Depa Inter	artment of the Treasury nal Revenue Service	Do not enter social security numbers on this form as it may be ► Go to www.irs.gov/Form990 for instructions and the latest ir	made p iformati	ublic-y/	शिवस्य के प्रमानीक विद्यारकीका
5 A		r year, or tax year beginning 5/01 , 2017, and ending	4/3		, 2018
≥ B	Check if applicable			D Employer ider	ntification number
	Address change	erre Haute Area Economic Development		35-1529	9347
B	Name change C	Corporation		E Telephone nur	nber
7		30 Wabash Avenue #101		(812) 23	34-2524
=	Final return/terminated	erre Haute, IN 47807		(0==/=	
	Amended return		1	G Gross receipts	\$ 500.259.
,	<u> </u>	Name and address of principal officer	(a) Is this a	a group return for su	
,					— — — ··· · · · · · · · · · · · · · · ·
٠ <u> </u>		ame As C Above	If 'No,'	subordinates includ attach a list (see ir	istructions)
٠ <u>٠</u>	Tax-exempt status	501(c)(3) X 501(c) (4) (Insert no.) 4947(a)(1) or 5224	_		
<u>,</u>	· · · · · · · · · · · · · · · · · · ·			exemption number	
K	· · · · · · · · · · · · · · · · · · ·	K Corporation Trust Association Other ► L Year of formation	1965	M State of	legal domicile IN
121	Summary				
		the organization's mission or most significant activities: To promote			th and attract
ö	<u>new busin</u>	ess and industry to Terre Haute and Vigo Count	y, <u>In</u>	<u>diana.</u>	
ᆵ					
Activities & Governance					
Š		If the organization discontinued its operations or disposed of more		١	
<u>ن</u>		ng members of the governing body (Part VI, line 1a)	V 1.52		62
S		pendent voting members of the governing body (Part VI, line 1b)		4	61
£		f individuals employed in calendar year 2017 (Part V, line 2a)	2010	5	
흦		f volunteers (estimate if necessary) FEB 1.5	5018	···· 6	
Ă		business revenue from Part VIII, column (C), line 12	•	i 7a	0
	b Net unrelated b	usiness taxable income from Form 990-T, line 34		7b	0
			P	rior_Year	Current Year
a	8 Contributions a	nd grants (Part VIII, line 1h)			
Ž	9 Program servic	e revenue (Part VIII, line 2g)		487,692.	500,000
Revenue	10 Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)		288.	259
æ	11 Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue -	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		487,980.	500,259
	13 Grants and sim	ılar amounts paid (Part IX, column (A), lines 1-3)		10,000.	11,000.
		o or for members (Part IX, column (A), line 4)	·		
		compensation, employee benefits (Part IX, column (A), lines 5-10)	•	352,439.	365,876.
es		· · · · · · · · · · · · · · · · · · ·		332,437.	303,010.
Expenses		ndraising fees (Part IX, column (A), line 11e)			
ad x	b Total fundraisin	g expenses (Part IX, column (D), line 25) ▶			·
Ш	17 Other expenses	s (Part IX, column (A), lines 11a-11d, 11f-24e)		172,861.	194,559.
	18 Total expenses	Add lines 13-17 (must equal Part IX, column (A), line 25)		535,300.	571,435.
		xpenses. Subtract line 18 from line 12		-47,320.	-71,176.
× 8			Reginnin	g of Current Year	End of Year
Assets or Balances	20 Total assets (P	art V. Juno 16)	Degillillil	827,461.	
Bala		(Part X, line 26)			699,876.
Fund		· · · · · · · · · · · · · · · · · · ·		153,064.	96,655.
ΖZ		and balances. Subtract line 21 from line 20		674,397.	603,221.
Pa	4 (Signature	Block			
Unde	r penalties of perjury, I decla	ire that I have examined this return, including accompanying schedules and statements, and to the	best of my	y knowledge and be	lief, it is true, correct, and
comp	olete Declaration of preparer	(other than officer) a based on all information of which preparer has any knowledge		1	
	X	Myen Will		2-11	-19
Sig	Signature	of officer	Dat	e	
He	re X,	I teven Witt. Tresident			
	<u> </u>	int name and title			
	Print/Type prep		—Т	Check If	PTIN
_		10.1			
Pai		Elliott, CPA O. Earl Elliott, CPA //30/	17	self employed	P00426686
	parer Firm's name	SACKRIDER & COMPANY, INC.			
Us	e Only Firm's address	▶ 1925 Wabash Avenue		Firm's EIN > 35	-1327464
		Terre Haute, IN 47807-3326		Phone no 812	2329492
May	the IRS discuss this	return with the preparer shown above? (see instructions)			X Yes No
					Farm 000 (2013

