro	g Noncash contributions included in lines 1a 1f 1g \$			Marini de la company de la company de la company de la company de la company de la company de la company de la Company de la company de la com					
<u>0</u> 8		h	Total. Add lines 1a-1f		Business Code	Market Contains Andre			
Program Service Revenue		b c d e f	All other program service revenue		Business Code			The state of the s	
		9	Total, Add lines 2a-2f						
	3 4 5		Investment income (including divid other similar amounts) Income from investment of tax-exer Royalties		>	693.			693.
*	6	b	Gross rents 6a 6b	() Real 5,700. 0. 5,700.			Transiti Perpulaini europale entitico	imprimination discontinuo (n. 1713). Taringan (n. 1713).	
•		d	Net rental income or (loss)	Socurities	(ii) Other	6,700.	The state of the s		6,700.
Revenue			assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7a 7b 7c		218,000. 251,186. -33,186.	าราการและเก็บ และเก็บเก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เ	The state of the s		The street of th
Re		d	Net gain or (loss)		<u> </u>	-33,186.	-33,186.		
Other	8		Gross income from fundraising everils including \$ contributions reported on line 1c). \$ Part IV, line 18	_ of					pilo e i programa servi
		b	Less: direct expenses	8b		PLEASE AND A			
			Net income or (loss) from fundraising		, <u>_</u>	AMERICAN STRUCTURE OF STRUCTURE STRUCTURES		Especiality of our variety at the	SERVICE OF STREET, S. C. C.
	9 a Gross income from gaming activities See Part IV, line 19 9 b Less direct expenses 9b								
_	10	a	Net income or (loss) from gaming a Gross sales of inventory, less return and allowances Loss cost of goods sold						gir og og flygd dag stillaring og flygd dag gjerne og og og og og og og og og og og og og
		<u>c</u>	Net income or (loss) from sales of in	ventory	<u> </u>		Pr. and Blockston and discourances	CONTRACTOR OF STREET, SANDON WITH	Charles and articles with a second
Miscellaneous Revenue	11	а			Business Code				
lane		b			ļ				
Scel		C	All all an annual and					·	
Σ̈́			All other revenue Total. Add lines 11a-11d				TATERNAL SCATE	-	#35314.##31744 5
	12		Total revenue See instructions			-25,793.	-33,186.	0.	7.393.

100130	WC E.				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon			(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	•			
	and domestic governments. See Part IV, line 21	1,050.	1,050.		
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				
	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				<u> </u>
10	Payroll taxes			•	
11	Fees for services (nonemployees).				4
а	Management				4
þ	Legal	139.		139.	·
С	Accounting	•	•	,-,	·
d	Lobbying '		THE SAT WERES WAS BASED BASED FOR PARTY FOR PARTY.	MAG - AMERICAN STATE OFFICE DAY, SURAN INTER-CONTRA	·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			•	
,g	Other (If line 11g amount exceeds 10% of line 25,		•		
	column (A) amount, list line 11g expenses on Sch O.)				·
12	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·			1
13	Office expenses				
14	Information technology				
15	Royalties	·			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	i :		•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· -	<u> </u>	
20	Interest		<u> </u>		
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization		ļ .		
23	Insurance	19. Hine Whiteler Chrysler Sall Talls Bellelists and	skiller alleger of the for the following the	English Services	PROFILE TO CONTRACT TO STATE OF THE PROFILE OF THE
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	234 234 24 Dec. 2013			
а	Dues	161.		161.	
b					
С					
d					
	All other expenses	1 252	1 050	200	
<u> 25</u>	Total functional expenses Add lines 1 through 24e	1,350.	1,050.	300.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

43.00		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	416,215.	1	360,595.
	2	Savings and temporary cash investments	-	2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4_	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		数据到	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
κ	7	Notes and loans receivable, net		7_	
Assets	8	Inventories for sale or use	•	8 -	•
As	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 821,050.			inimine amount in the second s
	b	Less accumulated depreciation 10b	792,573.	10c	821,050.
	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		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 33)	1,208,788.	16	1,181,645.
	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	the Markethale of the remed of detect that was he had not have the	21	of the Victory with "House of 1920 of the manufacture of the English World Land
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%		MARKS.	
Liabilities	,	controlled entity or family member of any of these persons		22	•
	23	Secured mortgages and notes payable to unrelated third parties .		23	*
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	
	26	Total liabilities. Add lines 17 through 25	Potest and described the second	26 26	
ç		Organizations that follow FASB ASC 958, check here			
a D	07	and complete lines 27, 28, 32, and 33.	1,208,788.	27	1,181,645.
ala	27	Net assets without donor restrictions	1,200,700.	28	1,101,043.
d B	28	Net assets with donor restrictions		28	ABORTH MARKET IN THE WOOD WI
Ę		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	THE PROPERTY OF THE PROPERTY O	29	Co. 1996 A Marie A Mar
şţ	29	Capital stock or trust principal, or current funds		30	
ISS	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	<u> </u>
et A	31	Total net assets or fund balances	1,208,788.	32	1,181,645.
Ž	33	Total liabilities and net assets/fund balances	1,208,788.	33	1,181,645.

