(Rev January 2020) Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 2949314911414 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 Go to www.irs.gov/Form990 for instructions and the latest information.

. Open to Public > Inspection

A F	or the	2019 calendar year, or tax year beginning	and	d ending				
	heck if	C Name of organization			D Employer identifi	cation number		
	Addres	COMMUNITY BETTERMENT OF	RGANTZATTON					
\vdash	Name change	6	42-14996	42-1499686				
	Initial	Number and street (or P.O. box if mail is not de	te E Telephone numbe	r				
	Final return/		641-621-					
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	62,025.		
	Amend	FEBER, IR SUZIS			H(a) Is this a group re			
	Application pendin		M FARVER	_ /).	for subordinates			
		SAME AS C ABOVE	4		H(b) Are all subordinates in			
		empt status (X 501(c)(3) 501(c) () te: ► N/A		Not 17 1 3	H(c) Group exemption	list. (see instructions)		
			ssociation Other	I Ve		M State of legal domicile: I		
Pa	art:I:	Summary	Out of		ar of formation. 2000	W Clare of legal definition.		
		Briefly describe the organization's mission or most	significant activities SEE	STATE	MENT 1			
ce	•							
Governance	2	Check this box > if the organization disco	ntinued its operations or dispo	sed of mo	re than 25% of its net as:	sets.		
Ş.	3	Number of voting members of the governing body	(Part VI, line 1a)		3			
	4	Number of independent voting members of the government	verning body (Part VI, line 1b)		4			
es es	5	Total number of individuals employed in calendar y	ear 2019 (Part V, line 2a)		5	(
V.		Total number of volunteers (estimate if necessary)	A		6	(
Activities &		Total unrelated business revenue from Part,VIII, co			<u>7a</u>	0.		
_	b	Net unrelated business taxable income from Form	990-T, line 39		7b	0		
	_		2020	-	Prior Year 0 •	Current Year		
e		Contributions and grants (Part VIII, line 1h)	01 1 5 5050	-	78,620.	61,935		
Revenue		r rogram con vice revende to the vini, into 29)		-	91.	90		
₽,		Investment income (Part VIII, column (A), lines 3, 4,		F	0.	0.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c Total revenue - add lines 8 through 11 (must equal		-	78,711.	62,025		
	i	Grants and similar amounts paid (Part IX, column (0.	0.		
es		Benefits paid to or for members (Part IX, column (A		-	0.	0.		
"	4.5	Salaries, other compensation, employee benefits (I		ľ	0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	0 .		
per	b	Total fundraising expenses (Part IX, column (D), lin		0.	The same same	一年3.1825年中		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d			119,486.	120,898		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		119,486.	120,898		
		Revenue less expenses Subtract line 18 from line	12		-40,775.	-58,873		
98				Ļ	Beginning of Current Year	End of Year		
t Assets or	20	Total assets (Part X, line 16)		<u> </u>	1,319,689.	1,260,816		
A AS		Total liabilities (Part X, line 26)			1 310 690	1 260 916		
Ä		Net assets or fund balances Subtract line 21 from Signature Block	line 20		1,319,689.	1,260,816		
	art II	Signature block alties of perjury, I declare that I have examined this return,	including cocompanies schodul	oc and state	mente, and to the heet of m	v knowledge and heliaf it is		
		atties of perjury, I declare that I have examined this return, ct_and complete. Declaration of preparer≰other than office				, knowledge and bellet, it is		
11 06	, correc	and complete. Declaration of prepare votiler than office	ory to based out all information of w	mon prepai	10-25	8-20		
Sıgı	n	Signature of officer			Date			
Her		FRED KREYKES, VICE PRE	SIDENT					
	-	Type or print name and title						
		Print/Type preparer's name	Prepager's signatyge		Date Check [PTIN		
Paid	i	BARRY NEWMAN	Preparer's signature Bany New, En		10-22-20 self emplo			
Pre	parer	Firm's name ▶ DORSEY & WHITNEY			Firm's EIN ▶	41-0223337		
Use	Only	Firm's address 50 S 6TH ST, STE						
	_	MINNEAPOLIS, MN			Phone no 61	2-340-2600		
May	y the If	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No		
9320	01 01-2	0-20 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ions.	0.4	Form 990 (2019		

Par	rt III Statement of Program S	ervice Accom	olishments	DYI I OM	44-1	455000	Page Z
.,	Check if Schedule O contains a	``					
1	Briefly describe the organization's mis		o dity into its que in				<u> </u>
	SEE STATEMENT 1						
							
