		_		2949	313515024
_	om 90	3U ·	Return of Organization Exempt From Income		OMB No 1545-0047
	ev. Janus ry	,	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundation	2019
		the Treasury	▶ Do not enter social security numbers on this form as it may be made po	ublic.	Open to Public
	iternal Rever		► Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspection
	For the	2019 calend	dar year, or tax year beginning , 2019, and ending		, 20
8	_	applicable	C Name of organization, Blackford Co. Economic Development Corp		nployer identification number
Ĺ	Address	•	Doing business as		-1718387
[_ Name ch ☐ Initial ret	•	Number and street (or PO box if mail is not delivered to street address) Room/suite 121 North High Street	li li	lephone number 65) 348–4944
[[Ξ,	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	- `	03/ 340 4344
	Amende		Hartford City, IN 47348		ross receipts \$228, 949.38
[Applicat	ion pending	<i>1</i>		um for subordinales? Yes No
-					inates included? Yes No
1		mpt status			a list (see instructions) tion number ►
<u> </u>			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation 198		tate of legal domicile IN
_	Part I	Summa		<u>· 1 0</u>	ate or regardentiale 2.1
W	1		cribe the organization's mission or most significant activities: Promote ec	onomi	development
M	8	-	ekford County, Indiana. In 2019, BCEDC continue		
1	nau	county	industrial parks.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
05.00 SS	ē 2		box ► ☐ if the organization discontinued its operations or disposed of more	than 25%	
	යි 3		voting members of the governing body (Part VI, line 1a)	—	3 15 4 15
ż	∞ 4 vs 5		independent voting members of the governing body (Part VI, line 1b)	·	·
2	<u>8</u> 5		per of individuals employed in calendar year 2019 (Part V, line 2a)	· -	5
0	7a		per of volunteers (estimate if necessary) ated business revenue from Part VIII, column (C), Inc. 12	<u> </u>	a
		Net unrelat	ed business taxable income from Form 990-T line SECEIVED	ļ	b
S	<u> </u>			or Year	Current Year
	8 ag	Contributio	ons and grants (Part VIII, line 1h) . S DC.7 3 0 2020 3 191	,700.0	210,850.00
ອ	9	•	ervice revenue (Part VIII, line 2g)		
3	<u>à</u> 10	Investment	nue (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT 11	750.9	
	11			,500.0 ,950.9	
-	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 203 I similar amounts paid (Part IX, column (A), lines 1–3)	0.0	
~	J 14		aid to or for members (Part IX, column (A), line 4)		701 37020.00
2021 44.4 CV TO VAIN	m 15	•		,132.4	57,554.25
C	월 16a		al fundraising fees (Part IX, column (A), line 11e)	<u></u>	
23	b	Total fundr		承認。	
2 ≥	<u>□</u> 17	•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	,779.2	20 106,291.88
9,7	18	-	· · · · · · · · · · · · · · · · · · ·	,911.6 ,039.3	
70	19	Revenue le		of Current Y	
E C	20	Total asset	1	,913.8	
_ ~ ~	21			,653.5	
	: -			,260.3	
	Part II		re Block		
8			I declare that I have examined this return, including accompanying schedules and statements, and		of my knowledge and belief, it is
င်္ဘ		I, and complete	e Declaration of preparer (other than officer) is based on all information of which preparer has any k		2
	ign	Suppati	are of officer	Date	5-20
	lere	,	en C. Brown, Jr Executive Director	Date	
W.			print name and title		
3		1.4	preparer's name Preparer's signature Date	Che	CK T IF PTIN
12	'aid 'repare	Leona.	rd M. Fisher 5/7/202		employed P01350702
,-	se Onl	V Firm's nam	·		▶ 35-1583706
~ ∪_)	Firm's add	ress ► Hartford City, IN 47348	Phone no	
_			his return with the preparer shown above? (see instructions)		🛚 Yes 🗌 No
F	or Paperw	ork Reducti	on Act Notice, see the separate instructions.		Form 990 (2019)

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Part		-
1	Check if Schedule O contains a response or note to any line in this Part III	- '
	Briefly describe the organization's mission: Promote economic development in Blackford County, Indiana.	
	Fromote economic development in Blackford County, Indiana.	
		. -
	* +	
2	Did the organization undertake any significant program services during the year which were not listed on the	-
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	the total expenses, and revenue, if any, for each program service reported.	
		-
4a		
	Continued marketing two county industrial parks and helped new and current employers with legal, environmental, and tax abatement issues.	
	employers with legal, environmental, and tax abatement issues.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_
	/ Code / Copenies v	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 147,592.9	4

