| efile | e GR/ | APHIC F | rint - DO NOT PROCESS As Filed Data - | | DLN | l: 934 | 493121004087 |
|--------------------------------|--------------------|------------------------|--|-----------------|-----------------------------|----------|-------------------------|
| (| 99 | Δ | Return of Organization Exempt From | Income | Тах | ОМ | B No 1545-0047 |
| Form | 33 | cept private | ate 2016 | | | | |
| Departi Interna | blic <u>990</u> | 0 | pen to Public Inspection | | | | |
| A Fe | or the | 2016 ca | lendar year, or tax year beginning 01-01-2016 ,and ending 12-31 | -2016 | | | |
| | | plicable | C Name of organization BLOOMINGTON NORMAL ECONOMIC | | D Employer in | dentifi | cation number |
| | dress cl me cha | - | DEVELOPMENT COUNCIL | | 37-116988 | 6 | |
| Inr Fin | tial retu al | urn | Doing business as | | | | |
| | n/term iended | | Number and street (or P O box if mail is not delivered to street address) Room/suit 200 WEST COLLEGE AVENUE | te | E Telephone nu | umber | |
| _ | | n pending | City or town, state or province, country, and ZIP or foreign postal code | | (309) 452- | 8437 | |
| | | | NORMAL, IL 61761 | | G Gross receip | ts \$ 67 | 9,460 |
| | | Γ | F Name and address of principal officer | | a group returr | n for | |
| | | | | | linates? subordinates | | □Yes ☑No □Yes ☑No |
| I Tax | -exem | npt status | □ 501(c)(3) | include | ed? " attach a list | (| |
| J W | ebsite | e: ► WW | W BNBIZ ORG | | exemption nui | • | , |
| | | | | | | <u> </u> | |
| K Forn | n of or <u>c</u> | ganızatıon | └ Corporation └ Trust └ Association └ Other ► | L Year of forma | tion M | State c | f legal domicile |
| Pa | rt I | Sumr | nary | | | | |
| nce | TI C | HE ÉCON | cribe the organization's mission or most significant activities DMIC DEVELOPMENT COUNCIL HELPS BUSINESSES IN MCLEAN COUNTY GI Y THE EDC IS A LEADERSHIP ORGANIZATION, INVESTING IN THE COMMU TY AND QUALITY OF LIFE | | | | |
| Governance | | | | | | | |
| ove | _ | | s box \blacktriangleright If the organization discontinued its operations or disposed of m | | | | |
| | | Check this Number o | ts 3 | 15 | | | |
| Jes | 4 î | Number o | f independent voting members of the governing body (Part VI, line 1b) $\ .$ | | • | 4 | 15 |
| Activities & | | | ber of individuals employed in calendar year 2016 (Part V, line 2a) | ••• | • | 5 | 7 |
| Ac | | | ber of volunteers (estimate if necessary) | | · | 6 7a | 0 |
| | | | ated business taxable income from Form 990-T, line 34 | | • | 7a 7b | 0 |
| | | | | | or Year | | Current Year |
| đ | 8 (| Contributi | ons and grants (Part VIII, line 1h) | | 331,519 | | 459,021 |
| enneveR | | - | ervice revenue (Part VIII, line 2g) | | 119,980 | | 129,275 |
| ц, | | | nt income (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 481 97,621 | | 537 90,627 |
| | | | nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 549,601 | | 679,460 |
| | 13 (| Grants an | d sımılar amounts paıd (Part IX, column (A), lınes 1–3) \ldots . | | | | 0 |
| | | | aid to or for members (Part IX, column (A), line 4) | | | | 0 |
| Exp enses | | | other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e) | | 436,107 | | 462,595 |
| p en | | | aising expenses (Part IX, column (D), line 25) ►0 | | | | |
| Щ | 17 (| Other exp | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 411,813 | | 543,728 |
| | | - | enses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 847,920 | | 1,006,323 |
| _ v | 19 F | Revenue l | ess expenses Subtract line 18 from line 12 | Beginning | -298,319 of Current Year | | -326,863 End of Year |
| Net Assets or Fund Balances | | | | Beginning | | | |
| Asse Bali | | | ts (Part X, line 16) | | 985,944 | | 618,104 |
| Net. | | | | | 87,021 | | 46,044 |
| Par | | _ | s or fund balances Subtract line 21 from line 20 | | 898,923 | | 572,060 |
| Under | pena | Ities of pe | rgury, I declare that I have examined this return, incluin, it is true, correct, and complete Declaration of prepa | | | | |
| | nowled | | , it is true, confect, and complete Declaration of prepa | | | | |
| | | ***** | | | | | |
| Sign | | Sıgnatu | re of officer | | | | |
| Here | • | | AM CEO | | | | |
| | | V | print name and title int/Type preparer's name Preparer's signature | | | | |
| Paid | 1 | | Ary Ann Webb Mary Ann Webb | | | | |
| Drei | | Fi | rm's name 🕨 SULASKI AND WEBB CPAS | | | | |

| | Firm's name 🕨 SULASKI AND WEBB CPAS |
|----------|--|
| Use Only | Firm's address Þ 207 W Jefferson Ste 203 |
| Use Only | Bloomington, IL 61701 |
| | |

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2016) | | | | | Page 2 |
|-------------|---|--------------------|-------------------------|---------------------|-----------------------|------------------|
| Par | t IIII Statement of Progr | am Service Aco | omplishments | | | |
| | Check if Schedule O cont | ains a response or | note to any line in thi | s Part III | | 🗆 |
| 1 | Briefly describe the organization | 's mission | | | | |
| | ECONOMIC DEVELOPMENT COUN | | | | | |
| EDC LIFE | IS A LEADERSHIP ORGANIZATIO | N, INVESTING IN T | HE COMMUNITY'S ASS | ETS TO GROW AND | IMPROVE THE PROSPERIT | Y AND QUALITY OF |
| | | | | | | |
| | | | | | | |
| 2 | Dıd the organızatıon undertake | | aram convices during t | | not listed on | |
| 2 | the prior Form 990 or 990-EZ? | | | ne year which were | not listed on | 🗌 Yes 🗹 No |
| | · | | | | | |
| 3 | If "Yes," describe these new ser Did the organization cease cond | | | w it conducts any r | rogram | |
| 3 | services? | 2. | | wit conducts, any p | logram | 🗆 Yes 🗹 No |
| | If "Yes," describe these changes | | | | | |
| 4 | | | | 6 . t t | | |
| - | Describe the organization's prog Section 501(c)(3) and 501(c)(4 | | | | | |
| | expenses, and revenue, if any, | | | <u>j</u> | , | |
| | | | | | | |
| 4a | | enses \$ | 792,235 including grai | |) (Revenue \$ |) |
| | THE ORGANIZATION SPONSORS VAR | LIOUS PROGRAMS TH | AT PROMOTE ECONOMIC L | | COMMUNITY | |
| | | | | | | |
| 4b | (Code) (Exp | enses \$ | including grai | its of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code) (Exp | enses \$ | including grai | |) (Revenue \$ |) |
| | . , , , , , , , , , , , , , , , , , , , | | | | | , |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 4d | Other program services (Descri | | | | | |
| | (Expenses \$ | including | grants of \$ |) (Reve | enue \$ |) |
| 4e | Total program service expen | ses 🕨 | 792,235 | | | |

| Par | TV 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 | Yes | |
| 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 ² 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, Part V 😒 | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | 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? <i>If "Yes," complete Schedule D, Part VII</i> 🛸 | 11b | | No |
| | 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 😒 | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 | 11e | | No |
| 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 \Im | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸 | 12a | 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 $170(b)(1)(A)(u)$? If "Yes," complete Schedule E | 13 | | No |
| 14a | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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 |
| | | F | orm 99 | 0 (2016) |

