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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
JDRO (Formerly Flex Retiree Organization aka FRO)
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
4343 16th Street, PMB 188
 City or town, state or province, country, and ZIP or foreign postal code
Moline, IL 61265

D Employer identification number
35-2315790

E Telephone number
(309) 755-5407

F Group Exemption Number ▶

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) (5) ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$ **16,258.76**

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	15830.00
	4	Investment income	4	428.76
	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		
	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		
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		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	16258.76	
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	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3040.35
	16	Other expenses (describe in Schedule O)	16	5545.00
17	Total expenses. Add lines 10 through 16 ▶	17	8585.35	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7673.41
	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	176228.60
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	458.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	184360.01

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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

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
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.
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)?
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Telephone no. Located at ZIP + 4
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.
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
44c Did the organization receive any payments for indoor tanning services during the year?
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)?
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)

	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	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a 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."

(a) Name and title of each employee	(b) 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 ▶ 0

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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>James D. Manley</i>	Date <i>15 Feb 2014</i>
	Type or print name and title <i>James D. Manley, Treasurer</i>	

Paid Preparer Use Only	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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**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 2012 to 2013 in Unrealized Gain/Loss on Deere & Company (DE) stock investment (3200.00-2742.00=458.00)

Part II - Line 24 - Unrealized gain on 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

Multiple horizontal dashed lines for providing additional information.

Schedule O JDRO EIN=35-2315790
Attachment to Form 990-EZ for 2013 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 2013 Tax Year**

(a) Name and Address				City	State	Zip	(b) Title and average hours per week devoted to position	(c) Reportable Compensation (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
First Name	Middle Name	Last Name	Address							
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	Secretary/Director	-0-	-0-	-0-
James	Donald	Manley	177 38th Avenue	East Moline	IL	61244	Treasurer/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-
Ercel (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-
William	Eugene	Gabbard	3303 14th Street	Silvis	IL	61282	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-