B00 1/

Part	M 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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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_		Х
4	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		
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	12.00. 13.71.	1	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		Х
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		Х
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
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	×	

Рап	Checklist of Required Schedules (continued)	4		
22	Did the organization report many than CF 000 of many than the control of the cont		Yes	No
	Did-the-organization-report-more-than-\$5;000-of-grante-or-other-assistance-to-or-for-domestic-individuale-on- Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C .	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		Х
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	Х
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		х
ь	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):	1.4		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	lacksquare	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	↓	Х
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	ļ	х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	┼	Х
ь	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	35b		_
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	<u> </u>	<u> </u>
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		х
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	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	" Contains a response of note to any line in this Fall V	 -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3.00	1 ,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		1.	- 1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	سُعْد

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>		
`	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	325	91134	= 3 +1,3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	40,50	400.00	132.73
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country ▶	100	1050	\$ 25
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		依然	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- 6b		. 2
7	Organizations that may receive deductible contributions under section 170(c).	٠	1	10.00 A
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		12.25	1.23
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	14.35	5.7	25.0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ستقتمد تدر	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		50.2	SUL STATE
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1,31	197	199 G. F.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		T
10	Section 501(c)(7) organizations. Enter:	1,000	12.75	3 77
а	Initiation fees and capital contributions included on Part VIII, line 12	2.0	100	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1 2 2	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		13.43	¥., 3)
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14.34		F. W
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	200	7.13	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	12.5.2	1	
C	Enter the amount of reserves on hand	198		17.E.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u></u>	Х
	If "Yes," see instructions and file Form 4720, Schedule N	17.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		<u> </u>	X
	If "Yes," complete Form 4720, Schedule O	- 5%	25.55	2.4.2

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0. Schedule 0 contains a response or note to any line in this Part VI.	and i See in:	for a struc	"No" tìons.
Section	on A. Governing Body and Management	<u> </u>	·	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	7.	∵,	1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O]	ئ دادسدا
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 15			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u></u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	٠ ١ ١	ار مراد المداركيد	137
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10-	Did the executation have level shorters branches as officials.	400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		+^-
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ار	- , .	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	L	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13.2 (v) 1.3.4 (v)	1. Y	1
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b	 	X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ئر. ئر. '	大头	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	٠٠٠٠٠	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	⊺ (Sed	ction	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest	policy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: >	

Warren C. Brown, Jr. 121 North High Street Hartford City, IN 47348 (765) 348-4944

Form	990	(2019)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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. See instructions for the order in which to list the persons above.