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|--------|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | 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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV | | | |
| h | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | 28a | | No |
| | <i>IV</i> | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$. | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \mathfrak{D} | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸 | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 | 0 (2016) |

| Form | 990 (2016) | | | Page 5 |
|------|--|------------|-----|---------------|
| Par | t 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 | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | No |
| 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 | | | |
| Ь | 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 |
| | 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 |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| ľ | 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 |
| ~ | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 55 | | |
| Ľ | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 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? | 7a | | |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | 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 as required? | 7g | | |
| 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 |
| b | 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 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | 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) | | | |
| 17- | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | |
| | additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in | 13a | | No |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | N - |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | <u> </u> |

| -01111 | 990 (2 | 2016) | | | | | Page C | | | |
|----------|--|--|------------------------------|----------------------------|---------|-----------|--------------|--|--|--|
| Par | t VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched | | | " respo | nse to li | ines | | | |
| | | Check if Schedule O contains a response or note to any line in this Part VI | | | | | \checkmark | | | |
| Se | ction | A. Governing Body and Management | | | | | | | | |
| | | | | | | Yes | No | | | |
| 1a | Enter | the number of voting members of the governing body at the end of the tax year | 1a | 15 | | | | | | |
| | body, | re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O | | | | | | | | |
| b | Enter | the number of voting members included in line 1a, above, who are independent | 1b | 15 | | | | | | |
| 2 | | ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee? | ess rela | tionship with any other | 2 | | No | | | |
| 3 | | ne organization delegate control over management duties customarily performed b icers, directors or trustees, or key employees to a management company or other | | | 3 | | No | | | |
| 4 | Dıd th | ne organization make any significant changes to its governing documents since the | prior l | Form 990 was filed? | 4 | | No | | | |
| 5 | Dıd th | ne organization become aware during the year of a significant diversion of the orga | nızatıc | n's assets? | 5 | | No | | | |
| 6 | Dıd th | ne organization have members or stockholders? | | | 6 | | No | | | |
| 7a | | ne organization have members, stockholders, or other persons who had the power opers of the governing body? | to elec | t or appoint one or more | 7a | | No | | | |
| b | Are a | ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body? | | bers, stockholders, or | 7b | | No | | | |
| 8 | Dıd th | ne organization contemporaneously document the meetings held or written actions illowing | | taken during the year by | | | | | | |
| а | a The governing body? | | | | | | | | | |
| Ь | b Each committee with authority to act on behalf of the governing body? | | | | | | | | | |
| 9 | | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who lization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (| | t be reached at the | 9 | | No | | | |
| Se | ction | B. Policies (This Section B requests information about policies not requ | ured b | y the Internal Revenue | e Code | e.) | | | | |
| | | | | | | Yes | No | | | |
| 10a | Dıd th | ne organization have local chapters, branches, or affiliates? | • | | 10a | | No | | | |
| b | | s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p | | | 10b | | | | | |
| 11a | Has tl form? | he organization provided a complete copy of this Form 990 to all members of its go | vernir • | ng body before filing the | 11a | Yes | | | | |
| b | Descr | ibe in Schedule O the process, if any, used by the organization to review this Form | 990 | | | | | | | |
| 12a | Dıd th | ne organization have a written conflict of interest policy? If "No," go to line 13 $$. | | | 12a | Yes | | | | |
| b | Were confli | officers, directors, or trustees, and key employees required to disclose annually in cts? | terests | that could give rise to | 12b | Yes | | | | |
| С | | ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done | policy • | ? If "Yes," describe in | 12c | Yes | | | | |
| 13 | Dıd th | ne organızatıon have a written whistleblower policy? | | | 13 | Yes | | | | |
| 14 | Dıd th | ne organization have a written document retention and destruction policy? \ldots . | | | 14 | Yes | | | | |
| 15 | | ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an | | | | | | | | |
| а | The o | rganızatıon's CEO, Executıve Dırector, or top management official | | | 15a | Yes | | | | |
| b | Other | officers or key employees of the organization | | | 15b | | No | | | |
| | If "Ye | s" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| 16a | | ne organization invest in, contribute assets to, or participate in a joint venture or si | mılar a | arrangement with a | 16a | | No | | | |
| h | TE "Vo | le entity during the year? | | evaluate its participation | | | | | | |
| 5 | ın joir | s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu | ard th | | | | | | | |
| | ın joir status | s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements? | ard th | | 16b | | | | | |
| Se | IN JOIN status ction | s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegues with respect to such arrangements? | ard th | | 16b | | | | | |
| Se 17 | in joir status ction List th | s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegues with respect to such arrangements? C. Disclosure The States with which a copy of this Form 990 is required to be filed ► | iard th • | e organization's exempt | 16b | | | | | |
| Se | in joir status ction List th Sectio | s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegues with respect to such arrangements? | uard th • • •0, and | e organization's exempt | 16b | | | | | |

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 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 AMY DENHAM 200 WEST COLLEGE AVENUE SUITE 402 NORMAL, IL 61761 (309) 452-8437 20

| orm 990 | (2016) |
|---------|--------|
|---------|--------|

 \Box

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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 nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related | Average Position (do not check more bours per ek (list Position (do not check more than one box, unless eek (list person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|---------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (1) JAY GROVES BOARD MEMBER | 1 00 0 00 | x | | | | | | 0 | 0 | 0 |
| (2) MARY BENNETT HENRICHS Chairman | 1 00 0 00 | x | | x | | | | 0 | 0 | 0 |
| (3) TOM GOOD BOARD MEMBER | 1 00 0 00 | x | | | | | | 0 | 0 | 0 |
| (4) JEFF LYNCH BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (5) BILL WASSON BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (6) NICK GROJEAN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (7) DAVID HALES BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (8) MARK PETERSON BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (9) JARED HALL VICE CHAIR | 1 00 | x | | x | | | | 0 | 0 | 0 |
| (10) GREG COOK Secretary | 1 00 | x | | x | | | | 0 | 0 | 0 |
| (11) JEFF FRITZEN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (12) JIM FRUIN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (13) BILL LAWRENCE BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (14) ERIC JENSEN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (15) TONY PENN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (16) AARON QUICK BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (17) LEANN SEAL BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| | . 000 | | | 1 | I | 1 | L | I | | Form 990 (2016) |