Form	990 (2017) Terre Haute Area Economic Development	35-1529347	7 Pag	ge 2
Par	TIII Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			П
1	Briefly describe the organization's mission:			
•	To promote business growth and attract new business and industry	v to Terre Ha	ute and	
	Vigo County, Indiana.			
	1140_0041101/_11414141			
				· – –
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior		
-	Form 990 or 990-EZ?		Yes X N	No
	If 'Yes,' describe these new services on Schedule O.	· · · · · ·	ics A	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	enuces?	Yes X N	lo l
3	If 'Yes,' describe these changes on Schedule O.	ervices:	ies V	10
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rvices, as measured ons to others, the to	i by expense: tal expenses	5. :
	and revenue, if any, for each program service reported.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Охропово	•
4 a	(Code:) (Expenses \$ 513,559. including grants of \$) ((Revenue \$		<u> </u>
	See detailed memo attached.	`		′
4 b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$		_)
			-	
			-	
			-	
	(Code: \(\sum_{\text{Cycopess}}\) \(\sum_{\text{Cycopess}}\) \(\sum_{\text{Cycopess}}\)	Povonus		_
4 C	(Code:) (Expenses \$ including grants of \$) (Revenue 5	·	_'
4 d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 513,559.			_

	m 990 (2017) Terre Haute Area Economic Development 35-1529	347		age
<u>Pa</u>	Checklist of Required Schedules	_		r
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 'Schedule A.	. 1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	. 3_		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	. 5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
,	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	. 11 ь		Х
,	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	. 12a		х
ļ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 Ь		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	D 1741	. 18		Х

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

Form 990 (2017) Terre Haute Area Economic Development 35-1529347 Page 4 **PartilVa Checklist of Required Schedules** (continued) No Yes 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . X 20a **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	ļ	<u> X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23_	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
l	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		X
ı	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27_		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28c	х	
29	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part L	33	-	Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
t	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	

Check if Schedule O contains a response or note to any line in this Part V			. Г
		Yes	No
1'a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a)		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0]	ĺ '	1. 1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	↓	<u> </u>
(gambling) winnings to prize winners?	1 c		 -
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a	3		ļ .
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		<u> </u>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			T.,
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ►	- '	!	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		 ↓
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	ļ	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	⊢	<u> </u>
	36		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).	55		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u> </u>		
	7 a	<u> </u>	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			-
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		,	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:		,	
a Initiation fees and capital contributions included on Part VIII, line 12]	ı	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	.]		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		•	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O		. 1	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	 -	4	.
c Enter the amount of reserves on hand		1	- 5
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA TEEA0105L 08/08/17	Form	990 (2017)

Form 990 (2017) Terre Haute Area Economic Development 35-1529347 Page 6 Ractiving Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for ्a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 62 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b 60 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ... X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 See Schedule Q X Did the organization have members or stockholders? . 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See Schedule 0 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?... 8a **b** Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b . . . X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? . 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O Х 15 a **b** Other officers or key employees of the organization See Schedule O 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its

	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	
Sec	ction C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ► IN	. -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply	only) ava	ılable
	Own website		
19	the public during the tax year. See Schedule O	ole to	
20	State the name, address, and telephone number of the person who possesses the organization's books and records		
	Sackrider & Company, Inc. 1925 Wabash Avenue Terre Haute IN 47807 (812) 232-	-9492	

			_		
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"UIII 33U (ZU1/)	ierre	naute	ALEd	<i>E</i> .COHOMEC	DEAGTORMEHE

35-1529347

ane 7

Rartiville Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relate	ed organiz	ation	con	npen	sate	d any	y cu	rrent officer, direct	or, or trustee.	
(A) Name and Title (C) Position (do not check more than one box, unless person is both an officer and a										
(A) Name and Title	(B) Average hours per		dır	ector/	/trust	ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) See Attached List	0							0.	0.	0.
(2) Claudia Tanoos Vice President	40	х		Х				75,084.	0.	6,889.
(3) Steve Witt President	_ 40 _	х		х				184,009.	0.	31,535.
(4)										
(5)										
<u>(6)</u>										
(8)										
(9)							-			
(10)										
(11)										
<u>(12)</u>										
(13)										
(14)										