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	box, office	unles er and	Pos eck s pe	rson irecte	than of is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	24	Key employee	Highest compensated employee	er			related organizations
(1) Warren C. Brown, Jr.	40					١.,		7 067 50	0.00	0.00
Executive Director		X	<u> </u>	Х	Х	X	⊢	7,867.58	0.00	0.00
(2) Colton D. Bickel Executive Director	40	х	į	Х	х	х		38,076.84	0.00	0.00
(3) Daniel Borgenheimer	. 5								0.00	2 22
Board President	<u> </u>	X	-	Х			<u> </u>	0.00	0.00	0.00
(4) John Lancaster	. 5					ŀ		0.00	0.00	2 00
Board Vice-President		X		Х	-		╀	0.00	0.00	0.00
(5) Melanie Parker Board Secretary/Treasurer	. 5	ا ا		Х	1	ļ		0.00	0.00	0.00
(6) Kathy Bantz	.5	X		Λ	-		-	0.00	0.00	0.00
Director	∱ -	X						0.00	0.00	0.00
(7) Cris Clevenger	.5	 ^`	 	 -	一		╁	1 - 0.00	0.00	0.00
Director	†	x						0.00	0.00	0.00
(8) Dan Eckstein	.5				 			T	<u> </u>	
Director	T	x						0.00	0.00	0.00
(9) Ryan Goodspeed	. 5									
Director]	_x_						0.00	0.00	0.00
(10) Kim Hart-Paxson Director	. 5	X						0.00	0.00	0.00
(11) Dustin Heiser	.5		-		├		╁	0.00	0.00	0.00
Director	 	Х					l	0.00	0.00	0.00
(12) Ted Leas	.5		1-		 	 	\dagger	1	0.00	0.00
Director	†	Х	Į					1,297.50	0.00	0.00
(13) Cole Lenz	.5				T			1		
Director	<u> </u>	_ X_			_			0.00	0.00	0.00
(14) Meleah Robertson	.5									
Director		Х			<u>L</u>			0.00	0.00	0.00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (co							yees (çontinued)			
<u>, </u>				(0	•					,
Name and title	Average hours	box,	unles	s pe	more rson irect	than one than one that the state of the stat	an	Reportable compensation from the	(E) Reportable compensation from related	Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1098-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(15) Jessica Tabor	.5								2 22	0.00
Director (16) Mark Townsend	.5	X	-	-	-		-	0.00	0.00	0.00
Director	ļ	X						0.00	0.00	0.00
(17) Chad Yencer	.5		 							
Director		X	<u> </u>	<u> </u>		ļ	ļ	0.00	0.00	0.00
(18)		ł							ļ	
(19)		-								
(20)										
(21)										
(22)					<u> </u>					
(23)				-			 			
(24)		-								
(25)										
1b Subtotal								47,241.92	0.00	0.00
c Total from continuation sheets to Par	t VII, Section	on A				•				
d Total (add lines 1b and 1c)							(0)	47,241.92		
reportable compensation from the organ		u io i	1108	e iis	steu	abov	(0) (who received mo	ι σ (παιι φ 100,00	None
3 Did the organization list any former		ector	, tr	uste	e,	key (emp	oloyee, or highe	st compensate	Yes No
employee on line 1a? If "Yes," complete 4 For any individual listed on line 1a, is th	e sum of re	eporta	able	CO	mpe	ensati	on	 and other compe	ensation from th	e 3 X
organization and related organizations individual		•			•					4 X
5 Did any person listed on line 1a receive for services rendered to the organization										al : X
Section B. Independent Contractors	1 - 4		41	•	1				ivad more	than \$100,000 at
Complete this table for your five hig compensation from the organization. Re	port compe	nsatio	nea on fo	or th	iepo ie c	enden alend	ary	ear ending with c	received more organization	anization's tax year
(A) Name and business ac	idress		.					(B) Description of se	rvices	(C) Compensation
							$\frac{1}{1}$			
							T			
							+			
2 Total number of independent contract received more than \$100,000 of comper							to 1	those listed abo	ve) who	