	D. d. d.			landa ana antina i			
2	Did the organization undertake any significant prior Form 990 or 990-EZ?	gnificant program s	ervices during the year v	which were not listed or	ı the	☐Yes ☐	V Na
	If "Yes," describe these new services	on Schedule O				res _	<u> </u>
3	Did the organization cease conducting		nt changes in how it cor	nducts, any program se	rvices?	Yes [X No
•	If "Yes," describe these changes on S		on any out more it out	rations, any program oo			
4	Describe the organization's program s		nents for each of its thre	ee largest program serv	ices, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organia					•	
	revenue, if any, for each program serv						
4a	(Code) (Expenses \$	118,798.	including grants of \$) (Revenue \$	61,9	<u>35.</u>)
	SEE STATEMENT 2						
							
					. <u> </u>		
							
							
							
				····			
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$		
							· · · · ·
							
		· · · · · · · · · · · · · · · · · · ·					
							
							
							
4c	10-1-) (0		
4C	(Code) (Expenses \$		including grants of \$) (Revenue \$		······)
		-					
							
			· · · · · · · · · · · · · · · · · · ·	···			
				·		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on S	Schedule ()			<u>-</u> -		
	(Expenses \$	including grants of \$) (Revenue \$			
4e	Total program service expenses	11	8,798.				
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orm	990 (2019) COMMUNITY BETTERMENT ORGANIZATION 42-1499	686	Р	age 3
-ai	t IV Checklist of Required Schedules	-	T.,	
4	ls the organization described in section 501/cV(2) or 4047/cV(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
^	If "Yes," complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		-	^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		X
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	ا ا		v
_	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		ł	v
	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	ļ	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?			
	If "Yes," complete Schedule D, Part IV .	9		Х
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	l		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	2		建筑
	as applicable	100	Y.A.	-
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	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	İ	i i	
	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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
5	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		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
J	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,"	"		
		19		Х
Ŋα	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		<u> </u>
	DISTRICT OF GRANDER OF DISTRICT OF THE OFFICE OF THE OFFIC			

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 19 If "Yes," complete Schedule I. Parts I and II.

Form 990 (2019)

Form	990 (2019) COMMUNITY BETTERMENT ORGANIZATION 42-1 TIV Checklist of Required Schedules (continued)	499686	Р	age 4
Fai	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ł
	Schedule J	_23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	l	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1,7
	Schedule K If "No," go to line 25a	24a	 -	X
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		_
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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		Х
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		ľ	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		がは	12
	instructions, for applicable filing thresholds, conditions, and exceptions)	200	1.70 5	11,
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1,7
	"Yes," complete Schedule L, Part IV .	28a	<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	 -	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	 	
00	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		Х
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		X
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	<u></u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	
	Part V, line 1	34	X	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	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	07		v
	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	
Pa	rt 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		Γ.
	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			<u></u>

(gambling) winnings to prize winners?

				Yes	No				
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,]]		7.	140				
20	filed for the calendar year ending with or within the year covered by this return	2a (1 .		٠. ا				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	-					
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		1	, -					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·)	3a	-	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
	la 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 a		4a		х				
b	If "Yes," enter the name of the foreign country		١٠.٥	4	133				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR)		- 11	-41				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	occurre (i es ii i)	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ction?	5b		Х				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit	1.50						
	any contributions that were not tax deductible as charitable contributions?	· g	6a	1 1	х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or aifts							
-	were not tax deductible?	- - -	6b						
7	Organizations that may receive deductible contributions under section 170(c).		474	الآس ال	Jan Y				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required							
	to file Form 8282?	·	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1,31	. 4					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>					
10	Section 501(c)(7) organizations. Enter	I I	' -						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	، ٠٠ ا] ' '	الم ا				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	٠.	(,)	. '				
11	Section 501(c)(12) organizations. Enter	1 1			[``				
a	Gross income from members or shareholders	11a	٠.		+ 1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			'					
40-	amounts due or received from them)	11b	10-	$\vdash \vdash \vdash$	<u> </u>				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		<u> </u>				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	┨.	1					
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		├──				
а	Note: See the instructions for additional information the organization must report on Schedule O		138	\vdash					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1.						
U	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_ · - •	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1.15		<u> </u>				
	excess parachute payment(s) during the year?		15		х				
	If "Yes," see instructions and file Form 4720, Schedule N								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O								
			Form	990	(2019)				

COMMUNITY BETTERMENT ORGANIZATION 42-1499686 Form 990 (2019) 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 on 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 5 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 X 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 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X 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 Х 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 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? X a The organization's CEO, Executive Director, or top management official 15a X 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 X Upon request Other (explain on Schedule O) Own website Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

