



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2014

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 2014 calendar year, or tax year beginning 2014, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 ▶ \$ **16,739.52**

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

SCANNED MAR 10 2015 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	16,580.00
4	Investment income	4	381.64
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 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	16,961.64
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	5,245.13
16	Other expenses (describe in Schedule O)	16	3,840.00
17	Total expenses. Add lines 10 through 16	17	9,085.13
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,876.51
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	184,360.01
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-253.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	191,983.52

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2014)

9

2

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		✓
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)		✓
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)?		✓
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		✓
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		✓
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 ▶ 37a _____		
b	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?		✓
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	✓
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 ▶ _____		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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: ▶ _____	42c	✓
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 _____		<input type="checkbox"/>
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	✓
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	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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)	45b	✓

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** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 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: James D. Manley 26 Feb 2015 Date: _____
 Type or print name and title: James D. Manley, Treasurer

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

JDRO

35-231590

Part I - Line 16 - Member dues and project contribution to the National Retiree Legislative Network

Part I - Line 20 - Change from 2013 to 2014 in Unrealized Gain/Loss on Deere & Company (DE) stock investment (2947.00-3200.00=-253.00)

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

Schedule O JDRO EIN=35-2315790
Attachment to Form 990-EZ for 2014 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 often e-mail all Members with information we think is important.

**Schedule O JDRO EIN=35-2315790
Attachment to Form 990-EZ for 2014 Tax Year**

(a) Name and Address				(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				
			City	State	Zip		
Michael	J	Stohlmeyer	4515 6th Street Court East Moline	IL	61244	Vice President/Director	-0-
Gary	Mack	Stolley	11521 103 Avenue Court Coal Valley	IL	61240	Vice President/Director	-0-
Stephen	Lowell	Darling	4231 East 58th Street Davenport	IA	52807	Secretary/Director	-0-
James	Donald	Manley	177 38th Avenue East Moline	IL	61244	Treasurer/Director	-0-
G	Bart	Bontems	2814 Thistle Way Naples	FL	34105	Director	-0-
David	Norman	Cantrell	9218 Military Road Dubuque	IA	52003	Director	-0-
Ercei (Dave)	Dean	Davis	3324 37th Avenue Drive Moline	IL	61265	Director	-0-
Joyce	Lois	Eckstein-Swift	2415 Middle Road Davenport	IA	52803	Director	-0-
Sharon	Louise	McAllister	3311 12th Street Ct. South Silvis	IL	61282	Director	-0-
David	J	MacKenzie	1303 Lynwood Avenue Ottumwa	IA	52501	Director	-0-
Walter	Leonard	Mochal	4643 Butterfield Road Cedar Falls	IA	50613	Director	-0-

JDRO

Statement for the Financial Period

1 Jan 2014 thru 31 Dec 2014

Starting Bank Balance		174,299.59
Income		
Bank Deposits	16,580.00	
Interest	159.52	
Total Income		16,739.52
Expenses		
Postage	23.81	
Copies	43.05	
Faxes	0.00	
Bank Charges	50.00	
Office Supplies	106.99	
Airline Tickets & Baggage	1,719.12	
Food	501.89	
Taxi, Car Rental, Fuel & Parking	240.56	
Milage	252.00	
Hotel, Conf Call, Rooms Renta	1,723.71	
PO/Deposit Box rental	240.00	
NRLN Dues & Project Contributions	3,840.00	
Misc	0.00	
Website/Domain/Phone	344.00	
Total Expenses		(9,085.13)
Ending Bank Balance		181,953.98
TD Ameritrade		
100 Shares Deere stock @ 59.00 **	5,900.00	
Money Market balance 1/1/2014	960.42	
Money Market Interest	0.12	
Stock Dividends	222.00	
		7,082.54
Ending Cash Balance		189,036.52
Unrelaized Gain/(Loss) on Deere stock	\$88.47	2,947.00
Net Assets		191,983.52
<p>** Note - We purchased 100 shares of Deere & Company stock at \$59/share so we would get Annual Reports, proxy notices etc.</p>		