art VIII	Statem	ent of	Reve	nue

		Check if Schedule	O CO	ntains a re	spon	ise or note to ar	ny line in this Pa	ιπ		<u> L</u>
					,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts t	1a	Federated campaigr	ns		1a	1		行が放送を建設		你是就是他的人。
Giffs, Grants llar Amounts	b	Membership dues			1b					
اغ ي	С	Fundraising events								
IT'S	ď	Related organization	ated organizations 1d					The state of the s	Section Control of the Control of th	A CONTRACTOR OF THE CONTRACTOR
ું <u>ક</u> ્ષ	е	Government grants	(cont	ributions)	1e	198,100.00				建聚造业
Sig	f	All other contribution	is, gif	ts, grants,						
Contributions, Giffs, Grants and Other Similar Amounts		and similar amounts no	otrincle	ided above	.1f	12,750.00	反为这种特别的		第一个人	
흔된	g	Noncash contribution	ns in	cluded in						
ם ש		lines 1a-1f			1g	\$				
ة ك	h	Total. Add lines 1a-	-1f .		· .	▶	210,850.00			ALEXE ENDING:
						Bùsiness Code	数据通过	建門開展的重要	ETECH BERTER	公司のでする。 かんき
ဥ	2a									
Program Service Revenue	b									
yram Ser Revenue	С					1	,	,		٠,
e an	d	,				-				
, g	е									
Pro	f	All other program se	ervice	revenue		-		71		
	g	Total. Add lines 2a-	-2f .			▶		MARTIN SALVED	WALKER COM	全国的关系中心
	3	Investment income	(incl	uding divi	dend	s, interest, and				
		other similar amoun	ts) .			>	6,849.38			6,849.38
	4	Income from investo	nent c	of tax-exen	npt bo	ond proceeds ►				
	5	Royalties				▶				
				(i) Rea	l	(ii) Personal			minimizer and property of the	
	6а	Gross rents	6a	11,250	00.					19.60美元克勒
	b	Less: rental expenses	6b							
	Ç	Rental income or (loss) 6c 11,250.00						的特別的		
	d	Net rental income of	r (loss	s) .		>	11,250.00			11,250.00
	7a	Gross amount from		(i) Securi	ties	(ii) Other			经 等是基础	
		sales of assets								
		other than inventory	7a							
ne ne	ь	Less: cost or other basis					国际			
evenue		and sales expenses	7b			- 134	a a spanis that in the free cliff		the part of the second second second	
Rev	С	Gain or (loss)	7c	•		,	ATTENT			PROPERTY OF THE PROPERTY OF T
	d	Net gain or (loss)			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	,			``
Other	8a	Gross income from		ndraising	1				The same will be the same of t	
0		events (not including"				. 1				
		of contributions rep							ALCONOMIC TO A STATE OF THE PARTY OF THE PAR	
		1c) See Part IV, line			8a					
	b	Less direct expense			8b	<u> </u>	Carlot Wall Control	La Tille Comment of the Comment of t		以一种的特殊。
	C	Net income or (loss)			g eve	ents . P	HAT WILLIAM THE WEATHER.		JESULINISE DE LA PRINCIPA	13185 PARK 518 691 3
	9a	Gross income f			l				nel) centilitation i principali	
		activities See Part I		e 11.9	9а	<u> </u>				
ļ	b	Less. direct expense			9b	ļ	語を記述が必要に必要	には、一個の意味がある。	是是自身的自然的	19 5. 新新的 18 6 18 6 18 6 18 6 18 6 18 6 18 6 18
	C	Net income or (loss)			CTIVITIE	es' ▶	Entragamental	14-11 539-929-140 5 089	tt betster ikk i de obe	PERSONAL PROPERTY OF A ST
	10a	Gross sales of in		огу, less	40-					
	L	returns and allowand			10a					A THE STATE OF THE
	b	Less, cost of goods			:10b		。1995年,李小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小小	dariament samme sensit	Section of the sectio	
	С	Net income or (loss)	HOM	sales Of Ir	ivento		T'-CEED OF GESTASTOCKED	1. 10mm 10mm 10mm(1)	はなっています。これがあることはな	2197 Pm. 3757 Xxx 189
ğ l	11a		•••			Business Code	THE STEEL STATE	1655.42.52.74.46.44.4	100年8月1日日本	THE STATE OF THE S
ž ž						-			 	ļ ⁻
Miscellaneous Revenue	р	***************************************					-			
Sc.	c d	All other revenue							 	
Ē	_		114	• •	•			\$1.57 987 TONO 1850 10	Recorder Services Comment	1 50, 68,0959187679.01 A
1	<u>е</u> 12	Total savanua Saa			• •	<u>. , . , ▶</u>	220 040 20	THE STATE OF THE S	是不是不是一个人的。	10 000 00
	14	Total revenue. See	mstr	นตแบทธ		. •	228,949.38	1	1	18,099.38

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)

Section	1 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	mn (A)
	Check if Schedule Ω contains a response			· · · · · · · · · · · · · · · · · · ·	
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,525.00	9,525.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				公子以前不
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			TO THE PARTY	on the Market Continue 1
5	Compensation of current officers, directors,			The Proposition and Street and a	BUT TYPE TO THE OF
_	trustees, and key employees .	45,944.42	34,458.32	11,486.10	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 **	Other salanes and wages	۶٬¬3,297.50	-27473:13	824-37	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,923.43	2,942.57	980.86	
10	Payroll taxes	4,388.90	3,291.68	1,097.22	
11	Fees for services (nonemployees).				
а	Management				
b	Legal	100.00	100.00	<u> </u>	
С	Accounting	5,271.65		5,271.65	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		是被指的基础的是	道。在於	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	50,577.03			
13	Office expenses	1,834.78	1,376.09	458.69	
14	Information technology				
15	Royalties				
16	Occupancy	9,300.00			
17	Travel	2,086.38	2,086.38		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			, .	
19	Conferences, conventions, and meetings	712:17	712.17	А	· · · · · · · · · · · · · · · · · · ·
20	Interest			•	<u> </u>
21	Payments to affiliates	050 00		050.00	<u> </u>
22	Depreciation, depletion, and amortization	259.82		259.82 2,329.30	
23	Insurance	2,329.30	1 3 to 3 2 to 2 to 324 to 3 5 2	2,329.30	a statistical and a descrip-
24	Other expenses. Itemize expenses not covered				The state of the s
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	10.7 (
а	Telephone	2,051.00	1,538.25	512.75	
b	Dues & Subscriptions	6,155.00			
C	Postage	242.25			
· d	Special Projects	25,200.63	 		
е	All other expenses Licenses & Fees	171.87		171.87	
25	Total functional expenses. Add lines 1 through 24e	173,371.13	147,592.94	25,778.19	
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)				
			<u> </u>	<u></u>	5 000 (0010)