| Part | VII Section A. Officers, Directors | , Trustees, K | ey Em | ploy | ees | , an | d Hig | hes | st Compensated | Employees (| cont | inued) | |
|------|--|---|--|-----------------------|----------|--------------|---------------------------------|--------|----------------------|--|---------------|---|-----------------------------------|
| | (A) Name and Title | (B) Average hours per week (list any hours | (C) (D Position (do not check more than one box, unless person is both an officer and a director/trustee) Compen organizat | | | | | | | (E) Reportable compensatio from related organization | on d is | (F Estima amount o compen from | ated of other sation the |
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099 MISC) | - | organızat relat organız | ed |
| | ARLO ROBUSTELLI | 1 00 | x | | | | | | 0 | | 0 | | 0 |
| BOAR | D MEMBER YLE HAM | 0 00 40 00 | | | | | | | _ | | | | |
| | | | | | | x | | | 155,435 | | 0 | | 0 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b S | ub-Total | | | | <u> </u> |) | • | | | | | | |
| сT | otal from continuation sheets to Part \ | /II, Section A | | • | • | 1 | • | | | | | | |
| | otal (add lines 1b and 1c) | | | | • | 1 | • | | 155,435 | | | | |
| 2 | Total number of individuals (including but of reportable compensation from the orga | not limited to t nization 🕨 1 | hose lu | sted | abov | ve) v | vho rea | ceive | ed more than \$100 | 9,000 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | | | | | | mployee on | 3 | | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations gre individual | | | | | | | | | he | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or services rendered to the organization?If " | | | | | | | | ganization or indivi | dual for | 5 | 163 | No |
| Se | ction B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of from the organization Report compensati | | | | | | | | | | npen | sation | |
| | | (A) usiness address | | | | | | | Descrip | (B) tion of services | | (C Comper | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

| orm | 990 | (2016) | |
|-----|-----|--------|--|

| | 990 (2016) | | | | | | | | | | Page 9 |
|---|--|----------------|----------------|----------|-------------|---------|------------------------------------|---------------|---|---|--|
| Part | VIII Statement of | | | | | | | | | | _ |
| | Check ıf Schedule | e O contains a | a respor | nse or r | note to any | (/ | nis Part VI A) evenue | Re e fi | (B) elated or exempt unction evenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a Federated campaign | ıs | 1a | | · | | | • | | | |
| ants | b Membership dues . | | 1b | | | | | | | | |
| - Cra | c Fundraising events | | 1c | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d Related organization | าร | 1d | | | | | | | | |
| Gif | e Government grants (co | ntributions) | 1e | | | | | | | | |
| ns, Sim | f All other contributions, | | | | | | | | | | |
| er | and similar amounts no above | t included | 1f | | 459,021 | | | | | | |
| tributic Other | g Noncash contribution | ns included | | | | | | | | | |
| Contr and (| | | | | | | | | | | |
| <u> </u> | h Total.Add lines 1a-1f | f | | | <u> </u> | | 459,021 | | | | |
| Це | | | | | Business | s Code | | | | | |
| Nen | 2a COMMUNITY LEADERS D | INNER | | | | | | 58,735 | | | 58,735 |
| Program Service Revenue | b ONE VOICE PROGRAM | | | | | | | 55,405 | | | 55,405 |
| мсе | C OTHER PROGRAM REVEN | IUE | | | | | | 15,135 | | | 15,135 |
| Ser | d | | _ | | | | | | | | |
| an | e | | _ | | | | | | | | |
| ago | f All other program ser | vice revenue | | | | 129,275 | | | | | |
| Δ | gTotal.Add lines 2a-2f | | . 🕨 | • | | 129,275 | | | | | |
| | 3 Investment income (in | | | nterest, | | | 53 | 37 | 537 | | |
| | sımılar amounts) 4 Income from investme | | | nd prov | eeds 🕨 | | | 0 | | | |
| | 5 Royalties | | - | | | · | | 0 | | | |
| | Γ | (ı) Real | | | Personal | - | | | | | |
| | 6a Gross rents | ., | | . , | | - | | | | | |
| | | | | | | _ | | | | | |
| | b Less rental expenses | | | | | | | | | | |
| | c Rental income or | | | | | | | | | | |
| | (loss) | (1) | | | | _ | | 0 | | | |
| | d Net rental income or | | ••• | • • | • • | | | | | | |
| | 7a Gross amount | (ı) Securit | les | (11) |) Other | - | | | | | |
| | from sales of assets other | | | | | | | | | | |
| | than inventory | | | | | | | | | | |
| | b Less cost or | | | | | | | | | | |
| | other basis and sales expenses | | | | | | | | | | |
| | C Gain or (loss) | | | | | _ | | | | | |
| | d Net gain or (loss) | | - | | • | _ | | 0 | | | |
| e | 8a Gross income from fu (not including \$ | - | of | | | | | | | | |
| nu | contributions reported | | ļ | | | | | | | | |
| eve | See Part IV, line 18 | | - | | | _ | | | | | |
| τ Ω | b Less direct expenses c Net income or (loss) f | | b b | nte | | | | 0 | | | |
| Other Revenue | 9a Gross income from ga | | - | | • • | | | - | | | |
| õ | See Part IV, line 19 | • • • | | | | | | | | | |
| | | | а | | | | | | | | |
| | b Less direct expenses | | Ь | | | | | | | | |
| | c Net income or (loss) f | | activitie Г | es. | • • | | | 0 | | | |
| | 10a Gross sales of inventor returns and allowance | | | | | | | | | | |
| | | | a | | | | | | | | |
| | b Less cost of goods so | old | ь | | | | | | | | |
| | <u>c</u> Net income or (loss) f | from sales of | invento | ory . | . ► | | | 0 | | | |
| | Miscellaneous I | | | Busir | ness Code | | | | | | |
| | 11aE-ZONE CERTIFICAT | ION FEES | | | | | 34,37 | /4 | | | 34,374 |
| | | | | | | | | | | | |
| | b MISCELLANEOUS | | | | | | 56,25 | 53 | | | 56,253 |
| | | | | | | | | | | | |
| | с | | | | | | | | | | |
| | | | | | | | | | | | |
| | d All other revenue . | | | | | | | | | | |
| | e Total. Add lines 11a- | -11d | • • | | • | | 90,62 | 27 | | | |
| | 12 Total revenue. See 2 | Instructions | | | • • | | 679,46 | | 537 | | 219,902 |
| | i i i i i i i i i i i i i i i i i i i | | | | | 1 | 0/9.4t | 101 | 5.37 | | I Z19.907 |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗆 |
|----|---|-----------------------|------------------------------------|---|-----------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 0 | | | |
| 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, line 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 155,435 | 123,303 | 32,132 | |
| 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 | 231,308 | 152,893 | 78,415 | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 47,972 | 30,870 | 17,102 | |
| 10 | Payroll taxes | 27,880 | 19,747 | 8,133 | |
| 11 | Fees for services (non-employees) | | | | |
| ā | Management | 0 | | | |
| ł |) Legal | 0 | | | |
| c | Accounting | 14,305 | 12,159 | 2,146 | |
| c | 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) | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 3,276 | 2,785 | 491 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 61,935 | 52,645 | 9,290 | |
| 17 | Travel | 45,838 | 38,962 | 6,876 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 70,861 | 60,232 | 10,629 | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 5,083 | 4,321 | 762 | |
| 23 | Insurance | 3,684 | 3,131 | 553 | |
| 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) | | | | |
| | a BAD DEBT EXPENSE | 183,455 | 155,937 | 27,518 | |
| | b Printing and Publications | 62,883 | 53,451 | 9,432 | |
| | c MISCELLANEOUS | 32,752 | 27,839 | 4,913 | |
| | d ATTRACTION/RETENTION ACTIVITIE | 16,387 | 16,387 | | |
| | e All other expenses | 43,269 | 37,573 | 5,696 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,006,323 | 792,235 | 214,088 | 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) | | | | |
| | | | | | Earma 000 (2016) |

