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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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 **JUL 01, 2011**, and ending **JUN 30, 2012**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization JONES COUNTY ECONOMIC DEVELOPMENT		D Employer identification number 42-1484668
	Number and street (or P O box, if mail is not delivered to street address) 111 EAST MAIN STREET		E Telephone number 319-462-2311
	Room/suite		F Group Exemption Number 501C
	City or town, state or country, and ZIP + 4 ANAMOSA IA 52205		
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►			H Check ☒ 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) - ☐ 501(c)(3) ☒ 501(c)(06) ◀ (insert no) 4947(a)(1) or 527			

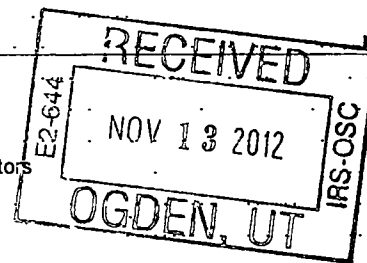
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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 ► \$ **79,519.**

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	3,150.
	2	Program service revenue including government fees and contracts	2	8,939.
	3	Membership dues and assessments	3	66,533.
	4	Investment income	4	897.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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 exceed \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,519.
	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	62,000.
	13	Professional fees and other payments to independent contractors	13	672.
	14	Occupancy, rent, utilities, and maintenance	14	5,354.
Net Assets	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	24,343.
	17	Total expenses. Add lines 10 through 16	17	92,369.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(12,850.)
	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	106,805.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	93,955.



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

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	106,805.	22 93,955.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	106,805.	25 93,955.
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,805.	27 93,955.

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

What is the organization's primary exempt purpose? SEE ATTACHED SCHEDULE

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

Expenses

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

28	SEE ATTACHED SCHEDULE		
	(Grants \$) If this amount includes foreign grants, check here	28a	92,369.
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(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	92,369.

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

[illegible]

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 activity not previously reported to the IRS? If "Yes," attach 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
35a 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
35b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O		
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
37b Did the organization file Form 1120-POL for this year?		
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 tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955		
40b 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		
40c 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 ▶		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
40e 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 ▶		
42a The organization's books are in care of DAVID KEHOE Telephone no ▶ 319-465-6173 Located at MONTICELLO, IA ZIP + 4 ▶ 52310		
42b 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c 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 ▶		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b 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
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		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

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

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

47

X

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

48

X

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

49a

X

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"

(a) Name and title 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
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		

f 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 <i>Marlin Eitland</i>		Date <i>11/2/2012</i>	
	Type or print name and title <i>Marlin Eitland, President</i>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Marlin Eitland</i>	Date	Check ☒ if self-employed
	MARLIN EITLAND		10/24/2012	PTIN P01326369
	Firm's name	EITLAND TAX & ACCOUNTING SERVI		Firm's EIN 42-1187533
	Firm's address	201 W MAIN STREET ANAMOSA IA 52205-		Phone no 319-462-2061

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

Yes No

JONES COUNTY ECONOMIC DEVELOPMENT COMMISSION

YEAR ENDING 6/30/12 EIN: 42-1484668

ATTACHMENT TO FORM 990-EZ - PART III

Jones County Economic Development Commission is a non-profit corporation. The Primary purpose of this county wide entity are to enhance existing economic Development efforts in Jones County through retention and expansion of existing business and industry, the recruitment of new business and industry, tourism marketing and coordination, housing needs assessment and development and transportation needs assessment and related issues.

Membership is open to any legally competent person who resides in Jones County, Iowa, or any reputable person, association, corporation, and government entity having an interest in the objectives of the organization. In addition to businesses operating in Jones County, our current membership includes 5 cities in Jones County, plus the Jones County Board of Supervisors.

**JONES COUNTY ECONOMIC DEVELOPMENT COMMISSION
PO BOX 463
ANAMOSA, IA 52205**

YEAR ENDING: 6/30/2012

EIN: 42-1484668

ATTACHMENT TO FORM 990, PART IV

<u>OFFICERS & DIRECTORS</u>	<u>AVG. HRS</u>	<u>ANNUAL COMPENSATION</u>	<u>EMPLOYEE BENEFITS</u>
Dustin Embree 841 E Liberty St Anamosa, IA 52205 Executive Director: 4/2011 to present	2,080	\$62,000 (Gross)	\$0
Matt Behrends, President 16454 130th St. Anamosa, IA 52205	52	0	0
Wayne Manternach, Vice President 19141 Timber Rd Monticello, IA 52310	12	0	0
Kris Gobeli, Treasurer/Secretary 1203 E 3rd Street Anamosa, IA 52205	52	0	0
Patty Manuel 12013 Co Rd E45 Olin, IA 52320	12	0	0
David Cavey 313 Jackson St. Olin, IA 52320	12	0	0
Cody Schaffer 800 E Main Street Anamosa, IA 52205	12	0	0
Mike Szymaszek 204 Plastic Lane Monticello, IA 52205	12	0	0
Rachel VonBehren 7688 140 th Avenue Olin, IA 52320	12	0	0
Nels Peterson 21973 150th Ave Monticello, IA 52310	12	0	0
Brian Weber 1740 Birch Street Robins, IA 52328	12	0	0
Doug Wortman 18346 120th Street Anamosa, IA 52205	12	0	0
Ed Recker 913 3rd Ave SE Cascade, IA 52033	12	0	0