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Form **990EZ**

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 the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MADISON COUNTY DEVELOPMENT GROUP

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1217 N 6TH AVENUE STE 3

City or town, state or province, country, and ZIP or foreign postal code
WINTERSET, IA 50273

D Employer identification number
42-1303617

E Telephone number
(515) 462-1882

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: ▶WWW MADISONCOUNTYDEVELOPMENT COM

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (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 . . . . . ▶ $ 139,805

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	113,939
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	18,726
	4	Investment income	4	3,140
	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	4,000
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	139,805
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	85,842
	13	Professional fees and other payments to independent contractors	13	28,890
	14	Occupancy, rent, utilities, and maintenance	14	4,907
	15	Printing, publications, postage, and shipping	15	50
	16	Other expenses (describe in Schedule O)	16	23,309
	17	**Total expenses.** Add lines 10 through 16 ▶	17	142,998
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,193
	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	487,246
	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	484,053

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	441,463	22	445,223
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	48,972	24	42,208
25 **Total assets**	490,435	25	487,431
26 **Total liabilities** (describe in Schedule O)	3,189	26	3,378
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	487,246	27	484,053

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 . . ☐

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

What is the organization's primary exempt purpose?
TO ATTRACT BUSINESSES TO LOCATE IN MADISON COUNTY, IOWA

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

28
See Additional Data Table

(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, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Additional Data

Software ID:

Software Version:

EIN: 42-1303617

Name: MADISON COUNTY DEVELOPMENT GROUP

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 PROGRAM EXPENDITURES TO ATTRACT BUSINESS TO LOCATE IN MADISON COUNTY, IOWA (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

Form 990EZ, 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
DAVE LAGRANGE PRESIDENT	0 50	0		
JEFF NOLAN VICE PRESIDE	0 50	0		
TOM LENERS SECRETARY	40 00	76,041	2,281	
S JAMES SMITH TREASURER	0 50	0		
PHIL CLIFTON DIRECTOR	0 50	0		
HAROLD JACKSON DIRECTOR	0 50	0		
CHRIS NOLTE DIRECTOR	0 50	0		
DAN NIELSON DIRECTOR	0 50	0		
MARK SMITH DIRECTOR	0 50	0		
DR SUSIE MEADE DIRECTOR	0 50	0		
JANE ROSIEN DIRECTOR	0 50	0		
SHANE PASHEK DIRECTOR	0 50	0		
BRYAN NELSON DIRECTOR	0 50	0		
JEFF LILLIE DIRECTOR	0 50	0		
SHARON DENTLINGER DIRECTOR	0 50	0		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	48,321 41,729 FIXED ASSETS 6,065 6,065 LESS ACCUMULATED DEPRECIATION 5,414 5,586 TOTAL 48,972 42,208

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 3,189 3,378