Form 990 (2016)

Part X Balance Sheet

| 4 Accounts receivable, net | | | Check if Schedule O contains a response or not | e to ar | ny line in this Part IX | | | 🗆 |
|---|------------|-----|--|-----------------------------|-------------------------|---------|---------|---------|
| 2 Samups and temporary cash investments 2 0 3 Predges and grants receivable, ret 404.160 3 15.500 4 Accounts receivable, ret | | | | | | | | |
| 3 Pledges and grants receivable, net | | 1 | Cash-non-interest-bearing | | | 559,992 | 1 | 576,999 |
| 4 Accounts receivable, net. 1800 4 0 5 Loss and other receivables from current and former officers, directors, the other receivables from other disqualified persons (as defined under teschon 9580)(11), presons descinde miscion 49580,(12), presons 40, presons | | 2 | Savings and temporary cash investments | | | | 2 | 0 |
| 5 Loans and other receivables from current and former officers, directors, the former of and the former officers, directors, the former of and the former of the former of and the former of th | | 3 | Pledges and grants receivable, net | ••• | | 404,180 | 3 | 15,500 |
| trustees, key employees, and highest compensated employees Complete Part I of Schedule I. 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958) (f(11), persons described in action 4958 (f(12), f(3), and contributing employers and sponsoring organizations (as defined under section 4958) (f(11), persons described in action 4958 (f(12), f(3), and contributing employers and sponsoring organizations (as defined under section 4958 (f(11), f(12), f(1 | | 4 | Accounts receivable, net | • | | 1,800 | 4 | 0 |
| contributing employees and sponsoring organizations of section 501(c)(9) 6 0 Part II of Schedule L 7 0 P Notating employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 0 P Notating employees and loans necewable, net 8 0 P repaid expenses and deferred charges 5.188 9 13.273 10a Land, buildings, and eugement cost or other basis Complete Part VI of Schedule D 10a 86.103 10 11a Investments—publicly traded securities 111 0 12 0 11 Investments—publicly traded securities 114 0 0 12 Investments—organizations (funct equal line 34) 98.944 16 16.103 13 Investments—organizations (funct equal line 34) 98.944 16 16.101 14 Intangible assets . . 14 0 15 Other assets See Part IV, line 11 . 14 0 16 Total assets.Add lines 1 through 15 (must equal line 34) 98.944 16 16.101 16 Total assets.Add lines 1 through 15 (must equal line 34) 18 10 10 17 Accounts payable and accrued expenses . 20 | | | trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali | nployees Complete Part | | 5 | 0 | |
| 9 Prepad expenses and deterred charges | ts | 7 | contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | ations of | of section 501(c)(9) | | | |
| 9 Prepad expenses and deterred charges | se | | , | | - | | - | |
| 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 96.103 10b | As | | | | · – | 5 188 | - | |
| basis Complete Part VI of Schedule D 10a 96.103 10b 10b 83.771 14.784 10c 12.332 11 Investments—bublicly tradel securities 11 0 <th></th> <th>-</th> <td></td> <td>· ·</td> <td>, · · F</td> <td>3,100</td> <td>9</td> <td>10,270</td> | | - | | · · | , · · F | 3,100 | 9 | 10,270 |
| 11 Investments—publicly traded secunties . 11 0 12 Investments—other secunties See Part IV, line 11 | | 104 | | 10a | 96,103 | | | |
| 12 Investments—other securities See Part IV, line 11 | | Ь | Less accumulated depreciation | 10b | 83,771 | 14,784 | 10c | 12,332 |
| 13 Investments to the program-related See Part IV, line 11 | | 11 | Investments—publicly traded securities . | 1 | | 11 | 0 | |
| 14 Intangible assets | | 12 | Investments-other securities See Part IV, line | 11 . | | | 12 | 0 |
| 15 Other assets See Part IV, line 11 11 0 16 Total assets.Add lines 1 through 15 (must equal line 34) 985,944 16 618,104 17 Accounts payable and accrued expenses 42,167 17 44,544 18 18 18 18 19 Deferred revenue 44,854 19 1,500 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 20 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities not included on lines 17-24) 25 24 0 Complete Part X of Schedule D 26 25 Other liabilities not included on lines 17-24) 899,923 27 26 Total liabilities.Add lines 17 through 25 87.021 26 46.044 29 Organizations that follow SFAS 117 (ASC 958), check here ▶ l and complete lines 20 through 29, and lines 33 and 34. <th></th> <th>13</th> <td>Investments—program-related See Part IV, line</td> <td> 🗖</td> <td></td> <td>13</td> <td>0</td> | | 13 | Investments—program-related See Part IV, line | 🗖 | | 13 | 0 | |
| 15 Other assets See Part IV, line 11 11 15 0 16 Total assets.Add lines 1 through 15 (must equal line 34) 985.944 16 618.104 17 Accounts payable and accrued expenses 42.167 17 44.544 19 Deferred revenue 18 18 20 13 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 24 Unscured notes and loans payable to unrelated third parties 23 24 25 Other liabilities not included on lines 17-24) 25 25 26 Total liabilities.Add lines 17 through 25 87.021 26 46.044 29 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and complete lines 27 through 29, and lines 33 and 34. 896.923 27 572.060 29 Permanently restricted net assets 29 29 29 20 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 20 through 29, and lines 33 and | | 14 | Intangible assets | | [| | 14 | 0 |
| 17 Accounts payable and accrued expenses 42.167 17 44.544 18 Grants payable 18 18 19 Deferred revenue 44.854 19 1,500 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 24 Orden liabilities (including federal income tax, payables to related third parties, and other liabilities, Add lines 17 through 25 87.021 26 46.044 29 Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34. 898.923 27 572.060 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 30 through 34. 29 29 20 Organizations that do not follow SFAS 117 (ASC 958), check here ► ☑ and c | | 15 | | | | | 15 | 0 |
| 18 Grants payable 18 19 Deferred revenue 11 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortagges and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 26 26 Total liabilities.Add lines 17 through 25 87.021 26 26 Total liabilities.Add lines 17 through 25 87.021 26 27 Unrestricted net assets 29 29 28 Temporarily restricted net assets 29 29 29 Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34. 899,923 27 572.060 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 30 through 34. 30 <td< td=""><th></th><th>16</th><td>Total assets.Add lines 1 through 15 (must equ</td><td>ial line</td><td>34)</td><td>985,944</td><td>16</td><td>618,104</td></td<> | | 16 | Total assets.Add lines 1 through 15 (must equ | ial line | 34) | 985,944 | 16 | 618,104 |
| 19 Deferred revenue 44.854 19 1,500 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disgualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and included on lines 17-24) 26 26 Total liabilities.Add lines 17 through 25 87.021 26 26 Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34. 898.922 27 572.060 28 Temporanity restricted net assets 29 29 30 30 30 29 Permanently restricted net assets | | 17 | Accounts payable and accrued expenses | | | 42,167 | 17 | 44,544 |