	(B)	Γ		((C)			<u> </u>	<u> </u>	T
. (A) Name and title	Average hours per week	box	, unle	check ess po	erson direct	e than is bot tor/trus	th an stee)	compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional frustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)							†			
(16)										
(17)										
(18)										
(19)					 					
(20)										
(21)						 		ļ		
(22)		-								
(23)										
(24)							-			
(25)			-		-					
1 b Sub-total	on A			•			>	259,093. 0.	0.	38,424.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ▶ 1	to those li	sted	abov	/e) v	vho	recer	ved	259, 093. more than \$100,00	0. 0 of reportable comp	38,424. pensation
 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of 	<i>h individu.</i> reportabl	<i>al</i> e cor	mpe	nsa	tion	and	oth	er compensation f		Yes No
the organization and related organizations greate such individual	r than \$1	50,00	00?	If 'Y	es,	com	ıple:	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes Section B. Independent Contractors	compen ,' complet	satio te Sc	n fro hed	om a lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson .	individual	. 5 X
Complete this table for your five highest compens compensation from the organization. Report compens	sated indesation for t	pend he ca	dent	cor dar y	ntrac /ear	tors endi	tha	t received more th	nan \$100,000 of ganization's tax year	
(A) Name and business addr					•			(B) Description o		(C) Compensation
Total number of independent contractors (including b \$100,000 of compensation from the organization.)		ted to	tho	se lı	sted	abo	ve) \	who received more	than	
\$100,000 of compensation from the organization		EEA0	108L	08/0	8/17					Form 990 (2017)

Form 990 (2017) Terre Haute Area Economic Development 35-1529347 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) Total revenue (B) (C) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512-514 revenue ts, Grants Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b c Fundraising events 1 c Contributions, Gifts, d Related organizations 1 d Similar e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above. Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f . . **Business Code** The Forest State Program Service Revenue 250,000 250,000 2a Marketing Services 190,000 190,000 b Membership Dues & Assessments 60,000 60,000 Management Services _ f All other program service revenue g Total. Add lines 2a-2f 500,000. Investment income (including dividends, interest and 3 259 259 other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties (ı) Real (II) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . d Net rental income or (loss). (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses. c Gain or (loss) . d Net gain or (loss) Other Revenue

8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events. 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses

and allowances . b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** b d All other revenue. e Total. Add lines 11a-11d 500,259 500,000 0 Total revenue. See instructions

c Net income or (loss) from gaming activities

10a Gross sales of inventory, less returns

Terre Haute Area Economic Development 35-1529347 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) (B) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 11,000 11,000 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 297,517 267,766 29<u>,751</u> 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 332 Other salaries and wages 43,318 38,986 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,917 3,241 324 Other employee benefits . 1,811 1.630 181 17,990 Pavroll taxes 10 19,989 999 Fees for services (non-employees): a Management **b** Legal 957 1,063 106 c Accounting 6.952 6.952 **d** Lobbying .. . e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 21,500 19,350 2,150 Advertising and promotion 13 Office expenses . . 2,979 2,681 298 Information technology . 4,092 14 4,547. 455. 15 Royalties 59,113 53,202 5,911 16 Occupancy . Travel 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials... Conferences, conventions, and meetings 8,963 19 9,959 996 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 6,610 5,949 661 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). 44,242 44.242 a Marketing General ___ 16,852 1,872 18,724 b Dues, Fees 13,288 11,959 1,329 c Trade Shows & Travel 174 741 1,567 d Printing and Publications 3,456 385 3,841 e Ali other expenses 571,435 513,559 57,876 0. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation. SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 396,734 1 269,561. Cash - non-interest-bearing.. 2 Savings and temporary cash investments 383,891 398,493 2 3 3 Pledges and grants receivable, net Accounts receivable, net . . 250 4 20 833 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ŧ, 6 7 Assets Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 145,518 10b 15,585 10 c 10,988 134,530 b Less: accumulated depreciation Investments - publicly traded securities . . . 11 Investments - other securities. See Part IV, line 11.... 12 12 Investments - program-related. See Part IV, line 11. . . 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 827,461 699,876. Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses .. . 33,064 405. 18 18 Grants payable . 19 Deferred revenue 120,000 19 94,250 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, *** T *** key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 153,064 26 96 655 Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 674,397 27 603, 221 Unrestricted net assets 28 Temporarily restricted net assets ... 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds 674,397 33 603,221 Total net assets or fund balances 33 34 827,461 699,876 Total liabilities and net assets/fund balances BAA Form 990 (2017)

orr	m 990 (2017) Terre Haute Area Economic Development	35-152	29347	F	age 12
Pā	耐XII Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		500,	259.
2'	Total expenses (must equal Part IX, column (A), line 25)	2		571,	435.
3	Revenue less expenses. Subtract line 2 from line 1	3			176.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			397.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10					
	column (B))	10		<u>603,</u>	<u>221.</u>
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
'	Accounting method used to prepare the Form 990. Cash Accidar Other		— II.		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both:	eviewed or	n a		
	Separate basis Consolidated basis Both consolidated and separate basis				- (3
!	b Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separate			
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?.	e audit,		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle		3 a	Х
١	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red audit		3 b	

