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Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization: **VINTON UNLIMITED**

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 640

City or town State ZIP code
VINTON IA 52349

Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number: **42-1245406**

E Telephone number: **319/472-3955**

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) (6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

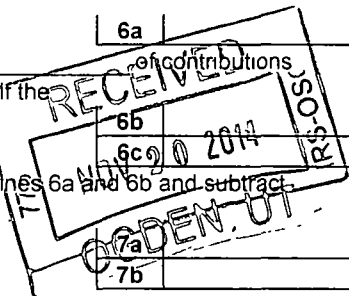
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **65,414**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	36,503
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	28,340
	4 Investment income	4	571
	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	65,414	
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	33,300
	13 Professional fees and other payments to independent contractors	13	930
	14 Occupancy, rent, utilities, and maintenance	14	3,754
	15 Printing, publications, postage, and shipping	15	5,532
	16 Other expenses (describe in Schedule O)	16	21,971
	17 Total expenses. Add lines 10 through 16	17	65,487
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-73
	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	32,970
	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	32,897

For Paperwork Reduction Act Notice, see the separate instructions.
HTA

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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	35,505	22 35,181
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	35,505	25 35,181
26 Total liabilities (describe in Schedule O)	2,535	26 2,284
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,970	27 32,897

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 title	(b) 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 PRESIDENT	Hr/WK <2	0		
DON EELLS DIRECTOR	Hr/WK <1	0		
NATHAN HESSON EX DIRECTOR	Hr/WK 40 00	33,300		
DAN ENGLEADOW DIRECTOR	Hr/WK <1	0		
CHRIS WARD DIRECTOR	Hr/WK <1	0		
KATHY TRANEL SECRETARY	Hr/WK <1	0		
TERESA MEYER DIRECTOR	Hr/WK <1	0		
DAN LAGRANGE DIRECTOR	Hr/WK <1	0		
BETHANY CLEMENSON DIRECTOR	Hr/WK <1	0		
ROBIN MARTIN DIRECTOR	Hr/WK <1	0		
KRISTI STOREY DIRECTOR	Hr/WK <1	0		
BOB KOENIGSFELD 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
35 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		
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 <input type="checkbox"/> 37a NONE		
37 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
38 b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39 a	Initiation fees and capital contributions included on line 9		
39 b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40 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		
40 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="checkbox"/> _____		
40 d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40 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="checkbox"/> _____		
42 a	The organization's books are in care of <input type="checkbox"/> MELISSA SCHWAN Telephone no <input type="checkbox"/> 319/472-3955 Located at <input type="checkbox"/> 310 AVE City VINTON ST IA ZIP + 4 <input type="checkbox"/> 52349		
42 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="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42 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="checkbox"/> _____		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 <input type="checkbox"/> 43		
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
44 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
44 c	Did the organization receive any payments for indoor tanning services during the year?		X
44 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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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

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 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

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		
49a		
49b		

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

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

b 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 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
Name None				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			

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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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: *[Signature]* Date: 11/13/14
 Type or print name and title: Don R. Chugman PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: Richard H Kerdus; Preparer's signature: *[Signature]*; Date: 11/11/2014; Check if 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

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**

Department of the Treasury
Internal Revenue Service

Name of the organization

VINTON UNLIMITED

Employer identification number

42-1245406

Form 990-EZ, Part I, Line 16, Other Expenses CONTINUING EDUCATION & CONFERENCES 540

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 7,535

Form 990-EZ, Part I, Line 16, Other Expenses DUES & SUBSCRIPTIONS 1,250

Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE & INTERNET 2,641

Form 990-EZ, Part I, Line 16, Other Expenses MEMBERSHIP & MISCELLANEOUS 2,351

Form 990-EZ, Part I, Line 16, Other Expenses AUTO REIMBURSED 956

Form 990-EZ, Part I, Line 16, Other Expenses FAMILY FESTIVAL 4,150

Form 990-EZ, Part I, Line 16, Other Expenses TAX & LICENSE 2,548

Form 990-EZ, Part II, Line 26, Liabilities SHORT TERM LIABILITIES Beginning of year 1,428,

End of year 1,428

Form 990-EZ, Part II, Line 26, Liabilities ACCRUED PAYROLL TAXES Beginning of year 1,107,

End of year 856

Name of the organization

Employer identification number

VINTON UNLIMITED

42-1245406

Area with horizontal dashed lines for supplemental information.