| 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (included on lines 17-24) 25 26 Total liabilities, Add lines 17 through 25 87,021 26 46,044 27 Unrestricted net assets 29 672,021 572,060 28 Permanently restricted net assets 29 672,021 30 29 Organizations that do not follow SFAS 117 (ASC 958), check here > 30 30 30 29 Organizations that do not follow SFAS 117 (ASC 958), check here > 30 30 30 30 Capital stock or trust principal, or current funds 31 31 30 Capital stock or trust principal, or current funds 32 33 572,060 31 Total net assets or fund balances | | 18 | Grants payable | | 18 | | | |
| 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities.Add lines 17 through 25 87,021 26 26 Total liabilities.Add lines 17 through 25 87,021 26 46,044 27 Unrestricted net assets 29 0 0 28 Temporarily restricted net assets 29 0 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here > | | 19 | Deferred revenue | 44,854 | 19 | 1,500 | | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on included on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 87,021 26 46,044 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 898,923 27 572,060 28 Temporarily restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 29 29 29 Permanently restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 28 29 29 29 29 <th></th> <th>20</th> <td>Tax-exempt bond liabilities</td> <td>· · F</td> <td></td> <td>20</td> <td></td> | | 20 | Tax-exempt bond liabilities | · · F | | 20 | | |
| 23 Secure mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 87.021 26 26 Total liabilities.Add lines 17 through 25 87.021 26 27 Unrestricted net assets 898.923 27 28 Temporarily restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 28 29 29 Permanently restricted net assets 29 29 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 31 31 31 Paid-in or capital surplus, or land, building or equipment funds 32 33 572.060 31 Total net assets or fund balances 33 572.060 33 572.060 | \$ | 21 | Escrow or custodial account liability Complete F | Part IV | of Schedule D | | 21 | |
| 23 Secure mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 87.021 26 26 Total liabilities.Add lines 17 through 25 87.021 26 27 Unrestricted net assets 898.923 27 28 Temporarily restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 28 29 29 Permanently restricted net assets 29 29 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 31 31 31 Paid-in or capital surplus, or land, building or equipment funds 32 33 572.060 31 Total net assets or fund balances 33 572.060 33 572.060 | ilitie | 22 | | | | | | |
| 23 Secure mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 87.021 26 26 Total liabilities.Add lines 17 through 25 87.021 26 27 Unrestricted net assets 898.923 27 28 Temporarily restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 28 29 29 Permanently restricted net assets 29 29 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 31 31 31 Paid-in or capital surplus, or land, building or equipment funds 32 33 572.060 31 Total net assets or fund balances 33 572.060 33 572.060 | iab | | persons Complete Part II of Schedule L | | | | 22 | |
| 25 Other habilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities.Add lines 17 through 25 87,021 26 46,044 500 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 898,923 27 572,060 27 Unrestricted net assets 28 29 572,060 28 Temporarily restricted net assets 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 31 31 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances | | 23 | Secured mortgages and notes payable to unrela | ted th | ird parties | | 23 | |
| and other liabilities not included on lines 17-24) Complete Part X of Schedule D 87,021 26 26 Total liabilities.Add lines 17 through 25 . 87,021 26 Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34. 898,923 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 0rganizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 31 33 Total net assets or fund balances 33 | | 24 | Unsecured notes and loans payable to unrelated | d third | parties | | 24 | |
| Source Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. 898,923 27 572,060 28 Temporarily restricted net assets | | 25 | and other liabilities not included on lines 17-24) | s to related third parties, | | 25 | | |
| complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets898,92327572,06028Temporarily restricted net assets2829Permanently restricted net assets29Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.2930Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances572,060 | | 26 | Total liabilities. Add lines 17 through 25 | , | | 87,021 | 26 | 46,044 |
| 29 Permanently restricted net assets 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances | ances | 27 | complete lines 27 through 29, and lines 33 | | | 898,923 | 27 | 572,060 |
| 29 Permanently restricted net assets 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances | 3ali | 28 | Temporarily restricted net assets | | | 28 | | |
| check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 898,923 33 572,060 | Б Б | | Permanently restricted net assets | F | | 29 | | |
| check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 898,923 33 572,060 | 5 | | Organizations that do not follow SFAS 117 | (ASC | 958), | | | |
| 33 Total net assets or fund balances | 5 | 30 | | | | 30 | | |
| 33 Total net assets or fund balances | ete | 31 | Paid-in or capital surplus, or land, building or eq | luipme | nt fund | | 31 | |
| 33 Total net assets or fund balances | Ass | 32 | | | | 32 | | |
| Z 34 Total liabilities and net assets/fund balances 618,104 | | 33 | Total net assets or fund balances | | 898,923 | 33 | 572,060 | |
| | Ż | 34 | Total liabilities and net assets/fund balances . | | | 985,944 | 34 | 618,104 |

| Form | 990 (2016) | | | | Page 12 | |
|------|---|---------|------------|-----|----------------|--|
| Par | t XI Reconcilliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | • | . 🗆 | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 679,460 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | ,006,323 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 326,863 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$. | 4 | | | 898,923 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 572,060 | |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990 Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Yes | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | | |
| | □ Separate basis □ Consolidated basis ☑ Both consolidated and separate basis | | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | edule C | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133? | ngle | 3a | | No | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | ıred | Зb | | | |