PELLA,

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Form **990** (2019)

statements available to the public during the tax year

GREG FISHER - 641-621-6224

617 FRANKLIN PLACE, SUITE 200,

Form 990 (2019)	COMMUNITY	BETTERMENT	ORGANIZATION	42-1499686	Page
Part VII Compe	nsation of Officers, Dir	rectors, Trustees	, Key Employees, Hiզ	ghest Compensated	

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

Employees, and Independent Contractors

- 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

Check this box if neither the organization n		orga	nıza	tion	con	nper	sate		rector, or trustee	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than o	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		T 1 1 1			171103	100,	- Irom	from related	other
	(list any hours for	lecte						the	organizations	compensation
	related	5	ᆲ			Safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	uste	fras		9	<u>اق</u>		(***2/1099-101130)		organization and related
	below	tual t	to a	_	l ge	15 av	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Р огтег	}		Organization o
(1) ADAM FARVER	1.00						_			
DIRECTOR		X						0.	0.	0.
(2) ROBERT VERMEER	1.00									
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(3) FRED KREYKES	1.00									
DIRECTOR	ļ.,	X						0.	0.	0.
(4) MIKE NARDINI	1.00								_	
DIRECTOR	1 00	Х	ļ		_	<u> </u>		158,181.	0.	0.
(5) MARK PUTNAM	1.00	,,					ŀ	262 042	0	•
DIRECTOR	-	Х			<u> </u>	ļ		263,842.	0.	0.
	-									
	 						┢─			
	<u> </u>									
		_	<u> </u>		ļ				-	
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Forn	990 (2019) COMMUNITY	BETTER	ME	NT	<u>' 0</u>	RG	AN	ΙZ	ZATION	42-149	968	6	Page 8
Pai	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	Name and title	(B) Average hours per week	r (do box,		(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	0		sation the ation lated
						Ť	-	_					
									-				
1b	Subtotal							>	422,023.				0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						>	422,023.).		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re					2
	compensation from the organization							_				Yes	
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hıg	hest compensated emp	loyee on		$oldsymbol{oldsymbol{\Box}}$	
_	line 1a? If "Yes," complete Schedule J for su										3	+	Х
4	For any individual listed on line 1a, is the su									he organization	-	X	_
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									fual for services	4	+^	+
	rendered to the organization? If "Yes." com-									304.707.007.7000	5		X
Sec	tion B. Independent Contractors									_			
1	Complete this table for your five highest corthe organization. Report compensation for t										sation	from	
	(A) Name and business	address	NC	NE	2				(B) Description of s	ervices		(C) pensat	ion
									12.2				
									·				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lim	nited	to t	thos 0		ted	above) who received mo	ore than			

42-1499686 COMMUNITY BETTERMENT ORGANIZATION Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenue excluded Total revenue business revenue from tax under function revenue sections 512 - 514 Grants Federated campaigns <u>1</u>a Membership dues 1b c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1g |\$ g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 35,575. 2 a PROPERTY TAX APPORTION 531120 35,575. Program Service Revenue RENTAL INCOME 531120 15,600. 15,600. 531120 10,760. 10,760. c EQUIPMENT REBATES All other program service revenue 935. Total. Add lines 2a-2f Investment income (including dividends, interest, and 90. 90. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a b Less. cost or other basis and sales expenses 7b c Gain or (loss) 17c d Net gain or (loss) 8 a Gross income from fundraising events (not 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 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances 10k b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code**

62,025

0

935

d All other revenue

Total. Add lines 11a 11d

Total revenue See instructions

Se <u>cti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	· · · · · · · · · · · · · · · · · · ·	<u> </u>	设施的基础的	A PARTY OF STREET
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			ALC: THE PARTY OF	ALTERNATION OF THE PARTY OF THE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			A ARTEMENT PURE PROPERTY OF	CALCALIANT OF THE RESIDENCE OF THE PARTY OF
4	Benefits paid to or for members			小海河沿河南南西 東京	HALLER HARRISTE
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]
0	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	· 			
11	Fees for services (nonemployees)				i
' i	Management				
b	Legal	2,100.	·	2,100.	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		THE KIND OF THE PARTY	建巴斯特尼州公司	
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				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	<u></u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		 		
21	Payments to affiliates	60.060	60.060		
22	Depreciation, depletion, and amortization	69,862.	69,862.		
23	Insurance	1 11294-112 4 4 47 7 21 1	20 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nucl. 20 of a	1 10 March 2 4 2 100 5
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 0.) PROPERTY TAXES	41,677.	41,677.	The Contraction	CONTRACTOR
a	INSURANCE	6,085.	6,085.		·
b	PROPERTY REPAIRS	1,174.	1,174.	 	
c d	TROTERIT RELATIO	1,1/4.	1,1,4.		
a e	All other expenses	<u> </u>	 		
25	Total functional expenses Add lines 1 through 24e	120,898.	118,798.	2,100.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization				
20	reported in column (B) joint costs from a combined			J	
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Part X² Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year -4. 1 1 Cash · non-interest-bearing 62,502. 490. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons TANDHE HANDE 2003 and the second Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 2,223,320. X. basis. Complete Part VI of Schedule D 10a 1,257,191. 1,035,991. 1,187,329. 10b 10c b Less accumulated depreciation 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 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,319,689. 1,260,816. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33.

