

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

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

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

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

C Name of organization
LINCOLNLAND ECONOMIC DEVELOPMENT CORP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 276

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. \$ 174,304

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 125,000
2	Program service revenue including government fees and contracts 0
3	Membership dues and assessments 27,436
4	Investment income 2,413
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 12,983
c	Less direct expenses from gaming and fundraising events 6c 0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 12,983
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b 0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0
8	Other revenue (describe in Schedule O) 8 6,472
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 174,304
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 133,791
13	Professional fees and other payments to independent contractors 13 758
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15 1,391
16	Other expenses (describe in Schedule O) 16 67,118
17	Total expenses. Add lines 10 through 16 17 203,058
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -28,754
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 167,663
20	Other changes in net assets or fund balances (explain in Schedule O) 20 -2,435
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 136,474

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

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

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

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

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

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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	2019-05-07 Date
JEFFERSON LINDSEY CHAIRMAN Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MELVIN E HELD CPA	Preparer's signature	Date 2019-05-15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00083801
	Firm's name ▶ MELVIN E HELD CPA LLC			Firm's EIN ▶	
	Firm's address ▶ PO BOX 97 SANTA CLAUS, IN 47579			Phone no (812) 937-2896	

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

Additional Data

Software ID:

Software Version:

EIN: 35-1812638

Name: LINCOLN LAND ECONOMIC DEVELOPMENT CORP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 TO PROMOTE SPENCER COUNTY INDIANA AS A LOCATION FOR INDUSTRIES TO LOCATE, PROMOTION OF ITS ATTRIBUTES FOR BUSINESS, GUIDE DEVELOPMENT (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	203,058

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(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
TINA HAZELIP DIRECTOR	2 00	0	0	0
JEFF VOGEL PRESIDENT	5 00	0	0	0
David Gogel 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
LARRY HARLEN DIRECTOR	2 00	0	0	0
JAMES BUNDREN DIRECTOR	2 00	0	0	0
TAWNYA FLEISHMANN DIRECTOR	2 00	0	0	0

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(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
RON SMITH DIRECTOR	2 00	0	0	0
TOM UTTER EXECUTIVE DIRECTOR	40 00	79,988	3,946	0

SCHEDULE O
(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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

LINCOLN LAND ECONOMIC DEVELOPMENT CORP

Employer identification number

35-1812638

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	Internet Revenue 6026

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	Refunds 446

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES/SUBSCRIPTIONS 5021

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 3576

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 1844

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAVEL 8327

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TELEPHONE 3357

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MISCELLANEOUS EXP 478

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	EMPLOYEE TRAINING 880

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Meetings 2313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	employer taxes 7852

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Meals and Entertainment 2435

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Internet and data 11505

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 5358

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	trade shows 950

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Office Cleaning 462

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Credit card 35

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Repairs 289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Lease 3071

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Advertising 1544

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Fundraising 7821

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 20	NON DEDUCTIBLE PORTION OF MEALS -2435

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	LAND FOR RESALE 40164 40164

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Accounts Payable & Accrued Expenses 2193