	990 (2019) Albia Community Betterment Corporation	42-	<u>-1097</u>	<u>946</u>	<u>Pa</u>	<u>ge 12</u>
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			5,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,3	50.
3	Revenue less expenses Subtract line 2 from line 1	3		-2	7,1	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,20	8,7	88.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,18	1,6	<u>45.</u>
Pa	t XII Financial Statements and Reporting					
	Check of Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			<i>'</i>		٠.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Ĺ		1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		i		۱۰ , .
	separate basis, consolidated basis, or both:			t t		
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			f ,	
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					, '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C)		· ·	
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 Auc	lit		,	
	Act and OMB Circular A-133?			3a_		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	at		}	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L
				Form	990	(2019)

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

Albia Community Betterment Corporation

Employer identification number 42-1097946

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during 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 advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be t	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line	7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historica	illy important land area
	Protection of natural habitat	Preservation of	a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conser	vation easement on the last
	day of the tax year		ļ	Held at the End of the Tax Year
а	Total number of conservation easements		2:	a
b	Total acreage restricted by conservation easements		21	b
С	Number of conservation easements on a certified historic stru		20	<u> </u>
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re	
	listed in the National Register		20	
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the	organizatio	on during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ea	asements during the year
	—			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easem	ents during the year
	S			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that de	escribes the
Da	organization's accounting for conservation easements † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simi	lar Assets
Fai	Complete if the organization answered "Yes" on Form			,
	If the organization elected, as permitted under FASB ASC 95		nd halance	sheet works
ıa	of art, historical treasures, or other similar assets held for put			
				or public
	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95			eet worke of
D				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance or p	public service,
	provide the following amounts relating to these items:			. •
	(i) Revenue included on Form 990, Part VIII, line 1			> \$ > \$
_	(ii) Assets included in Form 990, Part X	ocurse, or other similar assets for fiscascial	dain pro-	
2	If the organization received or held works of art, historical tre-		gairi, prov	100
_	the following amounts required to be reported under FASB A	SO 333 relating to these items.	_	\$
a	Revenue included on Form 990, Part VIII, line 1			\$

		ommunity B						<u>42-10</u>		
Pai	t III' Organizations Maintaining C								(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the f	following tha	t make si	gnificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	C	,	Loan or exc	hange progr	am				
þ	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		-	-			se in Part	XIII	
5	During the year, did the organization solicit of		•		•	er sımılar	assets		٦	
100	to be sold to raise funds rather than to be ma							<u> </u>	Yes	No
Pai	TIV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for o	contributions	s or other as	sets not ii	ncluded	_	٦.,	
	on Form 990, Part X?								」Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:			<u></u>			
									Amount	
_	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f On	Ending balance	orm 000 Bort V Iron	01 for a		intodial anno	بالطميا فمييا	1f_	L	Yes	No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.	· · · · · · · · · · · · · · · · · · ·					ty r		_ res	
Pai							0		11.44	
<u> </u>		(a) Current year		rior year	(c) Two year			years back	(a) Four	years back
1a	Beginning of year balance	(a) Current year	(5/1	noi yeai	(6) 110 300	II S DUCK	(d) mice	years back	(6) 1 001	yours back
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities			-						
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a	ı, column (a)) held as				L	
а	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , , ,	%	, , ,	•					
	Permanent endowment	%	_							
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held an	nd administe	red for the	e organız	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	•							3b	
4	Describe in Part XIII the intended uses of the		wment fo	unds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a S	ee Form 990), Part X, I	line 10			
	Description of property	(a) Cost or o			or other		ccumulate		(d) Book	value
		basis (investr	nent)		(other)	dep	preciation			
1a	Land			82	1,050.				821	<u>,050.</u>
b	Buildings									
С	Leasehold improvements								 -	
	Equipment					ļ				
	Other				, <u>.</u>	ļ			000	050
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	n (B). line 10	0c.)				821	,050.

