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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

A For the 2011 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable	C Name of organization
<input type="checkbox"/> Address change	VINTON UNLIMITED
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	P.O. BOX 640
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4
<input type="checkbox"/> Amended return	VINTON IA 52349
<input type="checkbox"/> Application pending	
	D Employer identification number
	42-1245406
	E Telephone number
	319/472-3955
	F Group Exemption Number ▶
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ _____	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

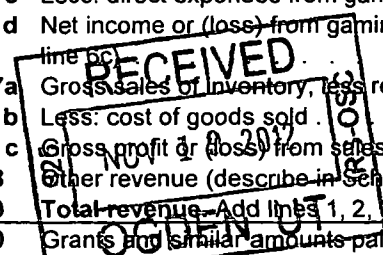
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 44,361

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	21,016
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	23,019
	4	Investment income	4	326
	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)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
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)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,361	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	30,447
	13	Professional fees and other payments to independent contractors	13	900
	14	Occupancy, rent, utilities, and maintenance	14	5,567
	15	Printing, publications, postage, and shipping	15	5,331
	16	Other expenses (describe in Schedule O)	16	17,781
	17	Total expenses. Add lines 10 through 16	17	60,026
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,665
	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	43,565
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,901

SCANNED Revenue
DFC 1 & 2012
Expenses



6

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,083	30,168
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	46,083	30,168
26 Total liabilities (describe in Schedule O)	2,518	2,267
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,565	27,901

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

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses

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

What is the organization's primary exempt purpose? **INDUSTRY & BUSINESS RECRUITMENT**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 RECRUITMENT OF NEW INDUSTRY & BUSINESS FOR COUNTY SEAT TOWN OF 5,200+ SEVERAL CONTACTS MADE MONTHLY.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PROMOTE RETAIL SALES IN CITY ONE MAJOR ACTIVITY EACH MONTH.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 PROMOTE GENERAL WELL-BEING OF COMMUNITY THROUGH ANNUAL WEEKEND CELEBRATION ONE OR TWO OTHER MAJOR EVENTS, PLUS SEVERAL SMALLER EVENTS DURING YEAR.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JON CLINGMAN 106 E 4TH ST VINTON IA 52349	Title VICE-PRES Hr/WK <1	0		
DON EELLS 5649 24TH AVE DR VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
NATHAN HESSON 310 A AVE VINTON IA 52349	Title EX. DIRECTOR Hr/WK 40.00	27,258		
DAN ENGLEADOW 610 E 5TH ST VINTON IA 52349	Title PRESIDENT Hr/WK <3	0		
TIM BIRD 204 W 4TH ST VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
TOM LINDAUER 401 B AVE VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
DAVE WESSLING 415 A AVE VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
GEORGE BAUER 206 W 4TH ST VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
ANDY LENT 1106 E 2ND ST VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
KATHY TRANEL 1515 E AVE VINTON IA 52349	Title SECRETARY Hr/WK <1	0		
SCOTT BARRON 411 A AVE VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		
RICH HAINSTOCK 212 W 15TH ST VINTON IA 52349	Title DIRECTOR Hr/WK <1	0		

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
33	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.		X
34	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).		X
35 a	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)?		X
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.		X
35 c	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.		X
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.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a NONE		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> , section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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.		
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. <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
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.		X
41	List the states with which a copy of this return is filed. <input type="text"/>		
42 a	The organization's books are in care of NATHAN HESSON Telephone no. 319/472-3955 Located at 310 A AVE City VINTON ST IA ZIP + 4 52349		
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	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: <input type="text"/>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43 <input type="text"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44a			X
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.		X
44b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			X
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).		X
45b			X

46 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
46 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 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

47 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
47

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

48

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

49a

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

49b

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."

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here Signature of officer: Nathan Hesson, Director Date: 11/15/12

Paid Preparer Use Only Print/Type preparer's name: RICHARD H KERDUS Preparer's signature: [Signature] Date: 11/15/2012 Check self-employed: [] PTIN: P00025041 Firm's name: KERDUS AND BARRON PC Firm's EIN: 42-1343982 Firm's address: 205 W 4TH ST, VINTON, IA 52349 Phone no: (319)472-3817

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

VINTON UNLIMITED

Employer identification number

42-1245406

Form 990-EZ, Part I, Line 16, Other Expenses: CONTINUING EDUCATION & CONFERENCES: 820

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING: 6,015

Form 990-EZ, Part I, Line 16, Other Expenses: DUES & SUBSCRIPTIONS: 1,552

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE & INTERNET: 2,718

Form 990-EZ, Part I, Line 16, Other Expenses: MEMBERSHIP & MISCELLANEOUS: 1,755

Form 990-EZ, Part I, Line 16, Other Expenses: TRAVEL EXPENSE: 756

Form 990-EZ, Part I, Line 16, Other Expenses: FAMILY FESTIVAL: 4,000

Form 990-EZ, Part I, Line 16, Other Expenses: TAX & LICENSE: 165

Form 990-EZ, Part I, Line 20, Net Assets: ROUNDING: 1

Form 990-EZ, Part II, Line 26, Liabilities: SHORT TERM LIABILITIES: Beginning of year: 1,928,

End of year: 1,428

Form 990-EZ, Part II, Line 26, Liabilities: ACCRUED PAYROLL TAXES: Beginning of year: 590, End

of year: 839

Name of the organization

Employer identification number

VINTON UNLIMITED

42-1245406

Area with horizontal dashed lines for supplemental information.

