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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal R

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

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

Inspection

		iue servi	<u>'</u>					
			alendar year, or tax year beginning  C Name of organization	g 10-01-2015 , and ending 09-30-2	2016	D Emm	lover ide	entification number
	ck if ap Idress ch	plicable	RUTLAND ECONOMIC DEVELOPMENT	CORPORATION			-	
<u>.                                    </u>	ime cha	-				03-0	026494	9
_	tıal retu	-	Doing business as					
FII			Number and street (or P.O. boy if m	all is not delivered to street address) Room	/suito	E Telep	hone num	nber
	termina ended r		67 MERCHANTS ROW	an is not delivered to street address) Room	/ suite	(802	2)773-9	9147
		pending	City or town, state or province, coun	try, and ZIP or foreign postal code			.,	
1 /1	Siledeloit	pending	RUTLAND, VT 05701	,, , , , , , , , , , , , , , , , , , , ,		<b>G</b> Gross	s receipts	\$ 562,548
			<b>F</b> Name and address of princip	al officer	H(a)	Is this a grou	ın returr	o for
			Lyle Jepson		"(")	subordinates	•	⊤ Yes 🗸
			67 MERCHANTS ROW RUTLAND, VT 05701			No		1
Ta:	(-exem	pt status		(mant ma)	Н(ь)	Are all subor included?	dınates	⊤Yes 🗸 No
			501(c)(3) <b>√</b> 501(c) (6) <b>√</b>	(insert no ) 4947(a)(1) or 527	_		:h a lıst	(see instructions)
ı W	ebsite	· ww	w rutlandeconomy com		H(c)	Group exem	ption nu	mber ▶
<b>(</b> Forr	n of org	anızatıor	n 🗸 Corporation 🗆 Trust 🗀 Associat	tion	L Ye	ear of formation	1977 <b>M</b>	State of legal domicile VI
Pa			ımary					
			scribe the organization's mission blaboration, creativity and ingenu	or most significant activities lity to recruit talent and businesses	of all kind	ds, grow and re	taın emr	plovers, and promote a
<b>.</b>			nd vibrant commercial and reside	•				
Governance								
Ē								
ē.	<b>2</b> C	heck tl	his box ▶ ┌ if the organization dis	scontinued its operations or dispose	ed of more	e than 25% of i	ts net a	ssets
			,	·				
Activities &	3 N	umber	of voting members of the governing	ng body (Part VI, line 1a)			3	15
<u> </u>	<b>4</b> N	umber	of independent voting members o	f the governing body (Part VI, line 1	b)		4	15
<u> </u>	5 T	otal nu	mber of individuals employed in c	alendar year 2015 (Part V , line 2a)			5	4
ĕ	6 T	otal nu	mber of volunteers (estimate if ne	ecessary)			6	
				rt VIII, column (C), line 12			7a	0
	<b>b</b> Ne	t unrel	ated business taxable income froi	m Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
(I)	8			ne 1h)	•		1,263	235,649
Ě			,	ne 2g)			3,627	64,445
Ž			· ·	(A), lines 3, 4, and 7d)	·		,528	38,339
_				lines 5, 6d, 8c, 9c, 10c, and 11e)		32	2,029	221,415
	12	10tai	revenue—add lines 8 through 11	(must equal Part VIII, column (A),	iine	573	3,447	559,848
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)				45,487
	14	Benef	fits paid to or for members (Part I	X, column (A), line 4)				(
S	15			e benefits (Part IX, column (A), line	s	180	,563	169,968
Se	16-		•	actions (A) line 11a)			<del>-  </del>	
þ			- '	column (A), line 11e)	. ⊢		_	
Щ			undraising expenses (Part IX, column (D)		-	200	2006	226 401
	Part I Sum  1 Briefly de To use conhealthy a  2 Check th  3 Number  4 Number  5 Total nu  6 Total nu  7 Total un  b Net unrel  2 Total  11 Other  12 Total  12 Total  13 Grant  14 Benef  15 Salari  5-10  16a Profe  b Total fill  17 Other  18 Total  19 Rever  20 Total  19 Rever  21 Total  22 Net a  Part II Sign  more penalties of y knowledge and eparer has any k  ign	, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25			3,906 9,469	236,403	
			·	18 from line 12	· —		3,978	107,990
× 00	19	VEAG	nue 1633 expenses Subtract IIIle .	TO HOME MICTAL				•
5 € 5 €					Begı	nning of Curren	t Year	End of Year
Bak	20	Total	assets (Part X, line 16)			2,425	,427	2,400,054
₩ <u>₩</u>	21	Total	liabilities (Part X, line 26)			1,262	2,569	1,129,206
Žζ	22	Neta	ssets or fund balances Subtract l	line 21 from line 20		1,162	2,858	1,270,848
			nature Block			- 1	h - 1	
				mined this return, including accomplete Declaration of preparer (othe				
repa	rer has	s any k	nowledge	· · · · · · · · · · · · · · · · · · ·		,		
	ı		k si k			2017.00.00		
Si~~		Sign	nature of officer			2017-03-22 Date		
əign Here		, -						
			ER AMONS Treasurer e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Charle F .	PTIN	
Paid	i		Thomas J Sabotka	Thomas J Sabotka	<u></u>	Check If self-employe	P0138	7968
	- pare	Г ⊢	Firm's name	s & Sabotka PC		Fırm's EIN ▶		
	Only		Firm's address ▶ 54 North Main Street			Phone no (8	J2) 773-8	3344
	<b>~</b> 111,	<b>y</b>	D. II I N. T. OF 704			I		