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	Albia	Commu	nity	Betterme	nt	Corporation	42	-1097946	Page 3
Part VII	Investments - 0									
						11b.	See Form 990, Part X, line 12			
(a) Descrip	tion of security or categ	Ory (including name	of security)	(b)	Book value		(c) Method of valuation. Cost	or end	d-of-year market v	alue
(1) Financia	al derivatives					↓				
(2) Closely	held equity interests					<u> </u>				
(3) Other		·				<u> </u>				
(A)		_				<u> </u>				
<u>(B)</u>						-				
(C)						}—				
<u>(D)</u>	 			<u> </u>		-				
(E)				 -		 				•
<u>(F)</u>				ļ. 		-				-
(G)						-				
<u>(H)</u>						├				
) must equal Form 990,				 	<u> </u>				
Part VIII	Investments - F	-		_						
	Complete if the orga (a) Description of i		ered "Yes"		990, Part IV, line Book value		See Form 990, Part X, line 13. (c) Method of valuation: Cost		Lofwaar market	alue
	(a) Description of I			(0)	DOUK VAIUE	\vdash	(c) Method of Valuation Cost	or enc	roryear market V	aiue
(1)				 		 			···	
(2)		·		 		1				
(3)						<u> </u>				
(4)				 		-				
<u>(5)</u> (6)						╁				
(7)						\vdash				
(8)	· · · · · · · · · · · · · · · · · · ·					-				
(9)										
) must equal Form 990,	Part Y col (R) I	ine 13)							-
Part IX	Other Assets.	Tait X, col. (b)	10.7							
		nization answe	ered "Yes"	on Form	990. Part IV. line	11d	See Form 990, Part X, line 15			
				Descript		-			(b) Book va	lue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)					*-**					
(7)										
(8)										
(9)										
Total, (Colu	mn (b) must equal For	m 990. Part X.	col. (B) line	15.)				•		
Part X	Other Liabilities	5.								
	Complete if the orga	ınızatıon answe	red "Yes"	on Form	990, Part IV, line	11e c	or 11f. See Form 990, Part X, I	ne 25.	<u> </u>	
1.	(a) De	scription of liab	olity				- <u></u>		(b) Book va	lue
(1) Fed	eral income taxes									
(2)										
(3)										
(4)		·								
(5)					·					
(6)										
(7)										
(8)										
(9)										
Total. (Colui	mn (b) must equal For	m 990. Part X.	col. (B) line	25.)			····	_		
-							organization's financial statem			
Organiza	tion's liability for unc	ertain tax posit	ons under	FASB AS	SC 740. Check he	ere if t	the text of the footnote has be			
								Sch	edule D (Form 99	90) 2019

	dule D (Form 990) 2019 Albia Community Betterme	nt Corporation	42-1097946 Page 4
	t XI' Reconciliation of Revenue per Audited Financial State	ments With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	1
b	Donated services and use of facilities	2b	 '
С	Recoveries of prior year grants .	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 VIII, line 12, but not on line 1.	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		4c 5
5 Dai	Total revenue Add lines 3 and 4c. This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses r	
rai			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	1
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2	Donated services and use of facilities	2a	
a		2b	
b	Prior year adjustments Other losses	2c	
q	Other (Describe in Part XIII)	2d	
d e	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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b			
	()ther (I)escribe in Part XIII)	4b	<u> </u>
	Other (Describe in Part XIII) Add lines 4a and 4h	4b	4c
С	Add lines 4a and 4b	<u></u>	4c 5
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.		5
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	Part IV, lines 1b and 2b; Part V,	5
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Par Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V,	5

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Albia Community Betterment Corporation

Employer identification number 42-1097946

Form 990, Part III, Line 1, Description of Organization Mission:
net to the contractor that allows them to recoup their costs in a
project after a one year time frame. Over the years, we have donated
limited funds to community projects. 100% of our time and funds are
spent on these types of activities.
Form 990, Part III, Line 4a, Program Service Accomplishments:
is the first year that a buy back occurred.
Form 990, Part VI, Section A, line 8b:
There are no committees that have authority to act on behalf of the board.
Form 990, Part VI, Section B, line 11b:
The Board of Directors review and approve a copy of the form 990 prior to
filing with the IRS.
Form 990, Part VI, Section C, Line 19:
The organization makes its governing documents and financial statements
available to the general public upon request and at the discretion of the
organization.