Additional Data

Software ID: 16000303 Software Version: 2016v3.0

EIN: 37-1169886

Name: BLOOMINGTON NORMAL ECONOMIC DEVELOPMENT COUNCIL



| efile GRAPHIC p | rint - DO NOT PROCESS | As Filed Data - | | | | 934931210040 | | |
|--|--|---|--|---------------------|-----------------|------------------------------|--|--|
| SCHEDULE D (Form 990) | Supple | mental Finan | cial Statements | S | | омв № 1545-00 2016 | | |
| (Form 990) Department of the Treasury | ► Complete if Part IV, line 6, 7, | the organization an: 8, 9, 10, 11a, 11b, 1 | ganization answered "Yes," on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. | | | | | |
| Internal Revenue Service | Information about Schedule | | | v.irs.gov/f | <u>orm990</u> . | Open to Publ Inspection | | |
| Name of the organ BLOOMINGTON NORMA | | | | Emplo | yer identifi | cation number | | |
| DEVELOPMENT COUNCI | Ľ | | | 37-116 | | | | |
| | izations Maintaining Donor ete if the organization answere | | | s or Accou | unts. | | | |
| compie | | (a) Donor advi | | (b) Fu | nds and othe | er accounts | | |
| 1 Total number | at end of year | | | | | | | |
| 2 Aggregate val year) | ue of contributions to (during | | | | | | | |
| 3 Aggregate val | ue of grants from (during year) | | | | | | | |
| 4 Aggregate val | ue at end of year | | | | | | | |
| | ation inform all donors and donor rganization's property, subject to | | | advised | | 🗌 Yes 🗌 | | |
| used only for ch | ation inform all grantees, donors, naritable purposes and not for the ermissible private benefit? | | | | ose | 🗌 Yes 🗌 | | |
| Part II Consei | rvation Easements. Complet | te if the organizatio | n answered "Yes" on Fo | orm 990, F | art IV, line | 27. | | |
| _ | onservation easements held by th | | | | | | | |
| Preservatı | on of land for public use (e g , rec | reation or education) | Preservation of | an historica | lly importan | t land area | | |
| | of natural habitat | | Preservation of | a certified h | istoric struc | ture | | |
| | on of open space | | | | | | | |
| easement on th | 2a through 2d if the organization le last day of the tax year | held a qualified consei | rvation contribution in the | form of a <u>co</u> | | End of the Yea | | |
| | conservation easements | +- | | 2a | | | | |
| - | estricted by conservation easemer ervation easements on a certified | | uded up (p) | 2b | | | | |
| d Number of cons | ervation easements included in (c in the National Register | | . , | 2c 2d | | | | |
| 3 Number of cons tax year ► | servation easements modified, tra | nsferred, released, ex | tinguished, or terminated l | by the organ | nization durii | ng the | | |
| 4 Number of state | es where property subject to cons | ervation easement is l | ocated > | | | | | |
| | ization have a written policy regaint of the conservation easements | | itoring, inspection, handlir | ng of violatio | ons, | Yes 🗌 No | | |
| 6 Staff and volunt | teer hours devoted to monitoring, | inspecting, handling o | of violations, and enforcing | conservatio | on easement | s during the year | | |
| 7 Amount of expe | enses incurred in monitoring, inspo | ecting, handling of vio | lations, and enforcing cons | servation ea | sements dur | ing the year | | |
| 8 Does each cons and section 170 | ervation easement reported on lir D(h)(4)(B)(ii)? | ne 2(d) above satisfy t | he requirements of sectior | n 170(h)(4)(| | Yes 🗌 No | | |
| balance sheet, a | scribe how the organization report and include, if applicable, the text n's accounting for conservation ea | of the footnote to the | | | | | | |
| | izations Maintaining Collected to the organization answered to the organization answered to the organization answered to the organization answered to the organization and the or | | | ther Simi | lar Assets | | | |
| art, historical tr | non elected, as permitted under S reasures, or other similar assets h XIII, the text of the footnote to it | eld for public exhibitio | n, education, or research i | n furtheran | | | | |
| historical treasu | tion elected, as permitted under S ures, or other similar assets held f nts relating to these items | | | | | | | |
| (i) Revenue includ | ded on Form 990, Part VIII, line 1 | | | | ▶\$ | | | |
| (ii)Assets included | l ın Form 990, Part X | | | | ▶\$ | | | |
| | ion received or held works of art, nts required to be reported under | | | nancıal gaır | , provide the | e | | |
| a Revenue include | ed on Form 990, Part VIII, line 1 | | | | ▶\$ | | | |
| b Assets included | ın Form 990, Part X | | | | ▶ \$ | | | |

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

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

| Sche | dule D (Form 990) 2016 | | | | | | | | Page 2 |
|---------|---|---------------|-----------------------------------|----------|---------|----------------|--------------------------|----------------|-----------------|
| Par | t IIII Organizations Maintaining Col | lections o | f Art, Histor | ical T | reasu | ires, or Ot | her Similar A | ssets (cont | inued) |
| 3 | Using the organization's acquisition, accession items (check all that apply) | n, and other | records, check | any of | the fo | llowing that a | are a significant | use of its col | lection |
| а | Public exhibition | | d | | Loan | or exchange | programs | | |
| b | Scholarly research | | e | | Othe | r | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's col Part XIII | lections and | explain how th | ey furtl | her the | e organizatior | n's exempt purp | ose in | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | | | | | | | 🗌 Yes | |
| Pa | rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | ' on Form 990 | , Part | IV, li | ne 9, or rep | ported an amo | unt on Forr | n 990, Part |
| 1a | Is the organization an agent, trustee, custodi included on Form 990, Part X? | an or other ı | ntermedıary for | contri | bution | s or other as | sets not | 🗌 Yes | |
| b | If "Yes," explain the arrangement in Part XIII | and comple | te the following | table | | | | Amount | |
| c | Beginning balance | | · · · · · · · · · · · · · · · · · | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Par | t X, line 21, for | escrov | v or cu | stodial accou | nt liability? | ☐ Yes | |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| Pa | rt V Endowment Funds. Complete if | | | red "Y | es" or | n Form 990 | | | |
| | Description of the large state | (a)Current | tyear (b)P | rior yea | ır | (c)Two years b | oack (d) Three ye | ears back (e) | Four years back |
| | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent vear end | balance (line 1 | a. colu | mn (a` |)) held as | I | I | |
| а | Board designated or quasi-endowment 🕨 | , | , | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | |
| с | Temporarily restricted endowment > | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100 | % | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | sion of the c | organization tha | t are h | eld an | d administere | ed for the | | Yes No |
| | (i) unrelated organizations | | | • | • • | • • | | 3a(i) | |
| | (ii) related organizations | • • • | | • • | | • • | | 3a(ii) | |
| | If "Yes" on 3a(II), are the related organization | | 1 | | | · · · | | . 3b | |
| 4 05 | Describe in Part XIII the intended uses of the | - | i s endowment | unas | | | | | |
| Гē | rt VI Land, Buildings, and Equipmen Complete if the organization answ | | on Form 990 | Part | IV, lin | ne 11a. See | Form 990, Pa | rt X, line 1(| Э. |
| | Description of property (a) Cost or oth (investme | her basıs | (b)Cost or other | | | | ited depreciation | | ook value |
| 1a | Land | | | | | | | 1 | |
| b | Buildings | | | | | | | | |
| с | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | 43,392 | | 35,923 | | 7,469 |