Form 990 (2017)

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Schedule C (Form 990 or 990-EZ) 2017

OMB No 1545-0047

Opento Rublic Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for Instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) (organizations: Complete Part III.			
Name	e of organization Terre Ha	aute Area Economic Developm	ent	Employer identific	ation number
	Corporat	tion		35-152934	7
		rganization is exempt under secti			zation.
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.	
		xpenditures (see instructions)		-	
		campaign activities (see instructions)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1		rganization is exempt under secti			
1	•	cise tax incurred by the organization under		•	
2		cise tax incurred by organization managers		▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 foi	this year? .	• • • •	∐Yes ∐No
	a Was a correction made?				Yes No
_	b If 'Yes,' describe in Part IV.		on E01(a) aveca	ttion F01/-\/2\	
	and the same of th	rganization is exempt under secti	• • •	, , , ,	
	•	spended by the filing organization for section	·	•	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt ► \$	
3		nditures Add lines 1 and 2 Enter here and		▶\$	
4	Did the filing organization fil	e Form 1120-POL for this year? .			Yes X No
5	Enter the names, addresses organization made payment amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly deal action committee (PAC). If additional spanning the committee (PAC) and committee (PAC) and committee (PAC) are the committee (PAC) and committee (PAC).	of all section 527 pol mount paid from the livered to a separate po ace is needed, provid	itical organizations to w filing organization's fun- plitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)			_		
(4)					
(5)					
 -					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

