



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable

Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS
label or
print or
type.
See
Specific
Instructions

C
JOBS PLUS INC
PO BOX 1088
COEUR D'ALENE, ID 83816-1088

D Employer identification number

82-0413341

E Telephone number

208-667-4753

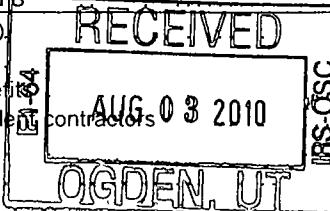
F Group Exemption
Number ►• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► N/A

H Check ► if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).J Tax-exempt status (check only one) — 501(c) (6) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990
instead of Form 990-EZ ► \$ 314,775.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 309,361.
4 Investment income	4 5,414.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ► _____)	8
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 314,775.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 183,012.
13 Professional fees and other payments to independent contractors	13 2,730.
14 Occupancy, rent, utilities, and maintenance	14 12,840.
15 Printing, publications, postage, and shipping	15 1,229.
16 Other expenses (describe ► SEE STATEMENT 1)	16 112,513.
17 Total expenses. Add lines 10 through 16	17 312,324.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,451.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 229,398.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 231,849.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22 Cash, savings, and investments	(A) Beginning of year 229,398.	(B) End of year 231,849.
23 Land and buildings	22	
24 Other assets (describe ► _____)	23	
25 Total assets	24	
26 Total liabilities (describe ► _____)	229,398.	231,849.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.
	26	
	229,398.	231,849.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 3

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>SEE STATEMENT 4</u>		150,102.	22,438.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file **Form 1120-POL** for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A; section 4955 N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed NONE

42a The organization's books are in care of HILDEGARD SHETLER Telephone no. 208-667-4753
 Located at 210 SHERMAN AVE., SUITE 102 COEUR D'ALENE ID ZIP + 4 83816

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: 42b X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

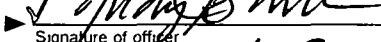
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	► 	Date 17-30-10
	► Hildesand Shetler, Corp. Secy.	
	► Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► 	Date 7/28/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00073699
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MAGNUSON, MCHUGH & COMPANY, P.A.	EIN ► 82-0331228	Phone no ► 208-765-9500	
	► 2100 NORTHWEST BLVD, SUITE 400			
	COEUR D'ALENE, ID 83814			

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2009)

2009

FEDERAL STATEMENTS

PAGE 1

JOBS PLUS INC

82-0413341

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 5,263.
AUTO EXPENSE	12,297.
BANK CHARGES	55.
BOARD EXPENSE	2,631.
CAPITAL EXPENSE	722.
CLIENT EXPENSE	27,818.
DUES & SUBSCRIPTIONS	9,852.
INSURANCE	5,389.
LEAD GENERATION	5,698.
MISCELLANEOUS	5,291.
REPAIR AND MAINTENANCE	150.
SUPPLIES	3,897.
TELEPHONE/INTERNET	5,929.
TRAVEL	27,521.
TOTAL	\$ 112,513.

STATEMENT 2
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RECRUITING COMPANIES FOR RELOCATION OR EXPANSION TO KOOTENAI COUNTY, IDAHO. EXPAND AND DIVERSIFY THE ECONOMIC AND EMPLOYMENT BASE OF THE COUNTY. WE DO THIS BY HOSTING CLIENT VISITS, PROVIDING INFORMATION AND STAFF ASSISTANCE. MEMBERS AS OF 12/31/2009 TOTALLED 100.

STATEMENT 3
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DURING 2009, JOBS PLUS, INC. SUCCESSFULLY RECRUITED FOUR COMPANIES TO KOOTENAI COUNTY, IDAHO. THE TOTAL NUMBER OF NEW JOBS CREATED BY ALL RECRUITED COMPANIES IN 2009 WAS 343. THE COMPANIES MAINTAINED THE ECONOMIC AND EMPLOYMENT BASE OF KOOTENAI COUNTY, IDAHO. COMMITMENTS FOR 2010 INCLUDE 157 JOBS.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PRISCILLA BELL 1000 W GARDEN COEUR D'ALENE, ID 83814	DIRECTOR \$ 2.50	0. \$ 0.	0. \$ 0.	0.

2009

FEDERAL STATEMENTS

PAGE 2

JOBS PLUS INC

82-0413341

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIC HOLMES 8047-1 W MAIN RATHDRUM, ID 83858	DIRECTOR 2.50	0. \$	0. \$	0.
JOHN BARLOW PO BOX 6200 COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
SCOTT HOSKINS 2115 GOVERNMENT WAY COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
SANDI BLOEM 710 E MULLAN AVE COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
CLAY LARKIN 408 SPOKANE ST POST FALLS, ID 83814	DIRECTOR 2.50	0.	0.	0.
RON MCINTIRE PO BOX 10 HAYDEN, ID 83814	DIRECTOR 2.50	0.	0.	0.
PATTY SHEA 1735 N 15TH ST COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
RICK CURRIE PO BOX 9000 COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
JERRY KEANE P.O. BOX 40 POST FALLS, ID 83877	DIRECTOR 2.50	0.	0.	0.
JOE MORRIS 2003 LINCOLN WAY COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
DOUG WRIGHT PO BOX 2559 COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
DENNY DAVIS 608 NORTHWEST BLVD, # 300 COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBERT KETCHUM 525 W CLEARWATER LOOP POST FALLS, ID 83854	DIRECTOR \$ 2.50	0. \$	0. \$	0.
JIM GLENN 11679 N WARREN ST HAYDEN, ID 83835	DIRECTOR 2.50	0.	0.	0.
BRUCE CYR 4752 W RIVERBEND AVE POST FALLS, ID 83854	TREASURER 2.50	0.	0.	0.
JIM DEFFENBAUGH 11100 AIRPORT DR HAYDEN, ID 83835	DIRECTOR 2.50	0.	0.	0.
JOHN GOEDDE 1010 E. MULLAN, UNIT 203 COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
DAVE PALMER 10157 TARYNE ST. HAYDEN, ID 83835	DIRECTOR 2.50	0.	0.	0.
JOHN BEUTLER 1836 NORTHWEST BLVD COEUR D'ALENE, ID 83814	DIRECTOR 2.50	0.	0.	0.
EVE KNUDTSEN 1900 POLSTON POST FALLS, ID 83854	DIRECTOR 2.50	0.	0.	0.
STEVEN J. GRIFFITTS P.O. BOX 1088 COEUR D'ALENE, ID 83816	PRESIDENT 60.00	112,560.	12,169.	0.
HILDEGARD E. SHETLER P.O. BOX 1088 COEUR D'ALENE, ID 83816	SECRETARY 50.00	37,542.	10,269.	0.
CHIEF ALLAN P.O. BOX 408 PLUMMER, ID 83851	DIRECTOR 2.50	0.	0.	0.
TOTAL		\$ 150,102.	\$ 22,438.	\$ 0.