,260,816. Form 990 (2019)

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1,260,816.

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1,319,689.

319,689.

319,689.

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Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2019) COMMUNITY BETTERMENT ORGANIZATION	42-	1499686	Pag	₁₂ 12
Pai	t XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				
		İ			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	62	,02	<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	120	, 89	<u> 98.</u>
3	Revenue less expenses. Subtract line 2 from line 1	_3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,319	,68	39.
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	1,260	, 8:	16.
Pa	t XII Financial Statements and Reporting				
	Check if 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				學到
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	整建		25.5
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		1772 1772	
	separate basis, consolidated basis, or both:			7. T.	
	Separate basis Consolidated basis Both consolidated and separate basis		建模型		
b	Were the organization's financial statements audited by an independent accountant?		2b	267 0	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		技训	夏
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1863		The State
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	NTM: LPT	. Zolanicoo
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			学术。	国作品
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 Aud	1 1		72
	Act and OMB Circular A-133?		3a		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud		1	í
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public

Employer identification number

COMMUNITY BETTERMENT ORGANIZATION 42-1499686 Part Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 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)) 3 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.) 8 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X 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

f Enter the number of support							
g Provide the following inform	ation about the supporte	d organization(s)					
(ı) Name of supported	(II) EIN	(III) Type of organization	(iv) is the organ	nization listed	(v) Amount of monetary	(vi) Amount of other	
organization		(described on lines 1 10 above (see instructions))	Yes No		support (see instructions)	support (see instructions)	
CENTRAL COLLEGE	42-0680344	6	x		0.) 	
CITY OF PELLA	42-6005115	8	х		0.		
PELLA REGIONAL HEALTH CENTER	42-0842204	7	х		0.		
2							
Total					0.	0.	

requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III

Schedule A (Form 990 or 990 EZ) 2019 C Part II Support Schedule for	OMMUNITY	BETTERMEN	T ORGANIZA	ATION	42-149	
(Complete only if you checke	•		-			΄ Λ .
fails to qualify under the tests			-	i i alieu to quality t	onder Fait III II tile	Organization
Section A. Public Support	, noted 65.611, piec		··· /			-/
	1 1 2 2 2 2		4 > 0047	4 0 0040	1	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")			 		 /	
2 Tax revenues levied for the organ-						
ization's benefit and either paid to	Į					
or expended on its behalf			 		 /	
3 The value of services or facilities furnished by a governmental unit to				,	./	
the organization without charge	[
			 	/		
4 Total. Add lines 1 through 35 The portion of total contributions	Methoral Char	NAME OF THE OWNER, THE	THE STATE OF THE S	TO THE PARTY OF TH	ASSISTANCE NO.	<u> </u>
by each person (other than a				/ / / / / / / / / / / / / / / / / / / /		
governmental unit or publicly				/ /		
supported organization) included				1/22		
on line 1 that exceeds 2% of the						
amount shown on line 11,						:
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support	Brain Con calliffer to Brain a comment of the	Interior and Asia Salah Contraction and	A STATE OF THE PARTY OF THE PAR	199-197 PROPERTY CHARLES	Modern Street Comment 2 3	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	(4) 20,0	(0) 20.0		(4) = 4.0	10723.0	(7.00
8 Gross income from interest,						
dividends, payments received on	Ĭ	1	1		['	
securities loans, rents, royalties,		l' /				
and income from similar sources	ì		}			
9 Net income from unrelated business						
activities, whether or not the		/				
business is regularly carried on					•	
10 Other income Do not include gain						
or loss from the sale of capital	1	/	ĺ		ľ	
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10	光台和语数/ 第	和為原理學	是被認識的	沙东岛西北部	那個問題的	
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	
organization, check this box and sto						▶□
Section C. Computation of Publ	ic Support Per	centage			·	
14 Public support percentage for 2019 (line 6, column (f) di	vided by line 11, o	column (f))		14	%
15 Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a 33 1/3% support test - 2019. If the	organization did no	ot check the box o	on line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
stop here. The organization qualifies	as a publicly supp	orted organization	า			▶□
b 33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check the	ŝ box
and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a 10% -facts-and-circumstances test	t - 2019. If the org	janization did not	check a box on line	: 13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization preets the "fac	ts-and-circumstan	ces" test, check ti	his box and stop h	iere. Explain in Pa	rt VI how the organ	ization
meets the "facts and circumstances"	-	-	· ·	_		▶∟
b 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	sa, 16b, 17a, or 17b			
/				Sche	edule A (Form 990	or 990-EZ) 2019
/						

