

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](http://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  
THE COMMUNITY IMPROVEMENT CORP  
OF HENRY COUNTY OHIO INC  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
104 EAST WASHINGTON STREET  
City or town, state or province, country, and ZIP or foreign postal code  
NAPOLEON, OH 43545

**D** Employer identification number  
34-1167331  
**E** Telephone number  
(419) 592-4637  
**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_  
**I** Website: WWW.HENRYCOUNTYED.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. ▶ \$ 136,397

**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.

<b>Revenue</b>			
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	37,400
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	61,497
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	37,406
<b>4</b>	Investment income . . . . .	<b>4</b>	94
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>	
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	136,397
<b>Expenses</b>			
<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	72,571
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	10,680
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	95,091
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	178,342
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-41,945
<b>19</b>	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) . . . . .	<b>19</b>	413,197
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	371,252

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 [X]

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

What is the organization's primary exempt purpose? TO RETAIN, EXPAND, AND ATTRACT CAPITAL INVESTMENT AND JOBS TO NAPOLEON AND HENRY COUNTY OHIO STRATEGIES USED TO IMPLEMENT THE MISSION INCLUDE THE USE AND PROMOTION OF LOCAL, STATE, AND FEDERAL FINANCIAL ASSISTANCE, TAX INCENTIVE, AND TRAINING/TECHNICAL ASSISTANCE PROGRAMS

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

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) 32 106,517

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 [ ]

Table with 5 columns: (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.

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 boxes. 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 2018-11-09 Date DENISE DAHL EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name CARMA RUPP Preparer's signature Date 2018-11-09 Check if self-employed PTIN P00002360 Firm's name PENROD & GEORGE Firm's EIN 34-1176143 Firm's address 421 INDEPENDENCE DRIVE NAPOLEON, OH 43545 Phone no (419) 599-8045

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-1167331

**Name:** THE COMMUNITY IMPROVEMENT CORP  
OF HENRY COUNTY OHIO INC

### 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> PROMOTED ECONOMIC DEVELOPMENT BY PROVIDING TAX ABATEMENT ASSISTANCE AND SUPPORTING INFRASTRUCTURE PROJECTS THROUGHOUT HENRY COUNTY OHIO (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	106,517

**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>
KELLI BURKHARDT EX COMMITTEE	0 10	0		
GLENN MILLER TRUSTEE	0 10	0		
JASON MAASSEL EX COMMITTEE	0 10	0		
JEFF BRUBAKER TRUSTEE	0 10	0		
DAN BRUBAKER PRESIDENT	0 10	0		
WES MUTTER TRUSTEE	0 10	0		
KEVIN GARRINGER TRUSTEE	0 10	0		
GREG BECK FORMER VP	0 10	0		
DAN BAER TRUSTEE	0 10	0		
TODD ZIEGLER TRUSTEE	0 10	0		
DENISE DAHL EXECUTIVE DI	40 00	44,717		
LYNDSEY LUCAS VICE PRESIDE	0 10	0		
JIM DREWES SECRETARY/TR	0 10	0		
NEAL CARTER TRUSTEE	0 10	0		
KEVIN GERKEN TRUSTEE	0 10	0		

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<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>
KIM SCHUMM TRUSTEE	0 10	0		
RYAN ZACHRICH TRUSTEE	0 10	0		

**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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE COMMUNITY IMPROVEMENT CORP  
OF HENRY COUNTY OHIO INC

Employer identification number

34-1167331

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 5,113 OFFICE EXPENSE 4,834 TRAVEL AND ENTERTAINMENT 2,560 CONFERENCE AND SEMINARS 2,926 INSURANCE 3,062 INFRASTRUCTURE PROJECTS 71,587 DUES AND SUBSCRIPTIONS 2,350 MISCELLANEOUS 6 BAD DEBTS 386 WORK FORCE DEVELOPEMENT 1,389 NON-INVESTMENT DEPRECIATI ON 878 TOTAL 95,091



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 5,000 OTHER NOTES AND LOANS 4,386 0 PREPAID EXPENSES AND DEFERRED CHARGES 0 1,000 PROPERTY AND EQUIPMENT 12,740 12,834 LESS ACCUMULATED DEPRECIATION 10,025 10,386 TOTAL 7,101 8,448

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCRUED EXPENSES 2,601 5,558

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO RETAIN, EXPAND, AND ATTRACT CAPITAL INVESTMENT AND JOBS TO NAPOLEON AND HENRY COUNTY OH IO STRATEGIES USED TO IMPLEMENT THE MISSION INCLUDE THE USE AND PROMOTION OF LOCAL, STATE , AND FEDERAL FINANCIAL ASSISTANCE, TAX INCENTIVE, AND TRAINING/TECHNICAL ASSISTANCE PROGRAMS