Form 990 (2019)
Part X Balance Sheet

,	,	Check if Schedule O contains a response or note to any line in this Pal	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	200,128.11	1	55,053.06
- 1	2	Savings and temporary cash investments	289,367.16	2	489,966.54
	3	Pledges and grants receivable, net	0.00	3	100.00
l	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	BEET TO REPORT OF THE	ety Tr. Pagary	The state of the s
		trustee, key employee, creator or founder, substantial contributor, or 35%		2	
1		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	では、一般のできた。	9	
Ø .	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
&	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	经现代的证明的证明	800	[20] 经经过的股份
		basis. Complete Part VI of Schedule D			
İ	b	Less: accumulated depreciation 10b 16, 915.59		10c	1,636.97
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
- {	16	Total assets. Add lines 1 through 15 (must equal line 33)	490,913.80	16	546,756.57
	17	Accounts payable and accrued expenses	1,653.50	17	1,918.02
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Sa	22	Loans and other payables to any current or former officer, director,	是智能的自然的意思	17.32	
#		trustee, key employee, creator or founder, substantial contributor, or 35%		3,5	Transfer to the second
Liabilities		controlled entity or family member of any of these persons		22	
ן כ	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	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) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,653.50	26	1,918.02
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions		27	
ö	28	Net assets with donor restrictions		28	
E I		Organizations that do not follow FASB ASC 958, check here ▶ □	建设设施的证据	H	经验证证明的
ű		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ğ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	489,260.30	31	544,838.55
et l	32	Total net assets or fund balances	489,260.30		544,838.55
z	33	Total liabilities and net assets/fund balances	490,913.80	33	546,756.57

Form 990 (2	(910)
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Page 12

Part	XI Reconciliation 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)	228	949	.3,8
2	Total expenses (must equal Part IX, column (A), line 25)	173,	371	.13
3	Revenue less expenses. Subtract line 2 from line 1	55,	578	.25
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4	489,	260	.30
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	544,	838	<u>. 55</u>
2610	XII- Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		Щ.
1	Approximation method would be approximately as a second of the first second of the fir	94.27	Yes	No
•	Accounting method used to prepare the Form 990. Cash Accrual Other	4	ر بر ا	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1.34	10 1 m	و م دد سرمه
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	-24 -23 3	<u> </u>	<u> </u>
	reviewed on a separate basis, consolidated basis, or both.		. .	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	= = =		
b	Were the organization's financial statements audited by an independent accountant?	2b	×	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both		. ` .	
	☐ Separate basis ☐ 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	1.00 4	:八	3.
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			I
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	200	
		Form	n 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2019

Open to Public Inspection

vame 0	the organization		Employer identification number
Blac	kford County Economic Developme	nt Corporation	35-1718387
. Par			nds or Accounts.
	Complete if the organization answered		
	Somplete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number of and of uses	(a) boner advices remos	(2), 2112 2112 2112 2222112
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	-	- -
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	int funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or t	for any other purpose
	conferring impermissible private benefit?		· ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		·
•	Preservation of land for public use (for example, recr		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		or a certifica matorio structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in the form of a conservation
2	easement on the last day of the tax year	ed a qualified conservation contributi	Held at the End of the Tax Year
			<u> </u>
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	ng conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenu-	e and expense statement and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easem-		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA		
	of art, historical treasures, or other similar asset		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FA		
-	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these ite		
	•		> \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	historical transuras or other similar	or accets for financial some provide the
2			
	following amounts required to be reported under F		
а	Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		> S