			•			
Schedule C (Form 990 or 990-EZ) 20	¹⁷ Terre Haute	e Area Economic D	evelopment	35-152	29347 Pag	је
Rantill A Complete if	the organization	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (election under	
	```					
	* -	gs to an affiliated group (and		ated group member's nar	ne,	
		id share of excess lobbying	= :		•	
B Check ► if the file	ng organization che	ecked box A and 'limited co	ontrol' provisions apply.			
(The term		ying Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expendit	ures to influence pr	ublic opinion (grass roots le	obbying)			
b Total lobbying expendit	ures to influence a	legislative body (direct lob	bying)			
c Total lobbying expendit	ures (add lines 1a	and 1b)				
d Other exempt purpose	expenditures		,			_
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)				
f Lobbying nontaxable an	nount. Enter the an	nount from the following ta	ible in			
both columns		<u> </u>	······································		,	
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable	amount is:			
Not over \$500,000	4	20% of the amount on line 1e.				
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	s over \$500,000.			
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.			
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable	amount (enter 25%	of line 1f)				
h Subtract line 1g from lir	ne 1a. If zero or les	s, enter -0				_
i Subtract line 1f from lin	e 1c. If zero or less	s, enter -0				
j If there is an amount othe section 4911 tax for this	er than zero on eithei s year?	line 1h or line 1i, did the ord	ganızatıon file Form 4720	reporting	Yes	No
		4-Year Averaging Period	Under section 501(h)			
(Som		at made a section 501(h) e slow. See the separate inst	lection do not have to			
	Lobi	ying Expenditures During	4-Year Averaging Peri	od		_
Calendar year (or fiscal	4-> 0014	412 0015	(-) 2016	44, 2017	(-) T-4-1	
year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2 a Lobbying nontaxable						
amount .	THE CONTRACTOR AND PROGRAMMENT OF PERSONS	water - Tanishada water water zeda al-tani i water da Sal	Habitat of the manufacture Actions the confi	A CONTRACTOR OF THE SECOND	4:34	
b Lobbying ceiling amount (150% of line ' 2a, column (e))						
c Total lobbying expenditures .			,	,		
d Grassroots nontaxable	-	3				

Schedule C (Form 990 or 990-EZ) 2017

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures .

BAA

Rand BC Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(n)).					
	(a	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	nount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 					
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?					
j Total. Add lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Raittle A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(sect	c)(5),	, or	Market Sandar	Secretary Secretary	STATE OF STATE OF
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activity expenditures. 	- rior ye	ear? .	1 2 3	Yes	No X X
Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Fanswered 'Yes.'	c)(5), 'art I	ors II-A,	ection 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<u> </u>				
a Current year	1	2a			
b Carryover from last year	ļ	2 b			
c Total ,		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	- {	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Supplemental Information					
bounds the descriptions around for Boot I A line 1. Boot I B line 4. Boot I C line 5. Boot II A /officiated group		Dari I	LA lines	1 and	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Openito Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Terre Haute Area Economic Development

Employer identification number

_	Corporation		35-1529347	
Pai	Organizations Maintaining Donor Advised Funds or Complete if the organization answered 'Yes' on Form	Other Similar Fund 1990, Part IV, line 6	s or Accounts.	
	(a) Donor adv	vised funds	(b) Funds and other accou	unts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that are the organization's property, subject to the organization's exclusive		or advised funds	No
6	Did the organization inform all grantees, donors, and donor advisors in for charitable purposes and not for the benefit of the donor or donor ad impermissible private benefit?	writing that grant funds dvisor, or for any other pu	can be used only urpose conferring	— □ No
D=				
Edi	Conservation Easements. Complete if the organization answered 'Yes' on Form	990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (e.g., recreation or education)		a historically important land area	a
	Protection of natural habitat		contified historic structure	a
	Preservation of open space		a contined historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year.	n contribution in the form o	of a conservation easement on the	
	and the second s		Held at the End of the	Tax Year
а	a Total number of conservation easements		2 a	
Ŀ	Total acreage restricted by conservation easements		2 b	
	Number of conservation easements on a certified historic structure incl	uded in (a)	2 c	
	Number of conservation easements included in (c) acquired after 7/25/	06 and not on a historic		
•	structure listed in the National Register	· · · ·	2 d	
3	Number of conservation easements modified, transferred, released, extinguitax year ►	shed, or terminated by the	organization during the	
4	Number of states where property subject to conservation easement is locate	d ►		
5	Does the organization have a written policy regarding the periodic mon		ing of violations,	_
	and enforcement of the conservation easements it holds?		. Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ations, and enforcing conse	ervation easements during the yea	r
7	Amount of expenses incurred in monitoring, inspecting, handling of violation. ▶\$	s, and enforcing conservati	on easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy t and section 170(h)(4)(B)(ii)?	the requirements of section .	on 170(h)(4)(B)(ı) Yes	No
9	In Part XIII, describe how the organization reports conservation easements include, if applicable, the text of the footnote to the organization's final	n its revenue and expense a noial statements that desi	statement, and balance sheet, and cribes the organization's accour	d nting for
<u> </u>	conservation easements.	ical Treasures or O	ther Similar Accets	
	Complete if the organization answered 'Yes' on Form	990, Part IV, line 8.		