Sche	rt III Support Schedule for C	OMMUNITY .	Described in S	Section 509(a)	ATTON	42-149	9686 Page 3
		•			•	Part II If the organiz	ation foils to
	(Complete only if you checked qualify under the tests listed b			organization railed	to quality under r	art ii ii tile organiz	ation fails to
Sec	tion A. Public Support	ciow, pioase comp	noto i ait ii j	·			
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
	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 bus-	ļ					
	iness under section 513					/	
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		4444				
5	The value of services or facilities					1	
	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					 	
	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						
С	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)	是生物等等的	D. Carlot Ar. T. (5. V. 7. 7. 1. 1.	1 2 2 500 1 1	THE CARL	
	tion B. Total Support		,			T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		/				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
	Add lines 10a and 10b		/			1	
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						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	-/				1	
	First five years. If the Form 990 is for	r the organization's	first second thin	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiza	ition.
	check this box and stop here	/ organization -		-,	,		▶ □
	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2018		-	· · ·		16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a_t	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	<u> </u>

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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?
- 6 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.)

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	Yes	No
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Sche	edule A (Form 990 or 990-EZ) 2019 COMMUNITY BETTERMENT ORGANIZATION 42-14	19968	6 Р	age 5
Pai	rt IV Supporting Organizations (continued)			
	1 . 1 . O . O . O . O . O . O . O . O .		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		X
b	A family member of a person described in (a) above?	11b		X
с	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.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		- 1	2.3
	controlled the organization's activities. If the organization had more than one supported organization,			, Nº %
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 74	15.3	, ,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	3	15.5	7, 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2, 1,00	5	-1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	24	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 5
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	· ,		*
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, -	` ; `
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ ·	5-	T
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		•	1. ;
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		-4	3 ad.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		\$,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	56	- • .	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3	**	3
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	Х	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		
	significant voice in the organization's investment policies and in directing the use of the organization's	iii		[· , ·]
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	} `		' :
_	supported organizations played in this regard	3		X
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 		
а	X The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations and how the organization determined			$oldsymbol{f L}_{oldsymbol{-}}oldsymbol{f J}$
	that these activities constituted substantially all of its activities	2a		X
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	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.			
а	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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		1 1

	dule A (Form 990 or 990 EZ) 2019 COMMUNITY BETTERMENT OR			2-1499686 Page 6
Ра	Type III Non-Functionally Integrated 509(a)(3) Supporting		· 	<u></u>
1	Check,here if the organization satisfied the Integral Part Test as a qualifying	•	• • •	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete 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	Recovenes 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	1	1	1
	maintenance of property held for production of income (see instructions)	6		
_ _	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	操		
_	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		'
с	Fair market value of other non exempt-use assets	10		
_ d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	19:37	HINTON STATES	THE SHARE
_	factors (explain in detail in Part VI)			
_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	西的运动为西部是这种	
_2	Enter 85% of line 1	2	证性的可引用的影響的	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	克斯斯里伯斯斯斯中斯斯	
_4	Enter greater of line 2 or line 3	4	古中の子子の一方は、一方という	
_5	Income tax imposed in prior year	5	古物的。中國經濟計2个2	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		THE PROPERTY OF A STATE OF THE PARTY OF THE	
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019

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Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule A	(Form 990 or 990 EZ) 2019 COMMUNITY BETTERMENT ORGAN	IZATION	12-1499686 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part IP Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also compli (See instructions)	l, line 10, Part II, line 17a or 17 c, Part IV, Section B, lines 1 an and 3b, Part V, line 1, Part V, S	b, Part III, line 12, d 2, Part IV, Section C, ection B, line 1e, Part V.
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932028 09-25-19

Schedule A (Form 990 or 990 EZ) 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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number 42-1499686