Par	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
	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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III **	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
С	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	<b>11</b> c		No
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
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		No
16	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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Form **990** (2015)

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24a

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t IV	Chec	cklist c	of Required	l Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	tiv Checklist of Required Schedules (continued)			
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		No
22		22	Yes	

-	bla the organization report more than \$5,000 or 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	. 🔧
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Part

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,"

24a 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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule o contains a response of flote to any line in this part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	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)?	4a		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?	fts <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	1 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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 required?	as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
	Enter the amount of reserves on hand	_		 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 15 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 1.5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . . . . . . Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

No 10a **10a** Did the organization have local chapters, branches, or affiliates? . . Νo

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Nο c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Νo 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 Νo 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 . . . . . 15a Nο 15b Nο 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 **16**a Νo **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? . . . . . . . . . . . . . . . . . . 16b

### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶SHARON TRAVERSE 67 MERCHANTS ROW RUTLAND, VT 05701 (802) 773-9147

Part VII

# 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

1a 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 employee"
- 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, or 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 no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Darren Childs	0 75	l x						0	0	0
Dırector	0 00	^						U	U	U
(2) Steve Costello	0 75	х						0	0	0
Director	0 00									
(3) Karen Garrow Director		x						0	0	0
	0 00 1 25									-
(4) Mark Foley Jr		l x		×				0	0	0
President	0 00									
(5) John Casella II	0 75									
Director	0 00	X						0	0	0
(6) Scott Gregg	0 75	×						0	0	0
Director	0 00									
(7) Rolf Hırschmann	0 75								0	0
Director	0 00	X						0	0	0
(8) Larry Jensen  Director	0 75	x						0	0	0
(9) Shana Louiselle	0 75									
Director	0 00	X						0	0	0
(10) Mark Werle Director	0 75	x						0	0	0
(11) Peter Amons Treasurer	1 25 0 00	х		х				0	0	0
(12) Elizabeth Gregorek	0 75									
Director	0 00	X						0	0	0
(13) Rob Mitchell Director	0 75	х						0	0	0
(14) John Russell III	1 25	x		×				0	0	0
Vice President	0 00	_ ^						U	_	
										Form <b>990</b> (2015)

art VII	Section A. Officers,	Directors, Tru	istees, Key	Employees,	and Highest	Compensated	Employees (	continued)
---------	----------------------	----------------	-------------	------------	-------------	-------------	-------------	------------

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ť			# 6d				
(15) Nicole Kesselring Secretary	1 25 0 00	Х		х				0	0	0
(16) James Stewart	40 00			,,				00.700		
Former Exec Dır	0 00			Х				80,780	0	0
(17) Lyle Jepson	20 00			X				0	0	0
Executive Dir	0 00									
1b Sub-Total				<b>▶</b>						
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A .			<b>&gt;</b>				80,780		
2 Total number of individuals (including but r	ot limited to tho	se list	ed al	oove	e) w	ho red	ceiv	ed more than	'	

- \$100,000 of reportable compensation from the organization ▶ 0
- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
- on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . .
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .
- Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A)