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), n art, historical treasures, or other similar assets held for public exhibition, edu in Part XIII, the text of the footnote to its financial statements that desc	ucation, or research in furth	e statement and balance sheet verance of public service, provide,	works of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to historical treasures, or other similar assets held for public exhibition, educati following amounts relating to these items:	o report in its revenue sta on, or research in furtherar	nce of public service, provide the	s of art,
	(i) Revenue included on Form 990, Part VIII, line 1	• •	► \$	
	(ii) Assets included in Form 990, Part X		►\$	
2	If the organization received or held works of art, historical treasures, or other amounts required to be reported under SFAS 116 (ASC 958) relating to	r similar assets for financial o these items	I gain, provide the following	_
а	Revenue included on Form 990, Part VIII, line 1		► \$	
	Assats included in Form 990 Part Y		►\$	

• •								
Schedule D (Form 990) 2017 Terr					or Other S	35-152		Page 2
								nuea)
3 Using the organization's acquisition items (check all that apply):	i, accession, a	and other	r records, check	any of the following tha	it are a significa	ant use of its	collection	
a Public exhibition			d Loan	or exchange program	ns			
b Scholarly research			e Othe	r				
c Preservation for future gene	rations							
4 Provide a description of the organia Part XIII.	zation's collec	tions and	d explain how the	y further the organizati	on's exempt pu	irpose in		
5 During the year, did the organiza to be sold to raise funds rather t							Yes	No
PartilV Escrow and Custodia line 9, or reported an	I Arranger amount or	nents. Form	Complete if 990, Part X,	the organization line 21.	answered '\	es' on Fo	rm 990, P	art IV,
1 a is the organization an agent, true							Yes	□No
b if 'Yes,' explain the arrangement				 ung table:	•	[□•
2 ii 100, oxpiaiii aid airailigeirioiii		u 00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g tablet			Amount	
c Beginning balance					1 c			
1.4.1.1. 1. 11					1 d			
e Distributions during the year					1 e		· 	
f Ending balance					11			
2a Did the organization include an a				, for escrow or custod	lial account lia	bility? .	Yes	No
b If 'Yes,' explain the arrangement						· · L		
Rart Endowment Funds. C	omplete if	the or	ganization at	aswered 'Yes' on	Form 990	Part IV lin	ie 10	-
	(a) Current		(b) Prior yea			ree years back	(e) Four y	ears back
1 a Beginning of year balance .	(-)	-)	(,		(,,		1 (3), (32)	
b Contributions	· ·······		1		- 		†	
c Net investment earnings, gains, and losses								
d Grants or scholarships	· ·							
e Other expenditures for facilities and programs							<u> </u>	
f Administrative expenses							 	
g End of year balance							 	
2 Provide the estimated percentage	e of the curre	ent vear	end balance (li	ne 1g. column (a)) he	eld as:		<u> </u>	
a Board designated or quasi-endowm		one your	%					
b Permanent endowment			 •					
c Temporarily restricted endowmer			8					
The percentages on lines 2a, 2b, a		equal 100						
3 a Are there endowment funds not in toganization by:		-		are held and administe	red for the		Yes	s No
(i) unrelated organizations.							3a(i)	- 110
(ii) related organizations	• • ••				•	•	3a(ii)	
b If 'Yes' on line 3a(ii), are the rela		tions list			• •	• •	3b	
4 Describe in Part XIII the intended	-				•	•		
Partivit Land, Buildings, and			adon 3 chaowin	on rondo				
Complete if the organi			'Yes' on For	m 990, Part IV, II	ne 11a. See	Form 990), Part X,	line 10.
Description of property	· · · · · · · · · · · · · · · · · · ·	(a) Cosi (ın	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accu depred	ciation	(d) Book	value
1 a Land					THE RES			
b Buildings								
c Leasehold improvements				49,611		44,143.		5,468.

TEEA3302L 08/10/17

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

49,581

46,326.

44,061.

46,326.

5,520.

► 10,988. Schedule **D** (Form 990) 2017

0.

d Equipment

BAA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation. Cost or end-of-ye	ear market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(A) (B) (C) (D) (E)	<u> </u>			
(E)	·			
(F)		<u> </u>		
(G)				
(H)				
(1)		Several and the Control of the Contr	and in the state of the state o	the block house, the second transfer of the
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Partivilli Investments – Program Related. Complete if the organization answered	'Ves' on Form 90	N/A N Part IV line 11c	See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuati		
(1)	(=) Door value	, , Janes or valuati		J. Sarrot value
(2)				
(3)	-	 	· · · · · · · · · · · · · · · · · · ·	
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)		 		
(6)				
_(7)				
(8)				-
(9)				
\~/		1		
(10)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	A Part IV Jipo 11d	Soo Form 990	Port V Jino 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Complete if the organization answered	'Yes' on Form 99	A 0, Part IV, line 11d.	. See Form 990	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Complete if the organization answered (a) Des	N// 'Yes' on Form 99 scription	A 0, Part IV, line 11d	. See Form 990	, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part XX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99	A 0, Part IV, line 11d	. See Form 990	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Complete if the organization answered (a) Des	'Yes' on Form 99	A 0, Part IV, line 11d.	. See Form 990	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 99	A 0, Part IV, line 11d.	. See Form 990	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 99	A 0, Part IV, line 11d	See Form 990	
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 99	A 0, Part IV, line 11d.	See Form 990	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 99	A 0, Part IV, line 11d		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	'Yes' on Form 99 scription	0, Part IV, line 11d		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 99 scription	11e or 11f. See Form 990		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Fe	'Yes' on Form 99 scription 3) line 15) orm 990, Part IV, line 1	11e or 11f. See Form 990		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part XX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of hability (1) Federal income taxes (2)	'Yes' on Form 99 scription 3) line 15) orm 990, Part IV, line 1	11e or 11f. See Form 990		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) (3)	'Yes' on Form 99 scription 3) line 15) orm 990, Part IV, line 1	10, Part IV, line 11d.		
