See a Social Security Number? Say Something!
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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

▶Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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
JONES COUNTY ECONOMIC DEVELOPMENT

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
111 EAST MAIN STREET

City or town, state or country, and ZIP + 4
ANAMOSA IA 52205

D Employer identification number
42-1484668

E Telephone number
319-462-2311

F Group Exemption Number ▶ 501C

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 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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 68,930.

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	100.
	3	Membership dues and assessments		3	67,237.
	4	Investment income		4	429.
	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	
	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 exceed $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	1,164.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	68,930.
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	62,000.
	13	Professional fees and other payments to independent contractors		13	799.
	14	Occupancy, rent, utilities, and maintenance		14	4,837.
	15	Printing, publications, postage, and shipping		15	2,388.
	16	Other expenses (describe in Schedule O)		16	14,357.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	84,381.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(15,451.)
	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	77,731.
	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	62,280.

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	77,731.	22	68,635.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	77,731.	25	68,635.
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77,731.	27	68,635.

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 84,381.

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 84,381.

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 (For, W-2/1099-MISC) (If not paid, enter-0-.)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
SEE ATTACHED SCHEDULE		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	33		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)	34		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)?	35a		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	35b		
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		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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?	38a		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			
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		X
41	List the states with which a copy of this return is filed ▶			
42a	The organizations books are in care of ▶ MATT BEHRENDS Telephone no ▶ 319-462-3561 Located at ▶ 215 EAST MAIN STREET IA ANAMOSA ZIP + 4 ▶ 52205			
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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
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		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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

			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		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 ☐

			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 ▶

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 ▶

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 11/11/2014 Date

MATT BEHRENDS TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KARI DEARBORN	Kari Dearborn	11/14/2014		P01254898

Firm's name ▶EITLAND TAX & ACCOUNTING Firm's EIN ▶42-1187533

Firm's address ▶201 W MAIN ST 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: 6/30/14 EIN: 42-1484668

ATTACHMENT TO FORM 990 – PART III

Jones County Economic Development Commission is a non-profit corporation. The primary purposes 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: 6/30/2014 EIN: 42-1484668

ATTACHMENT TO FORM 990, PART V

OFFICERS & DIRECTORS	AVG. HRS	ANNUAL COMPENSATION	EMPLOYEE BENEFITS
Dustin Embree 602 N Linn Street Anamosa, IA 52205 Executive Director 4/2011 to present	2,080	$62,000 (Gross)	$0
Kris Gobeli, President 17785 County Road D62 Monticello, IA 52310	52	0	0
Brian Weber, Vice President 1740 Birch Street Robins, IA 52328	52	0	0
Rachel VonBehren, Secretary 7688 140th Avenue Olin, IA 52320	24	0	0
Patty Manuel 12013 Co Rd E45 Olin, IA 52320	12	0	0
Matt Behrends, Treasurer 16454 130th St Anamosa, IA 52205	52	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
John Sauser 526 W 1st Street Monticello, IA 52205	12	0	0
Nels Peterson 21973 150th Ave Monticello, IA 52310	12	0	0
Wayne Manternach 19141 Timber Rd Monticello, IA 52310	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