(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 (during year) 4 Aggregate value of grants from (during year) 5 Did the organization informal if dinors and donor advisors in writing that the assets held in donor advisors during that the assets held in donor advisor writing that grant funds can be used only for charistable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring interpretable purpose and not for the benefit of the donor donor advisor in the purpose conferring interpretable purpose and the purpose conferring interpretable purpose and not for the benefit of the other purpose conferring interpretable purpose conferring interpretable purpose conferring interpretable purpose and not for the purpose conferring interpretable purpose conferring interpretable purpose conferring interpretable purpose conferring interpretable purpose and purpose interpretable purpose and purpose interpretable purpose and purpose interpretable purpose and section in the formation of a conservation easements in the conservation easements in the force interpretable interpretable i	Par			Accounts. Complete if the
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A Aggregate value of grants from (dumg year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in some all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in form all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purpose benefit? For the conference of the donor or donor advisor, or for any other purpose conferring impermissable purpose benefit? For the conference or form 950, Part IV, line 7 1 Purposely of conservation assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purposely of conservation or assements. Somethed the organization or education impermits and a part of the properties of the properties of a conference of a certified historically important land area Protection of natural habitat Processor and the properties of a conference of a certified historically important land area Preservation of a certified historically and the form of a conservation assement and aday of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in a conservation easement in a certified historic structure included in (a) 3 Number of conservation easements an a certified historic structure included in (a) 4 Number of conservation easements and activities included in (b) activities in the National Register 5 Note that the National Register 5 Note that the National Register 6 Note that the National Register 6 Note that the	1	·		
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Feart.II so Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) □ Preservation of land for public use (for example, recreation or education) □ Preservation of a bistorically important land area □ Protection of instural habitat □ Preservation of a conservation easements. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and any of the tax year. 3 Total number of conservation easements is not certified historic structure included in (a) 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ 2d Number of conservation have a writing that grant is located ≥ 2d Number of extreme to the conservation easements is holds? 5 Does the organization have a writing that grant is holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements to holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ≥ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) 9 In Part XIII, describe how the organization r	3			
are the organization's property, subject to the organization's exclusive legal control? Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferming impermisable private benefit? Partillas Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purposetel) of conservation Easements held by the organization (check all that apply) Preservation of a floor for public use (for example, recreation or education) Preservation of or natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2a through 26 if the organization held a qualified conservation contribution in the form of a conservation easements day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Sumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements in thick? 1 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements that holds? 8 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements that holds? 8 Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)) 1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Com	4	,		
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part	5			
Partitise Conservation Easements Conservation Easements Preservation Easements		• • • • • • • • • • • • • • • • • • • •	_	
Preservation Pre	6			
Part,		• •	r donor advisor, or for any other purpose con	
Propose(s) of conservation easements held by the organization (check all that apply)	la Day			
Preservation of land for public use (for example, recreation or education)				t IV, line 7
Protection of natural habitat	1			
Preservation of open space				• ,
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2			Preservation of a c	certified historic structure
day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d 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 listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \(\) year \(\) Umber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \(\) Umber of states where property subject to conservation easement is located \(\) Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement during the year \(\) Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \(\) Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \(\) \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhi				
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a Revenue included on Form 990, Part VIII, line 1	2	-		, p. 0100
	_		,	▶ \$
h. Assets included in Form 990. Part X. ▶ 5	h	Assets included in Form 990, Part X		> \$

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued			TY BETTERM							<u>99686</u>	
a Public exhibition d Loan or exchange program a Public exhibition d Cother b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold for rase funds rather than to be maintained as part of the organization's exempt purpose in Part XIII 5 During the year, did the organization of content of art, historical treasures, or other similar asserts to be sold for rase funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Amount It Amount It It It It It It It	Par	t III Organizations Maintaining C	ollections of Ar	<u>t, Hist</u>	orical Tre	asures, o	r Other	r Simila	r Assets	(continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII During the year, did the organization ascolar or receive donations of air, historical treasures, or other similar assets Yes No Part IV Exports and custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 16. It is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. It is a Beginning of year balance 2 bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. Part XIII P	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	ollowing tha	t make si	ignificant i	use of its		
b Scholarly research complete the organizations of Preservation for future generations 4 Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds artifacing and a manufaced as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If It is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If It is is the organization and the year is the organization during the year is 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t		collection items (check all that apply)									
c	а	Public exhibition	C	; <u> </u>	Loan or exc	hange progr	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part XIII Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization and any explain the arrangement in Part XIII and complete the following table: Complete the following table:	b	Scholarly research	•	.	Other					-	
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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Complete Comp	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as	sets not i	ıncluded			
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b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part XIII	f	Ending balance						1f_			
Part W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabili	ity?		Yes	No No
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Prowde the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	Par	Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Parl	t IV, line 1	10		· · · · · · · · · · · · · · · · · · ·	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment \bsize \frac{9}{36} The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI" Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) depreciation 1a Land 76,000. 5 Buildings 76,000. 76,000. 6 Buildings 76,000.			(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment	f	•		ļ		ļ					
a Board designated or quasi-endowment	9	•	L	L		<u></u>				L	
b Permanent endowment \			rent year end balanc	•	g, column (a)) held as					
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI* Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 76,000. 5 Buildings 1,948,243. 894,976. 1,053,267. c Leasehold improvements d Equipment e Other 199,077. 141,015. 58,062.	С		• •								
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Part VI - Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 5 Buildings c Leasehold improvements d Equipment e Other Omplete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (b) Cost or other basis (other) (c) Accumulated depreciation 76,000. 76,000. 1,948,243. 894,976. 1,053,267.	L	· ·	strong hoted as require	ad an S	abadula D2						
Part VIT. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land 5 Buildings 1 Leasehold improvements 4 Equipment 6 Other 199,077. 141,015. 100 C) Accumulated depreciation 76,000. 76,000. 76,000. 76,000. 76,000. 76,000. 76,000. 76,000. 76,000.			•							30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation				winent	iulius						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	L) Part I\	/ line 11a S	ee Form 990) Part X	line 10			
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1a Land 76,000. 76,000. b Buildings 1,948,243. 894,976. 1,053,267. c Leasehold improvements Equipment e Other 199,077. 141,015. 58,062.		Description of property	1 '		1 ' '				- 1	(a) book (- 2100
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c Leasehold improvements d Equipment e Other 199,077. 141,015. 58,062.								394.9	76.		
d Equipment e Other 199,077. 141,015. 58,062.		_			-,	-,	<u> </u>				<u>, </u>
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1 107 200		• •			19	9,077.		141,0	15.	58	,062.
			gual Form 990. Part	X. colun							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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(9)