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Desc. (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99 scription 3) line 15) orm 990, Part IV, line 1	10, Part IV, line 11d.		
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) Desc. (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99 scription 3) line 15) orm 990, Part IV, line 1	10, Part IV, line 11d.		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part XX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	"Yes" on Form 99 scription B) line 15) orm 990, Part IV, line 1 (b) Book value	10, Part IV, line 11d.		

_	_					
Schedule D (Form 990) 2017	Tarre	Hante	Area	Franchic	Development
	, o, JJO, LOI,	TETTE	Haute	UT CU	LCOHOMAC	DCACTOOMCHC

35-1529347

Page 4

RankXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities . 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
RankxIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	1 2 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	1 2 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3 4c
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.) 4 b	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/form990 for instructions and the latest information

OMB No 1545-0047

2017

: Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

Corporation

Terre Haute Area Economic Development

Employer Identification number

35-1529347

Ŗā	Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	of the following to or for a person listed on Form 990, Part evant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use		4.5	7.0
	Travel for companions	Payments for business use of personal residence		100	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	2		49
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization freimbursement or provision of all of the expenses described		1 b	2 12 2	
2	Did the organization require substantiation prior to reimbursi trustees, and officers, including the CEO/Executive Director,		. 2		Waz ala
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but e	d to establish the compensation of the organization's any boxes for methods used by a related organization to explain in Part III.			
	Compensation committee	X Written employment contract	1100	. 4	44.4
	Independent compensation consultant	Compensation survey or study	100		4
	Form 990 of other organizations	$\overline{\overline{X}}$ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII organization or a related organization:	l, Section A, line 1a, with respect to the filing			
	a Receive a severance payment or change-of-control payment	t?	4 a		<u>X</u>
	Participate in, or receive payment from, a supplemental non	•	4 b		X
	Participate in, or receive payment from, an equity-based con		4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			30
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of	the organization pay or accrue any compensation			
;	The organization?		5 a		Х
- 1	Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III		1	Torrect	SQTA W
6	For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the net earnings of:	the organization pay or accrue any compensation			
	The organization?	•	6 a		X
ı	Any related organization?		6 b		\overline{x}
	If 'Yes' on line 6a or 6b, describe in Part III			艺程	
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe	, did the organization provide any nonfixed in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or a	accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations sec If 'Yes,' describe in Part III	stion 53.4958-4(a)(3)?	8		<u>x</u>
9	If 'Yes' on line 8, did the organization also follow the rebuttable p	presumption procedure described in Regulations	,		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Page 2

35-1529347

Terre Haute Area Economic Development Schedule J (Form 990) 2017

Parill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Ketirement and other deferred compensation	(D) Nontaxable benefits	(E) lotal of columns(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Steve Witt	Θ	184,009.	0.	0.	16,134.	15,401.	215,544.	
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9	(ii)							
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	Θ				 	 	 	
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15	(E)							
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ВАА			TEEA4102L 08/09/17	71/6			Schedule	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Bartilla Supplemental Information

Schedule J (Form 990) 2017

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(6)

Name of the organization Terre Haute Area Economic Development Corporation

Employer identification number

35-1529347

Parti	Excess Benefit Transac Complete if the organization	ctions (section 501(c)(3), section 501 answered 'Yes' on Form 990, Part IV, line 25a	(c)(4), and 501(c)(29) organizati a or 25b, or Form 990-EZ, Part V, line 40	ons only).	
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corr	rected?
	(a) Number of disqualmed person	person and organization	(c) Besser, priorition in the instantion	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)				_	

2		f tax	incurred by the	organization managers or disqualified persons durii	ing the year	r under		_
	section 495&			•• •	•		^ \$_	
3	Enter the amount of	f tax,	if any, on line 2	2, above, reimbursed by the organization			►ŝ	

Rartilla Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo froi organ	an to or n the ızatıon?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	proved ard or uttee?	(i) W agree	ritten ment?
			To	From			Yes	No	Yes	No	Yeş	No
(1)												
(2)												
(3)			1				T					
(4)							T					
(5)												
(6)	T											
(7)												
(8)												
(8) (9)												
(10)			1									
Total .			•	•	▶\$		E42				-15	

Rartillia Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
				Yes	No
(1) Vigo County	See Sch O	125,000.	Mktg Services Revenue		X
(2) City of Terre Haute	See Sch O	125,000.	Mktg Services Revenue		X
(3) City of Terre Haute	See Sch O	60,000.	Management services		Х
(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		
(6)			•		
(7)					
(8)					
(9)					
(10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE 0 (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 for the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Terre Haute Area Economic Development Corporation

Employer identification number 35-1529347

Schedule L, Part IV

- (a) Name of Interested Persons
- (b) Relationship

(1) Vigo County

Executive Committee Member Judy Anderson

(2) City of Terre Haute

