

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

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
JACKSONVILLE REGIONAL ECONOMIC DEVELOPMENT CORPORATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite
221 EAST STATE STREET
City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, IL 62650

D Employer identification number
37-6049714
E Telephone number
(217) 479-4627
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶ **MODIFIED CASH**

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

I Website: ▶ WWW.JREDC.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 191,759

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	1	Contributions, gifts, grants, and similar amounts received	1	191,150
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	609
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	0	
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		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	191,759	
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	
	13	Professional fees and other payments to independent contractors	13	3,580
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,487
	16	Other expenses (describe in Schedule O)	16	150,045
17	Total expenses. Add lines 10 through 16	17	156,112	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,647
	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	318,853
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	354,500

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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 2017-07-13 Date
SHAWN RENNECKER Chairman Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Cynthia S Foote Preparer's signature Date Check if self-employed PTIN P00284511
Firm's name Zumbahlen Eyth Surratt Foote & Flynn Ltd Firm's EIN
Firm's address 1395 Lincoln Avenue Jacksonville, IL 62650 Phone no (217) 245-5121

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

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 37-6049714

Name: JACKSONVILLE REGIONAL ECONOMIC
DEVELOPMENT CORPORATION

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 ALL SERVICES USED TO AID AND ASSIST INDUSTRIAL AND COMMERCIAL GROWTH OF THE CITY OF JACKSONVILLE AND SURROUNDING AREAS</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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
TERRY DENISON Past Exec Direc	40 00	0		
SHAWN RENNECKER Chairman	1 00	0		
MIKE ANDERSON Director	0 50	0		
BARBARA FARLEY Director	0 50	0		
DAVID PENNELL Director	0 50	0		
DAVE BOLEN TREASURER	1 00	0		
PAUL WHITE SECRETARY	1 00	0		
DAN BEARD ASST SECRETARY	1 00	0		
ANDY EZARD PAST CHAIRMAN	1 00	0		
SKIP BRADSHAW Director	0 50	0		
J J RICHARDSON Director	0 50	0		
RICH FOSS Director	0 50	0		
KELLY HALL Director	0 50	0		
MARSHA AWE Director	0 50	0		
KEITH BRADBURY Director	0 50	0		

Form 990EZ, Part IV - List of Officers, 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
SETH BUSHNELL Director	0 50	0		
DUSTY DOUGLAS VICE CHAIRMAN	1 00	0		
CARL BRIMM Director	0 50	0		
GINNY FANNING Director	0 50	0		
TOM FREDERICK Director	0 50	0		
MARK TIERNO Director	0 50	0		
FORREST KEATON Director	0 50	0		
JIM OLIVER Director	0 50	0		
SCOTT STALLMAN Director	0 50	0		
PAT VANDEVELDE Director	0 50	0		
JODEE NELL Director	0 50	0		
KAI SCHNITKER Director	0 50	0		
ANDY SMITH Director	0 50	0		
BRIAN DYCHE Director	0 50	0		
BRAD ZELLER Director	0 50	0		

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

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

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

(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
HARRY SCHMIDT Director	0 50	0		
ALAN WORRELL Director	0 50	0		
CHERYL WELGE Director	0 50	0		
SHAWN ARTIS Director	0 50	0		
PAUL ELLIS Executive Dir	40 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
JACKSONVILLE REGIONAL ECONOMIC
DEVELOPMENT CORPORATION**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.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

37-6049714

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$1042

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$3306

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$372

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$15328

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$2248

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1763

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	LEASED EMPLOYEES \$57685

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	EXEC DIR CONTRACTUAL COMP \$43096

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	SPECIAL PROJECTS \$7882

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	TELEPHONE \$6475

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	DUES & SUBSCRIPTIONS \$5510

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	EQUIPMENT MAINTENANCE \$3342

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	GOLF OUTING \$620

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	BOARD MEALS/NETWORKING \$469

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	INDUSTRY OF THE YEAR \$383

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	WEB PAGE \$297

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	ENTERPRISE ZONE \$165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	RESEARCH DATA \$62

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$1479 Machinery and Equipment - Ending \$2562