	t XI Reconciliation of Revenue per Audited Financial Sta		42-1499666 e per Return	Page 4
[Fai	. Complete if the organization answered "Yes" on Form 990, Part IV, Iii		e per neturn.	
1	Total revenue, gains, and other support per audited financial statements	10 124	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	. `	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	24.30.	
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	<u></u>	
b	Other (Describe in Part XIII)	_4b	5 3	
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	
₽a	t·XII) Reconciliation of Expenses per Audited Financial St		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:	1 1		
а	Donated services and use of facilities	_ <u>2a</u>		
b	Prior year adjustments	. <u>2b</u>		
C	Other losses .	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 IX, line 25, but not on line 1	1 . 1	[~][#]	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) Add lines 4a and 4b	4b	<u> </u>	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	0.1	4c 5	
	rt XIII Supplemental Information.	0.1		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		art V, line 4, Part X, line 2, Part XI,	
	20 and 10, and 1 arriving mice 20 and 10 7 not complete time paint to promote a	ny additional miletination		
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				<u>-</u> -
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932054 10-02-19

Schedule D (Form 990) 2019

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.

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

Open to Public

OMB No 1545-0047

Name of the organization

Part In Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number

42-1499686

			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,	13.02	44	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		藝家	
	First-class or charter travel Housing allowance or residence for personal use	2	2	1.26
	Travel for companions Payments for business use of personal residence		移	4.4
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		3.7	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	2.6	3.	91
			2.3	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		33.	200
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	統領	W.	多線質
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		2.76	14	4 67
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		537	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		**	125
	establish compensation of the CEO/Executive Director, but explain in Part III		W.	
	Compensation committee Written employment contract		まる	C X
	☐ Independent compensation consultant ☐ Compensation survey or study			****
	Form 990 of other organizations Approval by the board or compensation committee			
		7		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		拉	
•	organization or a related organization	- 22	选	烂
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	37.5	名。	級致
			10	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	3.1	271	1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	展刊		
		137 341		35.00
а	contingent on the revenues of	:		
	The organization?	5a		X
b	•	5a 5b		X
b	The organization?		478	
ь 6	The organization? Any related organization?			
	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III			
	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			X C
	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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	5b		X
6 a	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization?	5b 6a		X C
6 a	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III	5b 6a	A CONTRACTOR OF THE CONTRACTOR	X C
6 a b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? 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	5b 6a 6b	2,	X X X
6 a b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III	5b 6a 6b	2,	X X X
6 a b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III	5b 6a 6b	2,	X X X
6 a b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5b 6a 6b	2,	X X X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

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-MI	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)	in column (b) reported as deferred on prior Form 990
(1) MIKE NARDINI	Ξ	158,181.	0	0	0	0	158,181.	0.
DIRECTOR	(II)		0	0	0	0	-1	0
(2) MARK PUTNAM	Ξ	263,842.	0	• 0	0	0	263,842.	0
DIRECTOR	<u> </u>		• 0	• 0	• 0	0.	0	0
	Ξ							
	Ξ							- "
	Ξ							
	(ii)							
	(i)							
	(ii)							1
	(i)							
	(ii)							
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	Ξ							
	<u>(ii)</u>							
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1	Ξ							
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Schedule J (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department 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.