Executive Committee Member Duke Bennett

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Any person, association, corporation, partnership, foundation or legal entity having an interest in the objectives of the Corporation shall be eligible for one of the 4 classes of membership.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

All primary members are given one vote on matters that require a member vote.

Form 990, Part VI, Line 11b - Form 990 Review Process

The completed return was given to the executive committee for review before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The President's compensation is reviewed and revised by the Organization's Executive The Executive Committee includes members that have access to peer data. Committee. Minutes of Executive Committee document the discussion and decision.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

All other employee compensation adjustments occur during the annual budgeting process which includes significant Executive Committee involvement.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The governing documents and financial statements are available upon request. These documents may be requested by contacting the corporation directly by e-mail or telephone, through their website, or from Sackrider & Company, Inc., where the records are held.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

(g) Sec 512(b)(13) controlled entity? ŝ Schedule R (Form 990) 2017 (f) Direct controlling entity Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Employer identification numbe (f)
Direct controlling
entity 35-1529347 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) **限**動物圖 Identification of Disregarded Entities. Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section TEEA5001L 11/29/17 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity Terre Haute Area Economic Development BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Corporation Name of the organization Partil 1111 Ξ'_{i}

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Schedule R (Form 990) 2017 Terre Haute Area Economic Development

Battilis Identification of Related Organizations Taxable as a Partnership Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	one of more related organizations	מוכח חוזי		reated as a po	ווים לווויכוסוויוי	licated as a partitle sind during the tax year.			,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	۵)	come Share of total ated, income		Share of Dispending the assets alloc	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing	or Percentage	ntage rship
See Part VII		foreign country)		under sections 512-514)				No.	K-1 (Form 1065)			
(1) ICON Developer, 630 Wabash Avenu	Building		Terre							<u> </u>	-	
Terre Haute, IN 81-5435794	Constructi	2	Haute Area Er	<u>.</u>	· · · ·			>	4/N	>		0
(2)										_]	-	8
												
												
(3)								 				1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,											
												
Parelly Identification of Ine 34, because	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	izations nore rela	Taxable as ited organiz	s a Corporations at a catec	n or Trust Co I as a corpora	mplete if the o	rganization a	answere year.	d 'Yes' on F	orm 990,	Part IV,	
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	_	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	(13) nttty?
(1) THAEDC Development	pment Corporation	E I									—	0 <u>2</u>
630 Wabash Ave,	Suite 101		Constructi		Terre					-		
81-5435794			Management	NI	Area Eco	C-Corporat			0	100.00	×	
(2)		 										
								···				
		 										
(3)		1										
			-	 -								
									,	_		
ВАА				TEEA	TEEA5002L 11/29/17		,		S	Schedule R (Form 990) 2017	ırm 990) 2	2017

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Schedule R (Form 990) 2017 Terre Haute Area Economic Development

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1 b	×
c Giff, grant, or capital contribution from related organization(s)			10	X
d Loans or loan guarantees to or for related organization(s)		. :	P 1	×
e Loans or loan guarantees by related organization(s)]e	×
f Dividends from related organization(s)	:	:	11	×
s) (s	:		19	×
			1h	×
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)		:	1.	×
k Lease of facilities, equipment, or other assets from related organization(s)		:	1 K	×
Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s).	:		=	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			Jn	×
o Sharing of paid employees with related organization(s)			10	×
n Reimbursement baid to related organization(s) for expenses	:	:	1 p	×
Commissional and by relative description (A) for eventuals			. 5	 >
q Keimoursement paid by related organization(s) for expenses		:		<
r Other transfer of cash or property to related organization(s)	•		1.	×
Charles and the control of the contr			101	: >
s Other transfer of cash of property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	object through	<u>s</u>	<
If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and trans	action thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ermining olved
(1)				
(2)				
(C)				
(4)				
(5)				
9				
BAA TEEA5003L 11/29/17		Schedu	Schedule R (Form 990) 2017	90) 2017

35-1529347

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Terre Haute Area Economic Development Schedule R (Form 990) 2017 Rank Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		0										
(a) Name, address, and EIN of entity Primary activity	(b) Primary activity	Legal domicile (state or foreign	(d) Predominant income	Are all partners section		(f) Share of total income	Share of end-of-year	Dispropor- tionate	r- Code V-UBI amount in box	General or managing	al or Pr	(k) Percentage ownership
		(Kanaba)	lated, excluded from tax under	organizatio	ons?			allocation	K-1 (Form 1065)		 S	
			sections 512-514)	Yes	No		•	Yes No	_	Yes	ş	
(1)												
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	_						-	<u> </u>		·		
(2)												
(3)				<u> </u>	-						-	
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(5)					-			-				
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<u>(7)</u>												
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(8)												
	•											
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35-1529347

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Part Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part III - Partnership Full Name, Address, FEIN

ICON Developer, LLC

81-5435794

630 Wabash Avenue Ste. 101

Terre Haute,

IN 47807