Part	III. Organizations Maintaining	Collections	of Art Lline	origo! T	100011700	A = O4	hau Cimilau As	raye Z
3	Using the organization's acquisition, a	accession, and	other recor	ds, check	any of the	e follow	ing that make s	significant use of its
	collection items (check all that apply):							
а	Public exhibition		d [🗌 Loan d	or exchang	e progr	am	
Ъ	☐ Scholarly research		e [☐ Other				
С	Preservation for future generations	;			*******			
4	Provide a description of the organizat		s and expla	in how th	ey further	the org	anization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receiv	e donation	s of art, h	istorical tr	easures	s, or other simil	
: Part			manieu as p		Organizati	011 5 00	ilections .	☐ Yes ☐ No
	Complete if the organization 990, Part X, line 21		es" on For	m 990, P	art IV, line	9, or	reported an ar	mount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot
ь	If "Yes," explain the arrangement in Pa					•		☐ 162 ☐ 140
•	ii 163, explain the alrangement in F	art Alli allo Coll	ibiere me io	nowing ta	DIC			Amount
С	Beginning balance					10		
d	Additions during the year			• • •	•	1c		
e	Distributions during the year .					<u> </u>		
f			•			1e		
								-2 D Van D Na
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P. Endowment Funds.	art XIII. Check r	nere if the ex	kplanation	nas been	provide	ed on Part XIII .	
التكسك		annuared "V	00" on For	000 F	nont 1\	- 40		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bad	ck (e) Four years back
4 -	Decree of control of	(a) Current year	(B) Pill	or year	(C) TWO year	SDACK	(u) Three years bac	(e) Four years back
1a	Beginning of year balance .							
Ь	Contributions							
С	Net investment earnings, gains, and losses							
đ	Grants or scholarships							
е	Other expenditures for facilities and					-		
	programs		-					
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year	end balanc	e (line 1g	column (a)) held	as:	
а	Board designated or quasi-endowme	nt ▶	%	, –	·	.,		
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and	2c should equa	al 100%.				,	
3a	Are there endowment funds not in th	e possession o	f the organi	zation tha	it are held	and ad	lministered for t	he ·
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations				,			3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganizations lis	ted as requi	red on So	hedule R?			. 3b
4	Describe in Part XIII the intended use							<u></u>
Par			****				······································	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization		es" on For	m 990. F	Part IV. lin	e 11a.	See Form 990). Part X. line 10.
	Description of property		or other basis		r other basis		Accumulated	(d) Book value
			estment)	1 ' '	ther)	d	epreciation	
1a	Land	.		 		Era Cant	MAN TON S	
b	Buildings			ļ				
C	Leasehold improvements				400.00		656.67	743.33
d	Equipment			17,	152.56		16,258.92	893.64
e	Other			<u> </u>		<u> </u>		
Total	Add lines 1a through 1e (Column (d))	must agual Eag	n 000 Pad	V column	(B) line 1	001		1,636,97

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered

	25.	
	990, Part IV, line 21 or 22.	
	e 2	
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	990	
	"Yes" on Form	
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2019

OMB No 1545-0047

► Attach to Form 990. ► Go to www irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service		▼ Go to w	► Attach to Form 990. to www irs.gov/Form990 for the latest information.	Form 990. 10 for the latest inf	ormation.		Inspection
Name of the organization						Employer	Employer identification number
Blackford County Economic	lomic Development	oment Corporation	ation			35-17	35-1718387
Part I General Information on Grants and Assistance	on Grants and	l Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	itain records to sub o award the grants	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility fo	ir the grants or assistance	e, and 🖾 Yes 🗆 No
2 Describe in Part IV the organization's procedures for monitorii	anization's procedu		ng the use of grant funds in the United States	ds in the United	States		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Assistance to Do	mestic Organizate control	ations and Dom an \$5,000. Part I	estic Governm	ents. Complete if ated if additional si	the organization answepace is needed.	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Blackford School Corp. Hartford City, IN 47348	35-1118507	501(c)(3)	9,525.00				Welding Training
(3)							
(4)							
(5)							
(9)							
(7)		,					
(8)		•					
(6)		4.					
(10)		٠					
(11)		م رده					
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	on 501(c)(3) and go	vernment organiza	lions listed in the li	ne 1 table			A
3 Enter total number of other organizations listed in the line 1 table	organizations lister	1 in the line 1 table				• • • • • • • • • • • • • • • • • • • •	∆

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

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 4545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public inspection

Name of the organization	Employer identification number
Blackford County Economic Development Corporation	35-1718387
Part VI, Question 19:	
rait vi, Question 19:	
All governing documents, tax returns, and financial statement	nts are kept at the
office of the Executive Director and are always available by	
individual. Furthermore, the financial statements are presented	ented to the Board
af Dimarkana at (1) '	
of Directors at their monthly meetings.	
* *	
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