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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning 2016, and ending 2016, and ending

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

**C** Name of organization: LINCOLNLAND ECONOMIC DEVELOPMENT CORP.  
 Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 276 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: ROCKPORT IN 47635

**D** Employer identification number: 35-1812638  
**E** Telephone number: (812) 649-2119  
**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ 198,718.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization-used Schedule O to respond to any question in this Part I

REVENUE	EXPENSES	Line	Amount
1		1	148,258.
2		2	
3		3	50,333.
4		4	127.
5a		5a	
5b		5b	
5c		5c	
6		6	
6a		6a	
6b		6b	
6c		6c	
6d		6d	
7a		7a	
7b		7b	
7c		7c	
8		8	
9		9	198,718.
10		10	
11		11	
12		12	132,220.
13		13	710.
14		14	5,418.
15		15	2,411.
16		16	25,962.
17		17	166,721.
18		18	31,997.
19		19	123,707.
20		20	17,485.
21		21	173,189.

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BA'A For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,928.	111,157.
23 Land and buildings	8,483.	21,868.
24 Other assets (describe in Schedule O) See L-24 Stmt	47,250.	40,164.
25 Total assets	126,661.	173,189.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	2,954.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,707.	173,189.

**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.

What is the organization's primary exempt purpose? GUIDE THE DEVELOPMENT OF SPENCER COUNTY  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 <u>TO PROMOTE SPENCER COUNTY INDIANA AS A LOCATION FOR INDUSTRIES TO LOCATE, PROMOTION OF ITS ATTRIBUTES FOR BUSINESS, GUIDE DEVELOPMENT</u> (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	166,721.
29 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	166,721.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFFERSON LINDSEY CHAIRMAN	8.00	0.	0.	0.
CHRIS MIDDLETON SECRETARY	5.00	0.	0.	0.
KYLE KNIERIEM TREASURER	5.00	0.	0.	0.
JAMES EDWARDS DIRECTOR	2.00	0.	0.	0.
JEFF VOGEL PRESIDENT	5.00	0.	0.	0.
JACK KROEGER DIRECTOR	2.00	0.	0.	0.
TIM KERNS DIRECTOR	2.00	0.	0.	0.
TOM BROWN DIRECTOR	2.00	0.	0.	0.
KEVIN RAYBURN DIRECTOR	2.00	0.	0.	0.
SCOTT SINGLETON DIRECTOR	2.00	0.	0.	0.
MICHAEL WOODS DIRECTOR	2.00	0.	0.	0.
BRIAN GREULICH DIRECTOR	2.00	0.	0.	0.
ANGELA STONE DIRECTOR	2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O . . . . .		
<b>35 b</b>		
<b>35 c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ <b>37 a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		X
<b>37 b</b>		
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38 b</b>	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39 a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39 b</b>	
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I . . . . .	<b>40 b</b>	X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. . . . .	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>Indiana</u>		

**42 a** The organization's books are in care of ▶ CORPORATION Telephone no ▶ (812) 649-2119  
 Located at ▶ 2792 N HWY 231 SUITE 300 ROCKPORT IN ZIP + 4 ▶ 47635

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42 b</b>	X
If 'Yes,' enter the name of the foreign country ▶ _____		

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .	<b>42 c</b>	X
If 'Yes,' enter the name of the foreign country ▶ _____		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ **43** \_\_\_\_\_

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44 a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44 b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44 c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	<b>44 d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45 a</b>	X
<b>b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45 b</b>	X

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 . . . . .

	Yes	No
46		X

**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 . . . . .

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		
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b If 'Yes,' was the related organization a section 527 organization? . . . . .

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *[Signature]* Date: 8/22/2018  
 Name and title: JEFFERSON LINDSEY CHAIRMAN

**Paid Preparer Use Only**  
 Print/Type preparer's name: MELVIN E. HELD, CPA  
 Preparer's signature: *[Signature]* Date: 08/20/18  
 Check  if self-employed PTIN: P00083801  
 Firm's name: MELVIN E. HELD, CPA, LLC  
 Firm's address: PO BOX 97 SANTA CLAUS IN 47579  
 Firm's EIN: 20-2007735  
 Phone no: (812) 937-2896

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

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

LINCOLNLAND ECONOMIC DEVELOPMENT CORP.

Employer identification number

35-1812638