Open to Public

OMB No 1545-0047

Name of the organization

COMMUNITY BETTERMENT ORGANIZATION

Employer identification number 42-1499686

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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Employer identification number

42-1499686

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

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

BETTERMENT ORGANIZATION

COMMUNITY

Open to Public Inspection 2019

OMB No 1545-0047

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 Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(p)	(e)	()	(6)	5
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) Yo)
of related organization		foreign country)	section	status (if section	entity	entity?	~
		:		501(c)(3))		Yes	No
CENTRAL COLLEGE - 42-0680344							
812 UNIVERSITY				170(B)(1)(A)(
PELLA, IA 50219	EDUCATIONAL INSTITUTION	IOWA	501(C)(3)	۷)	N/A		×
PELLA REGIONAL HEALTH CENTER - 42-0842204							
404 JEFFERSON STREET				170(B)(1)(A)(
PELLA, IA 50219	HEALTH CARE SERVICES	IOWA	501(C)(3)	VI)	N/A		X
CITY OF PELLA - 42-6005115							
825 BROADWAY				170(B)(1)(A)(
PELLA, IA 50219	CITY SERVICES	IOWA	501(C)(3)	VI)	N/A		×
4.4	,						

Schedule R (Form 990) 2019

42-1499686 Page 2

Schedule R (Form 990) 2019 COMMUNITY BETTERMENT ORGANIZATION

Part III) 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

(a)	(£)	<u>(</u>)	(Q)	<u>e</u>		9	(6)	ε	Ξ	3	S
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax index		Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box		General or Percentage managing ownership
		foreign country)		sections 5	12-514)		desets	Yes No	K-1 (Form 1065		
		-									
						_			_		
			:			-		-	_		
					_						
					_						
								-			
Part IV: 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	ganizations Taxable a rporation or trust durin	s a Corpor g the tax ye	ation or Trust. Co	omplete if the	s organization a	nswered "Yes"	on Form 990, F	art IV, line 3	t, because it had	one or mo	re related
(a)			(q)	(0)	(p)	(e)		(J)	(6)	(H)	3
Name, address, and EIN of related organization	Z c	Primis	Primary activity	<u></u>	Direct controlling entity	Type of entity (C corp, S corp,		Share of total income	# <u>#</u>	Percentage ownership	Section 512(b)(13) controlled entity?
			-	country)		Si di	'n		assers		Yes No
			.								
				_							•
								_			
									_		
											-
									_		

Schedule R (Form 990) 2019

Page 3

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

ount involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
	elationships and transaction thresholds	his line, including covered r	no must complete t	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
1s X				s Other transfer of cash or property from related organization(s)
1r X				r Other transfer of cash or property to related organization(s)
なでを記される。				
Tq X				 Reimbursement paid by related organization(s) for expenses
1p X				 Peimbursement paid to related organization(s) for expenses
,				 Sharing of paid employees with related organization(s)
두			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
m X			nization(s)	$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)
1 X			lated organization(s)	l Performance of services or membership or fundraising solicitations for related orga
1k				k Lease of facilities, equipment, or other assets from related organization(s)
-				 Lease of facilities, equipment, of other assets to related organization(s)
;=				ı Exchange of assets with related organization(s)
# X				h Purchase of assets from related organization(s)
Tg X				g Sale of assets to related organization(s)
×				f Dividends from related organization(s)
ф. Х				 Loans or loan guarantees by related organization(s)
1d				 d Loans or loan guarantees to or for related organization(s)
10 ×				c Gift, grant, or capital contribution from related organization(s)
1b X				b Gift, grant, or capital contribution to related organization(s)
Ta . X			`	a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
.,	n Parts II·IV?	elated organizations listed i	s with one or more r	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?
Yes No				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		type (a-s)		.
(1)				
(2)				
(3)	7 84			
	•			
(4)				
(2)				
*				
(9)				
932163 09-10-19				Schedule R (Form 990) 2019

6 Page 4

Part VIT 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.

(k) centage nership				}		
or Perce				 		
(j) General or managing partner? Yes NO						
Code V-UBI General of Percentage amount in box 20 managero of Schedule Kr 1 partner (Form 1065) Yes No			_		}	
(h) Disproportionale allocations?						
(g) Share of the control of the cont		., .,				
(f) Share of total income						
Are all Are all Solici(3) Ougs?						
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2019

Schedule F	R (Form 990) 2019	COMMUNITY	<u>BETTERMENT</u>	ORGANIZATION	42-1499686	Page 5
Part VII	R (Form 990) 2019 Supplemental Info	ormation		***************************************		
	Provide additional infor		guestions on Sched	ule R See instructions		
		 				
						
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