

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: LIBERTY ECONOMIC DEVELOPMENT CORPORATION
Number and street (or P O box, if mail is not delivered to street address): 5 VICTORY LANE SUITE 103
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: LIBERTY, MO 64068

D Employer identification number: 20-2172998
E Telephone number: (816) 883-2503
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
I Website: WWW.THINKLIBERTYMO.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. \$ 123,250

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

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Values range from 55,750 to 68,199.

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

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.

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.

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 2018-04-23 Date
BRENDA HOOVER DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DEAN W FULLINWIDER CPA Preparer's signature Date 2018-04-26 Check [X] if self-employed PTIN P01793872
Firm's name THE FULLINWIDER FIRM LLC Firm's EIN
Firm's address 130 WESTWOODS DR LIBERTY, MO 640681181 Phone no (816) 781-6939

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 20-2172998

Name: LIBERTY ECONOMIC DEVELOPMENT
CORPORATION

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.)	
<p>28 ACTIVITIES TO PROMOTE AND INCREASE ECONOMIC DEVELOPMENT IN THE LIBERTY, MO AREA THROUGH ADVERTISING AND MARKETING AT INDUSTRY CONFERENCES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

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.

▶ 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.

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization
LIBERTY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

20-2172998

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 3,168 OFFICE EXP 2,474 TRAVEL 1,896 CONFERENCES AND CONV 1,870 INSURANCE 2,727 POSTAGE AND SHIPPING 36 DUES & SUBSCRIPTIONS 3,000 TELEPHONE 2,307 MEETING EXPENSE 697 BANK CHARGES 88 PROFESSIONAL FEES 1,125 BUSINESS GIFTS 287 EQUIPMENT LEASEHOLD SOFTW 440 FURNITURE 1,678 TOTAL 21,793

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	TOTAL ASSETS 11,764 11,764 LESS ACCUMULATED DEPRECIATION 11,764 11,764 TOTAL 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,626 2,016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	INCREASE ECONOMIC DEVELOPMENT IN CLAY COUNTY MISSOURI AND LIBERTY MISSOURI IN PARTICULAR