

Short Form Return of Organization Exempt From Income Tax

2016

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable	C Name of organization VINTON UNLIMITED
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 640
<input type="checkbox"/> Name change	City or town State ZIP code VINTON IA 52349
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	
	D Employer identification number 42-1245406
	E Telephone number 319/472-3955
	F Group Exemption Number ▶
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. ▶ \$ 68,625	

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

92017 SCAN 33 DIC

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	32,775
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	35,832
	4 Investment income	4	18
	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	0
	6 Gaming and fundraising events		
	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 exceeds \$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	0	
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	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	68,625	
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	35,381
	13 Professional fees and other payments to independent contractors	13	928
	14 Occupancy, rent, utilities, and maintenance	14	2,847
	15 Printing, publications, postage, and shipping	15	3,086
	16 Other expenses (describe in Schedule O)	16	21,202
	17 Total expenses. Add lines 10 through 16. ▶	17	63,444
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,181
	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	34,072
	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	39,253

For Paperwork Reduction Act Notice, see the separate instructions.

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	36,712	22	41,881
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	36,712	25	41,881
26 Total liabilities (describe in Schedule O)	2,640	26	2,628
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,072	27	39,253

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? 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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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
DEB KACENA SECRETARY	Hr/WK <1	0	0	0
SCOTT GEISSINGER DIRECTOR	Hr/WK <1	0	0	0
MICHELLE MICHALEC TREASURER	Hr/WK <1	0	0	0
MELISSA SCHWAN EXECUTOR SECRETARY	Hr/WK 40.00	32,701	0	0
CHRIS WARD DIRECTOR	Hr/WK <1	0	0	0
TONY ISLAS SECRETARY	Hr/WK <1	0	0	0
KARILEA RIES DIRECTOR	Hr/WK <1	0	0	0
DAN LAGRANGE DIRECTOR	Hr/WK <1	0	0	0
ROBIN MARTIN DIRECTOR	Hr/WK <1	0	0	0
TERESA MEYER PRESIDENT	Hr/WK <2	0	0	0
BOB KOENIGSFELD DIRECTOR	Hr/WK <1	0	0	0
MONA GARWOOD DIRECTOR	Hr/WK <1	0	0	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.

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
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)?
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a NONE
37 b Did the organization file Form 1120-POL for this year?
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?
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, section 4912, section 4955
40 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.
40 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.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization.
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.
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of MELISSA SCHWAN Telephone no 319/472-3955
Located at 310 A AVE City VINTON ST IA ZIP + 4 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:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42 c At any time during the calendar year, did the organization maintain an office outside the United States? 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.
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.
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.
44 c Did the organization receive any payments for indoor tanning services during the year?
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)?
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)

Table with columns Yes and No for questions 33 through 45b. Includes checkboxes and 'X' marks for 'No' responses.

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 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. [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

49 a 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"

Table with 5 columns: (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. All entries are '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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are '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 [X] 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 (Melissa Schwan), Date (11-7-17), Type or print name and title (Director)

Paid Preparer Use Only: Print/Type preparer's name (RICHARD H Kerdus), Preparer's signature, Date (11/6/2017), Check 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. [X] 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.

OMB No 1545-0047

2016

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Inspection**

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▶ 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

VINTON UNLIMITED

42-1245406

Form 990-EZ, Part I, Line 16, Other Expenses: CONTINUING EDUCATION & CONFERENCES: 155

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING: 9,216

Form 990-EZ, Part I, Line 16, Other Expenses: DUES & SUBSCRIPTIONS: 896

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE & INTERNET: 1,985

Form 990-EZ, Part I, Line 16, Other Expenses: MEMBERSHIP & MISCELLANEOUS: 1,263

Form 990-EZ, Part I, Line 16, Other Expenses: AUTO REIMBURSED: 342

Form 990-EZ, Part I, Line 16, Other Expenses: FAMILY FESTIVAL: 4,325

Form 990-EZ, Part I, Line 16, Other Expenses: TAX & LICENSE: 2,780

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES: 240

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: 1,212,

End of year: 1,200