52,711

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

4,863

12,332

47,848

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| | Form 990) 2016 | | | Page 3 |
|---------------------------|--|------------------|--|--------------------|
| Part VII | Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12. | ation answ | vered 'Yes' on Form 990, F | Part IV, line 11b. |
| | (a) Description of security or category (including name of security) | (b)Book value | (c) Method o Cost or end-of-ye | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | | | wared Weel on Form 000 | Davt IV lung 11g |
| Part VIII | Investments—Program Related. Complete if the organi See Form 990, Part X, line 13. | | | |
| | (a) Description of investment (b) E | Book value | (c) Method o Cost or end-of-ye | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Columi Part IX | n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on Fo | rm 990 P- | ort IV, June 11d, See Form 990 | Part V Jupa 15 |
| | (a) Description | IIII 990, Fe | at iv, me iid see form 550 | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | Other Liabilities. Complete if the organization answered " | | orm 990, Part IV, line 11e | or 11f. |
| 1. | See Form 990, Part X, line 25. (a) Description of liability | (b) B | ook value | |
| (1) Federal II | ncome taxes | | | |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col (B) line 25) | | | |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 679.460 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a а Donated services and use of facilities 2h h c Recoveries of prior year grants 20 2d d Other (Describe in Part XIII) Add lines 2a through 2d . . . е 2e 3 Subtract line **2e** from line **1** 3 679.460 4 Amounts included on Form 990. Part VIII, line 12, but not on line 1 а Investment expenses not included on Form 990, Part VIII, line 7b 4a 4h h Other (Describe in Part XIII) Add lines **4a** and **4b** . . . 4c С Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12) 5 5 679.460 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,006,323 1 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 2a а b Prior year adjustments . . . 2h 2c Other losses С Other (Describe in Part XIII) 2d d . Add lines 2a through 2d . . . е 2e 1,006,323 3 Subtract line 2e from line 1 . 3 . . . 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a а Other (Describe in Part XIII) 4b b Add lines 4a and 4b . С **4**c 5 5 Total expenses Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18) 1,006,323

Part XIII Supplemental Information

Schedule D (Form 990) 2016

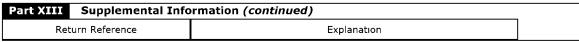
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

|--|

Page 4









| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | - DLN: 9349312100408 | | | | |
|-------|--|---|---------------------|--|------------------------|------------|--------------|------|
| | edule J | C | ompensati | on Information | 0 | 1B No | 1545-0 | 0047 |
| (Forn | n 990) | For certain Offic | | ustees, Key Employees, and Hig | Jhest | • | | |
| | | Complete if the ord | | ted Employees ered "Yes" on Form 990, Part IV | / line 23. | 20 |)] (|) |
| D . | . 64 T | | Attach | to Form 990. (Form 990) and its instructions | | Dpen i | | |
| | ment of the Treasury al Revenue Service | | | ov/form990. | | | ectio | |
| | ne of the organiza OMINGTON NORMAL | | | | Employer identificat | tion nu | ımber | |
| | ELOPMENT COUNCIL | | | | 37-1169886 | | | |
| Ра | rt I Questi | ons Regarding Compensa | ition | | | | | |
| 4- | | | | | | | Yes | No |
| 1a | | | | the following to or for a person liste relevant information regarding the | | | | |
| | | s or charter travel | | Housing allowance or residence for | • | | | |
| | | companions | | Payments for business use of perso Health or social club dues or initiati | | | | |
| | _ | nification and gross-up paymen hary spending account | | Personal services (e.g., maid, chau | | | | |
| | | ary spending account | | Fersonal services (e.g., maid, chau | fiedr, chery | | | |
| b | | xes in line 1a are checked, did t all of the expenses described ab | | llow a written policy regarding payr blete Part III to explain | nent or reimbursement | 1b | | |
| 2 | | | | r allowing expenses incurred by all , regarding the items checked in lin | e 1a2 | | | |
| | uncetors, cruste | es, oncers, melading the ceo, | | , regularing the netholonecked in int | - 10 | 2 | | |
| 2 | | · Farmer of the following the films | | | h - | | | |
| 3 | | | | l to establish the compensation of t ot check any boxes for methods | lie | | | |
| | used by a relate | ed organization to establish com | pensation of the C | EO/Executive Director, but explain | ın Part III | | | |
| | Compensa | ation committee | | Written employment contract | | | | |
| | Independe | ent compensation consultant | | Compensation survey or study | | | | |
| | 🗌 🛛 Form 990 | of other organizations | | Approval by the board or compensation | ation committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Sec | tion A, line 1a with respect to the fi | ling organization or a | | | |
| а | Receive a sever | ance payment or change-of-cor | itrol payment? | | | 4a | | No |
| b | | r receive payment from, a supp | | ied retirement plan? | | 4b | | No |
| с | Participate in, o | r receive payment from, an equ | ity-based compens | sation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the appl | icable amounts for each item in Par | tIII | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29 |) organizations n | nust complete lines 5-9. | | | | |
| 5 | | | | he organization pay or accrue any | | | | |
| | | ontingent on the revenues of | | | | | | |
| а | The organization | n۶ | | | | 5a | | |
| b | Any related orga | | | | | 5b | | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings o | , , | he organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6 a | | |
| b | Any related orga | | | | | 6b | | |
| _ | | 6a or 6b, describe in Part III | | | | | | |
| 7 | payments not d | escribed in lines 5 and 6? If "Ye | s," describe in Par | | ed | 7 | | |
| 8 | | | | ed pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d | escribe | | | |
| | in Part III | adar condact exception descrip | sa minegulations s | , | Course | 8 | | |
| 9 | If "Yes" on line ! | 8 did the organization also follo | w the rebuttable r | presumption procedure described in | Regulations section | ۲° | | |
| - | 53 4958-6(c)? | | | | | 9 | | |

