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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

2014Department 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.**Open to Public
Inspection****A** For the 2014 calendar year, or tax year beginning JUL 01, 2014, and ending JUN 30, 2015**B** Check if applicable☒ Address change☐ Name change☐ Initial return☐ Final 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)

121 E MAIN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

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) ▶**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**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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. ▶ \$ 85,499.**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 ☒

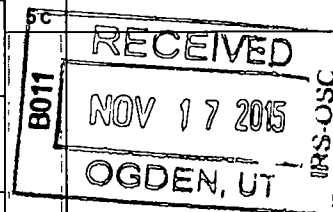
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	85,499.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis 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		
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	85,499.	
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	741.
	14	Occupancy, rent, utilities, and maintenance	14	5,325.
	15	Printing, publications, postage, and shipping	15	3,169.
	16	Other expenses (describe in Schedule O)	16	18,164.
17	Total expenses. Add lines 10 through 16	17	89,399.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,900.)
	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	68,635.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(847.)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,888.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

BCA

SCANNED DEC 10 2015



19

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	68,635.	63,888.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	68,635.	63,888.
26 Total liabilities (describe in Schedule O)		2,202.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,635.	61,686.

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, optional for others)

28 SEE ATTACHED SCHEDULE

(Grants \$) If this amount includes foreign grants, check here ☐

28a

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

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 & deferred comp	(e) Estimated amount of other compensation
DUSTY EMBREE				
EXECUTIVE DIRECTOR	40	62,000.		
KRIS GOBELI				
DIRECTOR	1	0		
BRIAN WEBER				
PRESIDENT	1	0		
RACHEL VONBEHREN				
TREASURER	1	0		
PATTY MANUAL				
SECRETARY	1	0		
MATT BEHRENDIS				
VP	1	0		
DEAN ULRICH				
DIRECTOR	1	0		
CODY SHAFFER				
DIRECTOR	1	0		
TOM YEOMAN				
DIRECTOR	1	0		
NELS PETERSON				
DIRECTOR	1	0		
WAYNE MANTERNACH				
DIRECTOR	1	0		
DOUG WORTMAN BRAD LUDWIG				
DIRECTORS	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
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
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		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		
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter 39a		
a Initiation fees and capital contributions included on line 9		
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		
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		X
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>DUSTY EMBREE</u> Telephone no ▶		
Located at ▶ <u>121 E MAIN ST IA ANAMOSA</u> ZIP + 4 ▶ <u>52205</u>		
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)?		X
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)		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
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 ▶ 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
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
c Did the organization receive any payments for indoor tanning services during the year?		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		
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

	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

49a 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
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."

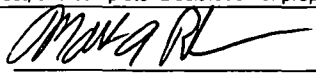
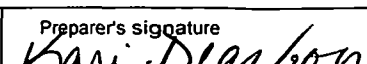
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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		12-13-2015			
	Signature of officer MATT BEHRENDIS	Date VP			
Paid Preparer Use Only	Print/Type preparer's name KARI DEARBORN	Preparer's signature 	Date 11/09/2015	Check ☐ if self-employed	PTIN P00125489
	Firm's name EITLAND TAX & ACCOUNTING	Firm's EIN 42-1187533		Phone no 319-462-2061	
	Firm's address 201 W MAIN ST ANAMOSA IA 52205-				

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

2014

**Open to Public
Inspection**

Name of the organization

JONES COUNTY ECONOMIC DEVELOPMENT

Employer identification number

42-1484668

OTHER EXPENSES, PG 1, LINE 16

PAYROLL TAXES - 4746

DUES & MEMBERSHIP - 3466

INSURANCE - 175

MILEAGE - 2498

IGNITE EXPENSES - 7279

PART III PG 2

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 ASSESS-
MENT 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 ORGANIATION. IN ADDITION
TO BUSINESSES OPERATING IN JONES COUNTY, OUR CURRENT
MEMBERSHIP INCLUDES 5 CITIES IN JONES COUNTY, PLUS THE JONES
COUNTY BOARD OF SUPERVISORS.

LIABILITIES, PG 2, PART II, LINE 26

PAYROLL TAXES PAYABLE - 2202

OTHER CHANGES, PG 1, PART I, LINE 20

ADJUST ACCOUNTS TO ACTUAL AT 6-30-15 - 847

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)