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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
<b>b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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 tax year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	✓
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .	<b>40e</b>	✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>James D. Manley</u> Telephone no. ▶ <u>(309) 755-5407</u> Located at ▶ <u>177 38th Ave, East Moline, IL</u> ZIP + 4 ▶ <u>61244-3352</u>		
<b>b</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: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</b>	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	✓

<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
<b>47</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

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

<b>Sign Here</b>	<i>James D. Manley, Treasurer</i> Signature of officer	6 Feb 2012 Date
	James D. Manley, Treasurer (309) 755-5407 Type or print name and title	JamesDonaldManley@gmail.com

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
**JDRO**

Employer identification number  
**35-231590**

Part I - Line 16 - Member dues and project contribution to the National Retiree Legislative Network

Part I - Line 20 - Change from 2010 to 2011 in Unrealized Gain/Loss on Deere (DE) stock investment (2405.00 - 1835.00 = -570.00)

Part II - Line 24 - 100 Shares of Deere & Company (DE) stock

Part III - Purpose, Line 28, Line 29 and Line 30 - see attached

Part IV - List of Officers, Directors, Trustees and Key Employees - see attached

**Schedule O                      JDRO   EIN=35-2315790**  
**Attachment to Form 990-EZ for 2011 Tax Year**

Part III – Purpose	The purpose of the organization is to preserve and maintain Deere benefits for flex salaried retirees, including, but not limited to , health, pension and life insurance, through discussion with and persuasion of Deere & Company, or litigation, if necessary.
Part III – Line 28	Association with National Retiree Legislative Network (NRLN) – The NRLN develops, identifies and rallies support for federal legislation that guarantees fair and equitable treatment of retirees. NRLN is a non-partisan coalition of retiree associations and individual members. Each JDRO Member is automatically a NRLN Member and receives newsletters and information on NRLN actions and ways that they can participate in the process with their legislators.
Part III – Line 29	The JDRO Web Site is available to JDRO Members. The web site contains a constantly updated wealth of information relevant to JDRO Members. Information such as scheduled meetings, company and non-company announcements of interest, things to be aware of (Tid-Bits), letters from other Members and links to other sites and articles of interest.
Part III – Line 30	Local Chapter Programs – These are programs tailored to a somewhat smaller local Member audience. They include sessions on subjects like “Wills, Estate Planning and Living Wills” and “Scams and Deceptive Practices Aimed at Seniors”.
Part III – Line 31	Q & A – Many questions are submitted to JDRO usually via e-mail. When JDRO Members have questions on Medicare, Medicare Advantage and prescription drug plans, JDRO answers those questions. If we don’t know the answer, we do our best to point Members in the right direction to find answers. We offer e-mail all Members with information we this in important.

**Schedule O JDRO EIN=35-2315790  
Attachment to Form 990-EZ for 2011 Tax Year**

(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
First Name	Middle Name	Last Name	Address				
William	Eugene	Gabbard	3303 14th Street Silvis	IL 61282 President/Director	-0-	-0-	-0-
Michael	J	Stohlmeier	4515 6th Street Court East Moline	IL 61244 Vice President/Director	-0-	-0-	-0-
Gary	Mack	Stolley	11521 103 Avenue Court Coal Valley	IL 61240 Vice President/Director	-0-	-0-	-0-
Stephen	Lowell	Darling	4231 East 58th Street Davenport	IA 52807 Vice President/Director	-0-	-0-	-0-
James	Donald	Manley	177 38th Avenue East Moline	IL 61244 Treasurer/Director	-0-	-0-	-0-
William	Lee	Zessar	20 Wildwood Trail Bettendorf	IA 52722 Secretary/Director	-0-	-0-	-0-
G	Bart	Bontems	2814 Thistle Way Naples	FL 34105 Director	-0-	-0-	-0-
David	Norman	Cantrell	9218 Military Road Dubuque	IA 52003 Director	-0-	-0-	-0-
Erceel (Dave)	Dean	Davis	3324 37th Avenue Drive Moline	IL 61265 Director	-0-	-0-	-0-
Joyce	Lois	Eckstein-Swift	2415 Middle Road Davenport	IA 52803 Director	-0-	-0-	-0-
Tommy	Leon	Grooms	4815 6th Street Court East Moline	IL 61244 Director	-0-	-0-	-0-
David	J	MacKenzie	1303 Lynwood Avenue Ottumwa	IA 52501 Director	-0-	-0-	-0-
Walter	Leonard	Mochal	4643 Butterfield Road Cedar Falls	IA 50613 Director	-0-	-0-	-0-