Name and business address	Description of services	Compensation
		·

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

3

5

No

Νo

Νo

Νo

Form 99		15)						Page <b>9</b>
Part V	1111	Statement o						
		Check If Schedu	ile O contains a respor	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated camp	paigns 1a					
Grants smounts	ь	Membership du	es <b>1b</b>					
<u> </u>	c	Fundraising eve	ents <b>1c</b>					
Contributions, Gifts, and Other Similar A	d	Related organiz	ations 1d					
	e	Government grants	(contributions) <b>1e</b>	124,508				
	f	All other contribution	ons, gifts, grants, and <b>1f</b>	111,141				
her j	'	sımılar amounts no	t included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
and and	h	Total. Add lines	1a-1f		235,649			
				Business Code				
Ž.	2a	Membership Dues	& Assessments	561499	61,605	61,605		
Š Š	ь	Program Service Fe	ees	522200	2,840	2,840		
<u>د</u>	C							
Program Service Revenue	d	_						
	e							
ogra	f	All other progra	m service revenue					
<u>&amp;</u>	g	Total. Add lines	2a-2f	>	64,445			
	3		ome (including dividender ar amounts)		38,339			38,339
	4		tment of tax-exempt bond	H	0			
	5	Royalties		•	0			
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents	194,121					
	ь	Less rental expenses	2,700					
	c	Rental income or (loss)	191,421					
	d		me or (loss)		191,421			191,421
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)		0			
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	uding reported on line 1c)					
er			а					
<b>⊕</b>			penses b		0			
	9a			events •	U			
	ь	Loss direct ovi	apenses b					
			loss) from gaming acti	vities	o			
		·		<b>-</b>				
	10a	Gross sales of i returns and allo						
	Ь	Less cost of go			0			
	_ c	Net income or ( Miscellaneous	loss) from sales of inve	Business Code	O			
	11a	Annual Meeting		900099	12,500	12,500		
	ь	Misc Income &		522200	17,494	17,494		
	c							
	d	All other revenu	Je					
	e	Total. Add lines	:11a-11d	🕨	29,994			
	12	Total revenue.	See Instructions		559,848	94,439		229,760
	<u> </u>	_			ا840,866	74,439		1 229,700

## Part IX Statement of Functional Expenses

,			,	
Section 501(c)(3) and 501(c)(4)	) organizations must comple	te all columns. All other or	rganizations must complete column (	(A)

on Sur(d	(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Ch	ck if Schedule O contains a response or note to any line in this Part IX	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	45,487			
	and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	29,666			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	120,239			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,520			
10	Payroll taxes				
		12,543			
11	Fees for services (non-employees)				
a	Management	40,002			
b	Legal	1,380			
C	Accounting	14,115			
d	Lobbying	0			
e •	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,352			
12	Advertising and promotion	4,207			
13 14	Office expenses	5,298			
15	Royalties	3,609			
16	Occupancy	91,070			
17	Travel	2,888			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,586			
20	Interest	23,108			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	28,042			
23	Insurance	3,901			
24	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)				
а	DUES AND SUBSCRIPTIONS	2,800			
b	MISC	45			
c					
d					
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	451,858	0	0	
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

|--|

11 O contains a response or note to any line in this Part X . . .

FUILA	Dalatice Street					
	Check if Schedule O contains	аı	resp	onse	or e	no
1	Cash-non-interest-bearing					

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10a

b

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34

Net Assets or Fund Balances

Balance Sheet
Check if Schedule
Check If Schedul

(	Bal	ance	Sheet	

m 990 (2015)	Pa
art X Balance Sheet	

orm 990 (	2015)	F
Part X	Balance Sheet	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Page	

(B)

End of year

1

2

3

4

5

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8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

322,601

695,922

54,141

41,289

613,099

662.183

0

0

0

0

10.819

1,579

2,250

1,079,924

45,453

1,129,206

973,899

296,949

1,270,848

2,400,054

Form 990 (2015)

2,400,054

0 0

Pa

991,109

328,926

10a

10b

(A)

Beginning of year

1,163,241

24,189

535,869

2 683

690,226

9.219

31,451

2,000

1,189,668

39,450

1,262,569

833,727

329,131

1,162,858

2,425,427

2,425,427

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

**b** Were the organization's financial statements audited by an independent accountant?

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2b

2c

3a

3b

Yes

Νo

Nο

Form 990 (2015)

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

# **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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493081005027

