

Form **990EZ**  
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.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- 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) Room/suite  
5 VICTORY LANE SUITE 103  
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) \_\_\_\_\_

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

**I** Website: [WWW.THINKLIBERTYMO.COM](http://WWW.THINKLIBERTYMO.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. . . . . \$ 168,702

**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. . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																						
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																									77,202																								
	2	Program service revenue including government fees and contracts . . . . .																									91,500																								
	3	Membership dues and assessments . . . . .																																																	
	4	Investment income . . . . .																																																	
	5a	Gross amount from sale of assets other than inventory . . . . .															5a		5c																																
	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		6d																																
	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		7c																																	
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																									
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .																									9	168,702																								
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	102,183																							
	13	Professional fees and other payments to independent contractors . . . . .																									13	2,028																							
	14	Occupancy, rent, utilities, and maintenance . . . . .																									14	11,700																							
	15	Printing, publications, postage, and shipping . . . . .																									15																								
	16	Other expenses (describe in Schedule O) . . . . .																									16	29,930																							
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .																									17	145,841																								
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																									18	22,861																							
	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	68,199																							
	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	91,060																							

**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 . . . . .	70,215	<b>22</b>	93,282
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	70,215	<b>25</b>	93,282
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	2,016	<b>26</b>	2,222
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	68,199	<b>27</b>	91,060

**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?  
**INCREASE ECONOMIC DEVELOPMENT IN CLAY COUNTY MISSOURI AND LIBERTY MISSOURI IN PARTICULAR**  
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

<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	<b>28a</b>
<b>29</b>			<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	
<b>30</b>			<b>30a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	
<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>

**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				

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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of LIBERTY ECONOMIC DEVELOPMENT CORP Telephone no (816) 415-9090
Located at 5 VICTORY LANE SUITE 103 LIBERTY, MO ZIP + 4 64068

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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

**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

**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.

<b>Sign Here</b> Signature of officer	2019-02-05 Date
KENT PETERSON CHAIR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DEAN W FULLINWIDER CPA	Preparer's signature	Date 2019-04-09	Check <input checked="" type="checkbox"/> 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><b>28</b> ACTIVITIES TO PROMOTE AND INCREASE ECONOMIC DEVELOPMENT IN THE LIBERTY, MO AREA THROUGH ADVERTISING AND MARKETING AT INDUSTRY CONFERENCES</p> <p>(Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	

**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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
LYNDELL BRENTON DIRECTOR	000 00	0		
DR JEREMY TUCKER DIRECTOR	000 00	0		
BRENDA HOOVER PAST CHAIR	000 00	0		
JOHN FISHER DIRECTOR	000 00	0		
DENNIS MCINTIRE TREASURER	000 00	0		
KARAN JOHNSON DIRECTOR	000 00	0		
DAVIS FEES DIRECTOR	000 00	0		
GREG CROWLEY SECRETARY	000 00	0		
GERALD WICKLUND DIRECTOR	000 00	0		
RICK MOROVITS DIRECTOR	000 00	0		
JOHN ENGELMANN DIRECTOR	000 00	0		
TERESA GARZA DIRECTOR	000 00	0		
TONY REINHART DIRECTOR	000 00	0		
CURT WENSON DIRECTOR	000 00	0		
JIM RUCKER DIRECTOR	000 00	0		

**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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
BOB STEINKAMP DIRECTOR	000 00	0		
RALPH BOOTS EXECUTIVE DI	40 00	67,361	2,024	
DR ELIZABETH MACLEOD-WALLS DIRECTOR	000 00	0		
SHEILA KING DIRECTOR	000 00	0		
ELLEN TODD DIRECTOR	000 00	0		
DEAN FULLINWIDER DIRECTOR	000 00	0		
CHASE JOHNSON DIRECTOR	000 00	0		
ANDY HRASKY DIRECTOR	000 00	0		
KENT PETERSON CHAIR	000 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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.

Department of the Treasury

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 9,080 OFFICE EXP 9,237 TRAVEL 6,467 CONFERENCES AND CONV 2,211 INSURANCE 2,935 TOTAL 29,930



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,016 2,222

# 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