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► 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 07-01-2011, and ending 06-30-2012**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MVL COMMUNITY DEVELOPMENT GROUP		<b>D</b> Employer identification number 20-4769084
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 31	Room/suite	<b>E</b> Telephone number (319) 866-7033
	City or town, state or country, and ZIP + 4 MT VERNON, IA 52314		<b>F</b> Group Exemption Number 

**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)(3) ☒ 501(c)(6) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**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. **\$** 130,776

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	98,821
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	20,992
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	163
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	10,800
	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	6,455
	<b>d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>	4,345
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	124,321	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	9,471
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	43,762
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,740
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	5,296
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	587
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	67,844
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	128,700
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-4,379
	<b>19</b>	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) . . . . .	<b>19</b>	76,290
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	71,911

Part II

Balance Sheets

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

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(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	76,190	22	75,212
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	100	24	
25	Total assets . . . . .	76,290	25	75,212
26	Total liabilities (describe in Schedule O) . . . . .		26	3,301
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	76,290	27	71,911

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose?  
ACTIVELY PROMOTE CULTURAL, RECREATIONAL, EDUCATIONAL AND BUSINESS RESOURCES IN THE MT VERNON-LISBON AREA

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 See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

☐

28a

(Grants \$ )

If this amount includes foreign grants, check here

☐

29a

(Grants \$ )

If this amount includes foreign grants, check here

☐

30a

31 Other program services (describe in Schedule O) . . . . .

(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 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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 . . . . .	33	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	No
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 . . . . .	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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 . . . . .	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 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ SONIA REDMOND Telephone no ▶ (319) 895-8835 206 1ST ST SW Located at ▶ MT VERNON, IA ZIP + 4 ▶ 52314		
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> .	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	No
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		
46			No

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.

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

		Yes	No
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		
48	Is the organization a school 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?		
49b	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 & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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	2012-11-14 Date		
	SONIA REDMOND BOARD MEMBER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Mark Sargent	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Sargent & Fortmann LLP 506 1st Avenue S Suite B Mt Vernon, IA 523141612			EIN
				Phone no (319) 895-6295

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 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 MVL COMMUNITY DEVELOPMENT GROUP	Employer identification number 20-4769084
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	COMMUNITY CASH PAYABLE - Beginning \$0 COMMUNITY CASH PAYABLE - Ending \$3301
Form 990-EZ, Part II, Line 24 1	Other Assets 1	MISC RECEIVABLE - Beginning \$100 MISC RECEIVABLE - Ending \$0
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	BANK CHARGES \$110
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	MISC EXP \$185
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	MSI EVENTS \$220
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	VOLUNTEER DRIVE \$395
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	MEET THE COMMUNITY NIGHT \$408
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	AMBASSADORS \$520
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	REPAIRS & MAINTENANCE \$945
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	SCHOLARSHIPS \$1000
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	VOLUNTEER RECOGNITION \$1217
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	DUES/SUBSCRIPTIONS \$1310
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	WEB EXP \$1330
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	INVESTMENT DRIVE \$2141
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	PLANTING & WATERING \$5520
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	UPTOWN LIGHTING EXP \$12309
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	PROGRAM & SERVICE SUPPORT \$21629
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1643
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$232
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1558

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$2616
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$12556
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity BUSINESS PROMOTION   Donee's Name VARIOUS LOCAL BUSINESSES   Donee's Address VARIOUS MT VERNON, IA 52314   Relationship of Donee NONE   Cash Amount Given \$9471

Additional Data

Software ID: 11000144  
Software Version: 2011v1.2  
EIN: 20-4769084  
Name: MVL COMMUNITY DEVELOPMENT GROUP

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> PLAN AND DESIGN DOWNTOWN REVITALIZATION PROJECTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> VOLUNTEER RECRUITMENT AND RECOGNITION AND PUBLIC OUTREACH (MSI MEETINGS/ANNUAL MEETING/COMMUNICATION) (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> BUSINESS IMPROVEMENT GRANTS GRANTS TO BUSINESS OWNERS FOR SIGNS, AWNINGS AND LIGHTING TO MAKE MOUNT VERNON AND LISBON MORE ATTRACTIVE FOR RESIDENTS AND VISITORS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
PROMOTION OF MOUNT VERNON AND LISBON THROUGH PRINT AND RADIO ADVERTISEMENTS, VISITORS GUIDE PRINTING AND DISTRIBUTION, SIGNAGE AND EVENTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		



**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 & deferred compensation	(E) Expense account and other allowances
RACHELLE LABARGE 600 1ST ST W MT VERNON,IA 52314	BOARD MEMBER 1 00	0		
JOE JENNISON 311 FIRST STREET NW MT VERNON,IA 52314	Director 35 00	40,170	476	
STEPHANIE WEST 6 HILLCREST HEIGHTS LANE MT VERNON,IA 52314	Vice President 1 00	0		
DR JASON SAILER 216 2ND ST SW MT VERNON,IA 52314	BOARD MEMBER 1 00	0		
BRENDA LANGENBERG 720 1ST AVE SE MT VERNON,IA 52314	Treasurer 1 00	0		
SONIA REDMOND 206 1ST ST SW MT VERNON,IA 52314	BOARD MEMBER 1 00	0		
BERYL OCONNOR 102 E MAIN ST LISBON,IA 52253	BOARD MEMBER 1 00	0		
ED SAUTER 113 1ST ST NW MT VERNON,IA 52314	PAST PRESIDENT 1 00	0		
JENNIFER MILLER 310 VIRGIL AVE MT VERNON,IA 52314	Secretary 1 00	0		
DEB HERRMANN 400 WOLFE LANE MT VERNON,IA 52314	President 1 00	0		
ALEX DICICCO 810 COMMONS CIRCLE 1286 MT VERNON,IA 52314	BOARD MEMBER 1 00	0		
MITCH BLOOMQUIST 113 FIRST ST NW MT VERNON,IA 52314	BOARD MEMBER 1 00	0		