Open to Public Inspection

iterr	nal Revenue Service					-	
Na	me of the organization TLAND ECONOMIC DEVELOPMENT CORPORATION			Empl	oyer identification	number	r
					264949		
Pa	Organizations Maintaining Donor Complete if the organization answere			nds c	or Accounts.		
	Complete if the organization this were	(a) Donor advised fund		(b)	Funds and other a	ccounts	
L	Total number at end of year	(a) Donor advised fund	15	(6)	dias and other a	ccounts	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			radvis	_	Yes	┌ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					Yes	┌ No
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes" or	Form	n 990, Part IV, l	ine 7.	
L	Purpose(s) of conservation easements held by th	ne organization (check al	that apply)				
	Preservation of land for public use (e.g., recre	eation or	– Preservation of an	hictor	ically important la	nd area	
	education)  Protection of natural habitat	, 	Preservation of a c		, .		
	Preservation of open space	·					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserva	tion contribution in th	e form	of a conservation		
	Tabel combando de la companya de la		-		Held at the En	d of the	Year
a	Total number of conservation easements	anto	-	2a			
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		led in (a)	2b 2c			
c d	Number of conservation easements included in (c		` ` ` <b>-</b>				
_	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, tran	nsferred, released, exting	guished, or terminated	by the	e organization duri	ng the	
_	tax year ►						
<b>1</b> -	Number of states where property subject to cons		·				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	easements it holds?		_	☐ Yes	☐ No	
5	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of v	iolations, and enforcin	g cons	ervation easemer	its during	g the
	<u></u>						
7	A mount of expenses incurred in monitoring, inspe  ▶ \$	ecting, handling of violati	ons, and enforcing co	nserva	tion easements di	uring the	year
3	Does each conservation easement reported on Iii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the	requirements of sect	ıon 17	0(h)(4) <b>Yes</b>	∏ No	•
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or					
'a r	Complete if the organization answere			r Oth	er Similar Ass	sets.	
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public ex	khibition, education, o	r resea	arch in furtherance		с
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		•				С

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_\_\_

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torio	al T	reasures,	or Ot	her Similar A	ssets	
3		g the organization's acquisition, accontion items (check all that apply)	ession, and other rec	ords, ch	neck a	ny of	the following	that ar	re a significant us	e of its	
а		Public exhibition		d		Loar	or exchange	progr	ams		
b		Scholarly research		e	Г	Othe	er				
C		Preservation for future generations									
4	Provi Part :	de a description of the organization? XIII	s collections and exp	laın hov	w they	furthe	er the organiz	ation's	s exempt purpose	ın	
5		g the year, did the organization solices to be sold to raise funds rather the								s No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	_	Form	990,	Part I	IV, line 9, o	r repo	orted an amour	nt on Form	990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary	for co	ntribu	itions or othe	rasse	ets not	s No	
b	If'	"Yes," explain the arrangement in Pa	art XIII and complete	e the fol	lowing	ı table	<b>:</b>		Am	ount	
c	Ве	ginning balance			_			<b>1</b> c			
d	A d	ditions during the year						1d			
е	Dis	stributions during the year						1e			
f		ding balance						1f			
<b>2</b> a	Dıd tl	ne organization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow	or custodial a	ccoun	t liability? <b>Ye</b> s	s No	
b	T. E. 11.14	Il l	VIII Charleban sfr	l I				d D.			
	rt V	es," explain the arrangement in Part  Endowment Funds. Comple									
		Endownient Fands, Compie	(a)Current year		or year		(c)Two years		(d)Three years back	(e)Four year	rs back
1a	Begii	nning of year balance									
b	C ont	ributions									
c	Net i	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs									
f	• Adm	inistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the	current year end bala	nce (lin	ie 1a.	colum	n (a)) held as	<u></u>			
a		d designated or quasi-endowment			91		(4)/				
b		anent endowment									
c	Temp	oorarily restricted endowment <b>&gt;</b>									
_		percentages on lines 2a, 2b, and 2c	,								
3a		here endowment funds not in the pos nization by	ssession of the organ	ızatıon	that a	re hel	d and adminis	stered	for the	Yes	No
	_	nrelated organizations							3a	i(i)	
	(ii) re	elated organizations							За	(ii)	
b		es" on 3a(II), are the related organiz	·						3	Bb	
4		ribe in Part XIII the intended uses of		endowm	ent fu	nds					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90. P	art I\	/. line 11a.9	See Fo	orm 990. Part X	(, line 10.	
		Description of property			ost or c	a) other ba	(basis Cost or ot	) her bası	Accumulated	(d)Book	value
12	Land				(inves	tment)	) (oth	ei)			
				•				958,24	3 299,1	54	659,089
		nold improvements		. —				550,24.	2,3,1	- '	
		nent									
								32,86	6 29,7	72	3,094

