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OMB No 1545-1150

2018

Open to Public Inspection

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)

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Header section containing: A For the 2018 calendar year, or tax year beginning, and ending; B Check if applicable (Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending); C Name of organization (VINTON UNLIMITED), Number and street (P O BOX 640), City or town (VINTON), State (IA), ZIP code (52349); D Employer identification number (42-1245406); E Telephone number (319/472-3955); F Group Exemption Number.

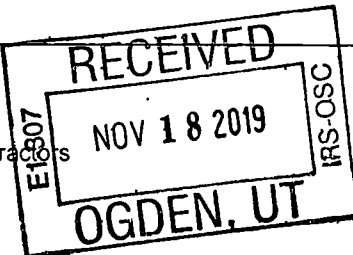
G Accounting Method (Cash, Accrual, Other); I Website; H Check if the organization is not required to attach Schedule B; Tax-exempt status (501(c)(3), 501(c)(6), 4947(a)(1), 527); Form of organization (Corporation, Trust, Association, Other).

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

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Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (57,366); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (28,569); 4 Investment income (99); 5a-5c Gross amount from sale of assets other than inventory; 6a-6d Gaming and fundraising events; 7a-7c Gross sales of inventory, less returns and allowances; 8 Other revenue; 9 Total revenue (86,034); 10-17 Expenses (Total 74,760); 18 Excess or (deficit) for the year (11,274); 19-21 Net Assets (Total 39,744).



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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
<b>22</b> Cash, savings, and investments	31,186	73,208
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25 Total assets</b>	31,186	73,208
<b>26 Total liabilities</b> (describe in Schedule O)	2,716	33,464
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	28,470	39,744

**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)

<b>28</b> 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"/>	<b>28a</b>	
<b>29</b> PROMOTE RETAIL SALES IN CITY ONE MAJOR ACTIVITY EACH MONTH		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> 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"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	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
ALEC MODRICK TREASURER	Hr/WK <1			
MOLLY NOREN DIRECTOR	Hr/WK <1			
BRIAN PARR DIRECTOR	Hr/WK <1			
MELISSA SCHWAN EXECUTOR SECRETARY	Hr/WK 40 00	40,844		
TONY ISLAS DIRECTOR	Hr/WK <1			
KARILEA RIES DIRECTOR	Hr/WK <1			
DAN LAGRANGE DIRECTOR	Hr/WK <1			
ROBIN MARTIN SECRETARY	Hr/WK <1			
TERESA MEYER PRESIDENT	Hr/WK <2			
BOB KOENIGSFELD DIRECTOR	Hr/WK <1			
MONA GARWOOD VICE PRESIDENT	Hr/WK <1			
	Hr/WK			

**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
<b>33</b> 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
<b>34</b> 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
<b>35 a</b> 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>b</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		
<b>35c</b> 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
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> 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>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____, section 4955 <b>▶</b> _____		
<b>b</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		
<b>c</b> 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 <b>▶</b> _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> _____		
<b>42 a</b> The organization's books are in care of <b>▶</b> MELISSA SCHWAN Telephone no <b>▶</b> 319/472-3955 Located at <b>▶</b> 310 AAVE City VINTON ST IA ZIP + 4 <b>▶</b> 52349		
<b>b</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 <b>▶</b> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
<b>c</b> 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 <b>▶</b> _____		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b> _____		
<b>44 a</b> 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>b</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
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45 b</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

Table with 2 columns: Yes, No. Row 46: Yes (blank), 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

Table with 2 columns: Yes, No. Row 47: Yes (blank), No (blank)

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

Table with 2 columns: Yes, No. Row 48: Yes (blank), No (blank)

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

Table with 2 columns: Yes, No. Row 49a: Yes (blank), No (blank)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes (blank), No (blank)

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, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows contain '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 rows contain '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 (X)

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 Swan), Date (11-12-19), Type or print name and title (Melissa Swan, Elective Secretary)

Paid Preparer Use Only: Print/Type preparer's name (Richard H Kerdus), Preparer's signature (Richard H Kerdus), Date (11/11/2019), 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 (X)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**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 3,796

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 7,657

Form 990-EZ, Part I, Line 16, Other Expenses DUES & SUBSCRIPTIONS 1,085

Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE & INTERNET 2,536

Form 990-EZ, Part I, Line 16, Other Expenses MEETING EXPENSE 540

Form 990-EZ, Part I, Line 16, Other Expenses AUTO REIMBURSED 227

Form 990-EZ, Part I, Line 16, Other Expenses FAMILY FESTIVAL 4,175

Form 990-EZ, Part I, Line 16, Other Expenses TAX & LICENSE 3,379

Form 990-EZ, Part I, Line 16, Other Expenses MISCELLANEOUS 711

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 1,288,

End of year 1,286

Form 990-EZ, Part II, Line 26, Liabilities PREPAID 2019 CELEBRATION Beginning of year 0,

End of year 30,750