| Schedule J (Form | 990) 2016 |
|------------------|-----------|
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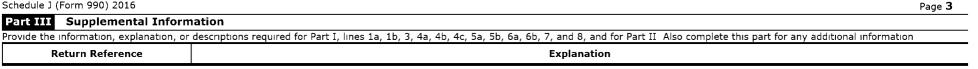
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable benefits | (E) Total of columns (Β)(ι)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 | |
|---------------------|------|--------------------------|---|---|--------------------------------|----------------------------|---|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | | |
| 1 KYLE HAMCEO | (i) | 141,646 | | 13,789 | | | 155,435 | | |
| | (ii) | | | | | | | | |
| See Additional Data | | | | | | | | | |
| Table | - | | 1 | I | | | | | |
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Schedule J (Form 990) 2016





| efile GRAPHIC print | DLN: 93493121004087 | | | |
|--|-------------------------------|---|--------------------------------------|-----------------------|
| SCHEDULE O | Sunnlement | al Information | n to Form 990 or 990-EZ | OMB No 1545-0047 |
| (Form 990 or 990- EZ) Department of the Treasury | Complete to pro Form 990 o | vide information for or 990-EZ or to provid Attach to Form Schedule O (Form 9 www.irs.gov | 2016 Open to Public Inspection | |
| Internal Revenue Cervice | | | | identification number |
| BLOOMINGTON NORMAL ECON DEVELOPMENT COUNCIL | 6 | | | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 11b Form 990 Review Process | 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | CEO SALARY DETERMINED BY THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE BASED ON COMPARABILITY DATA THIS REVIEW TAKES PLACE ANNUALLY |

| Return Reference | Explanation |
|--|------------------------|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | AVAILABLE UPON REQUEST |

| efile GRAPHIC print - DO | O NOT PROCESS As Filed Data - | | | | | | | | | | DLN: 93493 | 121004 | 087 | | |
|---|--|------------------------|----------------------------|----------|---------------------------------------|-----------------|-------------------------|-----------|---|--------------|-----------------------------------|-----------------------------------|----------------------------|--|--|
| SCHEDULE R | Related | Organiz | rations ar | nd Un | related | Partn | ershin | c | | | OMB No | 1545-004 | 47 | | |
| CHEDULE R Related Organizations and Unrelated Partnerships Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | | | | | | | | | | | | 16 | | | |
| · · · | | | | | | | | | | | 2016 | | | | |
| Department of the Treasury Internal Revenue Service | ► Attach to Form 990. ► Inf | ormation at | out Schedule | R (Form | 990) and it | s instruct | ions is at | www.irs | s.gov/form9 | <u>990</u> . | Open to Inspe | o Public ection | C | | |
| Name of the organization | | | | | | | | Emple | oyer identifi | icatior | | | | | |
| BLOOMINGTON NORMAL ECONOMIC DEVELOPMENT COUNCIL | | | | | | | | 37-11 | 69886 | | | | | | |
| Part I Identification | of Disregarded Entities Complete | If the organ | ization answer | ed "Yes | " on Form 9 | 90, Part | IV, lıne 3 | 3. | | | | | | | |
| Name, address, and | (a) EIN (if applicable) of disregarded entity | | (b) Primary acti | vity | (c) Legal domic or foreign c | ıle (state | (d) Total inc | ome | (e) End-of-year as | sets | (f Dırect co ent | ntrollıng | | | |
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| Part II Identification related tax-exer | of Related Tax-Exempt Organizati npt organizations during the tax year. | ons Comple | te if the orgar | nization | answered " | Yes" on F | orm 990, | Part IV, | , line 34 bei | cause | it had one or | more | | | |
| Name, address, and | (a) Name, address, and EIN of related organization | | (b) ary activity | | (c) omicile (state ign country) | (c Exempt Co | | Public cl | (e) harity status n 501(c)(3)) | Di | (f) rect controlling entity | (g Section (13) cor enti | 512(b) ntrolled ity? | | |
| (1)COMMUNITY DEVELOPMENT CO 200 W COLLEGE AVE STE 402 | RPORATION | ECONOMIC OF LOCAL C | DEVELOPMENT OMMUNITY | | IL | 501C3 | | 9 | | | | Yes | No No | | |
| NORMAL, IL 61761 26-1436471 | | | | | | | | | | N/A | | | | | |
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| For Paperwork Reduction Ac | t Notice, see the Instructions for Form | 990. | | | t No 50135 | <u> </u> Y | | | | Sch | edule R (Form | 990) 20 | 016 | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (f) Share of total income | (f) Share of total income | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | i) ral or aging ner? | (k) Percentage ownership |
|--|-----------------------------------|---|--------|--|---------------------------------|---------------------------------|---------------------------------|--|---|--|----|--|-------------------------------------|-------------------------------|--------------------------------|
| | | | | 5147 | | | Yes | No | | Yes | No | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (a) (b) ne, address, and EIN of Primary activity related organization | | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (I Section (13) con ent | ntrolled |
|--|---|----------|--|---|--|--|---------------------------------------|----------------------------------|----------|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2016

d

q

h i. j

| i Exchange of assets with related organiz | ration(s) | | | | 1 ī | No |
|---|--|---|-------------------------------|--------------------------------|--------------|--------|
| | assets to related organization(s) | | | | 1j | No |
| k Lease of facilities, equipment, or other | assets from related organization(s) | | | | 1k | No |
| I Performance of services or membership | or fundraising solicitations for related organization(s) | | | | 11 | No |
| m Performance of services or membership | o or fundraising solicitations by related organization(s) | | | | 1m | No |
| n Sharing of facilities, equipment, mailing | lists, or other assets with related organization(s) | | | | 1n | No |
| | organization(s) | | | | 10 | No |
| p Reimbursement paid to related organiz | ration(s) for expenses | | | | 1p | No |
| q Reimbursement paid by related organi: | zation(s) for expenses | | | | 1q | No |
| r Other transfer of cash or property to re | lated organization(s) | | | | 1r | No |
| s Other transfer of cash or property from | related organization(s) | | | | 1s Ye | s |
| 2 If the answer to any of the above is "Ye | es," see the instructions for information on who must complete this line | e, including covered r | elationships and tra | insaction thresholds | | |
| Nam | (a) ne of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount involv | ved |
| (1)COMMUNITY DEVELOPMENT CORPORATION | | S | 31,253 | CASH VALUE | | |
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| | | | | Schedule R (| Form 990 |) 2016 |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity.

Purchase of assets from related organization(s).

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

|--|

Yes

1a

1b

1c 1d

1e

1f

1g

1h

No

No

No No

No

No

No

No

No

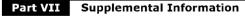
Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | (f) (g) Share of Share of total income assets | | (h) Disproprtionate r allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|---|--------------------------------|--|--|--|----|--|--|--|----|--|-----------|--|---------|--|--|---|--|--|--|---|----------|--|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | | | | | | | | | | | |
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| | | | | | | | | | | Schedul | e R (Forn | n 99 | 0) 2016 | | | | | | | | | | |







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