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

	(Form 990) 2015	2		Page 3
Part VIII	Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the orga	inization answered 'Ye	s' on Form 990, Part IV, line 11b.
	<ul><li>(a) Description of security or catego (including name of security)</li></ul>	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives			
<b>(2)</b> Closely: <b>(3)</b> Other	-held equity interests			
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
	Investments—Program Related.	•	00 Down IV line 11s	
	Complete if the organization answer  (a) Description of investment	ed Yes on Form 9	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(B) Book Value	Cost or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		+
	(a) D.C.	scription		(b) Book value
Total. (Colu	rmn (b) must equal Form 990, Part X, col (B) lin	ne 15 )		•
	Other Liabilities. Complete if the oi			
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book valu	ie	
		, , , , ,		
Federal inc	ome taxes			
DEBENTUR	RES PAYABLE	35	,600	
Rounding			1	
SECURITY	DEPOSITS	9	,852	
			,,	
	nn (b) must equal Form 990, Part X, col (B) line 25 )		,453	
	for uncertain tax positions In Part XIII, pro n's liability for uncertain tax positions under			
XIII 🔼				

1

2

559,848

Net unrealized gains (losses) of Donated services and use of fa Recoveries of prior year grants	acılıtıes		2a 2b			
		[	2b			
Recoveries of prior year grants		Ī				
	,	[	2c			
Other (Describe in Part XIII )		[	2d			
Add lines <b>2a</b> through <b>2d</b>					2e	
Subtract line <b>2e</b> from line <b>1</b> .					3	559,848
Amounts included on Form 990	0, Part VIII, line 12, but n	ot on line <b>1</b>				
Investment expenses not inclu	uded on Form 990, Part VI	III, line 7b .	4a			
Other (Describe in Part XIII )		[	4b			
Add lines <b>4a</b> and <b>4b</b>					4c	
Total revenue Add lines <b>3</b> and					5	559,848
	cpenses per Audited				s per R	eturn.
	ization answered 'Yes'			12a.		454.050
Total expenses and losses per					1	451,858
Amounts included on line 1 but	,	, line 25	1 - 1			
Donated services and use of fa			2a			
Prior year adjustments			2b			
Other losses			2c			
Other (Describe in Part XIII )			2d		_	
Add lines <b>2a</b> through <b>2d</b>					2e	
Subtract line <b>2e</b> from line <b>1</b> .					3	451,858
			1 1			
•	•	•				
,			4b			
Total expenses Add lines <b>3</b> an	nd <b>4c.</b> (This must equal For	m 990, Part I, lin	ie 18)		5	451,858
Supplemental Info	ormation					
						any additional
Return Reference		Explanation				
Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service Management has analyzed the tax positions taken by the Organization, and has concluded that as of September 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income examinations for years prior to 2013.						
[	nvestment expenses not include ther (Describe in Part XIII ) add lines 4a and 4b Total expenses Add lines 3 are supplemental Information of the descriptions required for line 4, Part X, line 2, Part XI, toon	Investment expenses not included on Form 990, Part VI Other (Describe in Part XIII )	Supplemental Information  the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and tion  Return Reference  Explanation  Accounting principles generally accepted evaluate tax positions taken by the Organi Organization has taken an uncertain position examination by the Internal Revenue Servithe Organization, and has concluded that a	nvestment expenses not included on Form 990, Part VIII, line 7b	nivestment expenses not included on Form 990, Part VIII, line 7b	nvestment expenses not included on Form 990, Part VIII, line 7b

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page <b>5</b>					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Rι

2015

Open to Public

DLN: 93493081005027 OMB No 1545-0047

Inspection

ime of the organization						Employer identification number		
JTLAND ECONOMIC DEVELOPMENT CORPORATION								
Part I General Information	n on Grants and	Assistance				•		
Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ard the grants or ass	sistance?				tance, and	⊤Yes 🗸 N	
Cart II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	
Enter total number of section 50 Enter total number of other organ		-					0	
r Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015	

