

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	55,259	22	46,712
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	3,841	24	3,747
25 Total assets	59,100	25	50,459
26 Total liabilities (describe in Schedule O)	798	26	2,182
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,302	27	48,277

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 PROMOTE AND ASSIST GROWTH AND DEVELOPMENT OF BUSINESS CONCERNS IN EAST ALLEN COUNTY, INDIANA

(Grants \$) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DELLA KIRKMAN BOARD MEMBER	0.00	0	0	0
CRAIG DELLINGER BOARD MEMBER	0.00	0	0	0
TIM WEIGAND BOARD MEMBER	0.00	0	0	0
LISA COOPER BOARD MEMBER	0.00	0	0	0
STEPHEN HARANTS BOARD MEMBER	0.00	0	0	0
JEFF GEBERT BOARD MEMBER	0.00	0	0	0
DIANE FRITCHA BOARD MEMBER	0.00	0	0	0
DR TROY HOCKEMEYER OD BOARD MEMBER	0.00	0	0	0
JASON VOELCK BOARD MEMBER	0.00	0	0	0
PAUL MILLS BOARD MEMBER	0.00	0	0	0

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

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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes, No (X)

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Input box for Schedule O

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes, No

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

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes, No

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

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes, No

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

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

Yes No input boxes

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

Sign Here: Signature of officer CRAIG DELLINGER, Date 6/23/2020, Title BOARD MEMBER

Paid Preparer Use Only: Print/Type preparer's name DELLA L. KIRKMAN, CPA, Preparer's signature DELLA L. KIRKMAN, CPA, Date 06/22/20, Check if self-employed, PTIN P01360270, Firm's name KIRKMAN CPA GROUP, INC., Firm's EIN 45-3907855, Firm's address 618 PROFESSIONAL PARK DR NEW HAVEN, IN 46774-1895, Phone no 260-245-0630

May the IRS discuss this return with the preparer shown above? See instructions

Yes No input boxes with X in Yes

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

2019

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization

NEW HAVEN COMMUNITY DEVELOPMENT COR

Employer identification number

35-1574223

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SPECIAL EVENTS</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	62,617		62,617
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	62,617		62,617
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	21,853		21,853
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Subtract line 10 from line 3, column (d)				40,764

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes No

b If "Yes," explain

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

NEW HAVEN COMMUNITY DEVELOPMENT COR

Employer identification number

35-1574223

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
RENT INCOME	\$ 12,000
OTHER INCOME	\$ 4,013
TOTAL	\$ 16,013

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 1,100
AUTOMOBILE	\$ 4,348
BANK AND MERCHANT FEES	\$ 789
BUILDING MAINTENANCE	\$ 592
CHAMBERMASTER	\$ 1,620
COMMITTEE MEETINGS	\$ 931
CONTRACT LABOR	\$ 1,799
CONTRIBUTIONS	\$ 575
DUES AND SUBSCRIPTIONS	\$ 1,625
ECONOMIC DEVELOPMENT	\$ 22
INSURANCE	\$ 1,742
MEMBER SERVICES	\$ 512
MISCELLANEOUS	\$ 1,955
NEW RESIDENT PACKET	\$ 125
OFFICE EXPENSE	\$ 8,875
OUTREACH	\$ 6,380

Name of the organization NEW HAVEN COMMUNITY DEVELOPMENT COR	Employer identification number 35-1574223
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UTILITIES	\$	5,128
NON-INVESTMENT DEPRECIATION	\$	91
TOTAL	\$	38,209

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
BOOK / TAX DEPRECIATION DIFFERENCE	\$ -2

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIXED ASSETS	\$ 6,964	\$ 6,964
LESS ACCUMULATED DEPRECIATION	\$ 3,518	\$ 3,612
DEPOSIT - NIPSCO	\$ 395	\$ 395
TOTAL	\$ 3,841	\$ 3,747

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	\$ 798	\$ 2,182

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE GENERAL PURPOSE OF THE CORPORATION IS TO PROMOTE AND ASSIST THE GROWTH AND DEVELOPMENT OF BUSINESS CONCERNS IN THE EASTERN HALF OF ALLEN COUNTY BY ENABLING THE EXPANSION OF EXISTING BUSINESS IN THE SERVICE AREA AND ATTRACTING NEW BUSINESS TO THE SERVICE AREA BY PROVIDING A FINANCING VEHICLE TO ASSIST SUCH BUSINESSES IN FINANCING THEIR EXPANSION OR RELOCATION PLAN, THROUGH TITLE V OF THE SMALL BUSINESS INVESTMENT ACT OF 1958, AS AMENDED, AND BY ANY OTHER FINANCING METHODS AVAILABLE.

Name of the organization

Employer identification number

NEW HAVEN COMMUNITY DEVELOPMENT COR

35-1574223

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

PROMOTE AND ASSIST GROWTH AND DEVELOPMENT OF BUSINESS CONCERNS IN EAST

ALLEN COUNTY, INDIANA