

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 2019

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

C Name of organization Huntington Neighborhood Development Corporation
 Doing business as n/a
 Number and street (or P O box if mail is not delivered to street address) Room/suite
300 Cherry Street, Attn: Clerk-Treasurer
 City or town, state or province, country, and ZIP or foreign postal code
Huntington, Indiana, United States, 46750

D Employer identification number
46-5706882

E Telephone number
260-356-4100

F Name and address of principal officer Charles Chapman, President
same as C above

G Gross receipts \$ 1,827,579.00

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527

J Website. ▶ n/a

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2014

M State of legal domicile IN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>The organization provides financial support and assistance for the operation and completion of redevelopment projects in Huntington County, Indiana.</u>			
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>3</u>	
	5	Total number of individuals employed in calendar year 2019 (Part VII, line 2a)		<u>0</u>	
	6	Total number of volunteers (estimate if necessary)		<u>3</u>	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>\$ 0.00</u>
b		Net unrelated business taxable income from Form 990-T, line 39		<u>\$ 0.00</u>	
			Prior Year	Current Year	
8		Contributions and grants (Part VIII, line 1h)	<u>\$ 600,000.00</u>	<u>\$ 1,827,579.00</u>	
9		Program service revenue (Part VIII, line 2g)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>\$ 600,000.00</u>	<u>\$ 1,827,579.00</u>	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>\$ 600,000.00</u>	<u>\$ 1,827,579.00</u>
		14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>\$ 600,000.00</u>	<u>\$ 1,827,579.00</u>	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
	21	Total liabilities (Part X, line 26)	<u>\$ 0.00</u>	<u>\$ 0.00</u>	
22	Net assets or fund balances Subtract line 21 from line 20	<u>\$ 0.00</u>	<u>\$ 0.00</u>		

Part II Signature Block

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

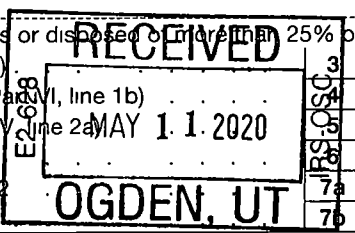
Signature of officer: [Signature] Date: April 21, 2020
 Charles E Chapman, President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Lisa M. Garrott Preparer's signature: [Signature] Date: 4/20/2020 Check if self-employed PTIN: P00523240
 Firm's name: Hartburg Roth Garrott Haverstadt Garret LLP Firm's EIN: 35-0801701
 Firm's address: 533 Warren Street, PO Box 269, Huntington, IN 46750 Phone no: 260-356-4100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAY 18 2021



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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.
The organization's mission is to provide financial support for the operation and completion of redevelopment projects in
Huntington County, Indiana in order to facilitate growth and development in the area to benefit the citizens of said county.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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? Yes No
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 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 (Code:) (Expenses \$ including grants of \$ 1,527,579.00) (Revenue \$)
Two grants totaling \$ 1,527,579.00 were given to UB Block LLC in 2019 to aid in commercial development and market rate housing options in downtown Huntington, Indiana through extensive rehabilitation of an existing three building complex. The structures will provide for market rate apartment housing options and will foster economic development and investment in Huntington County, Indiana

4b (Code:) (Expenses \$ including grants of \$ 300,000.00) (Revenue \$)
A loan of \$ 300,000.00 was given to UB Block LLC in 2019 (prior loan funds from the same grant agreement were previously disbursed in 2017 and 2018) to aid in commercial development and market rate housing options in downtown Huntington, Indiana through extensive rehabilitation of an existing three building complex. The structures will provide for market rate apartment housing options and will foster economic development and investment in Huntington County, Indiana.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 1,827,579.00

BLIND

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 covering various organizational requirements and financial reporting details.

Part IV Checklist of Required Schedules (continued)

		Yes	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		✓
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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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		✓
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		✓
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		✓
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		✓
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		✓
c	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	✓	
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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		
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		
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		✓
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	✓	

Part 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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official		
15b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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?		

Section 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
Michael Hartburg Esq., 533 Warren Street, Huntington, Indiana 46750, 260-356-4100

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Charles Chapman President	<1	✓						\$ 0.00	\$ 0.00	\$ 0.00
(2) Joseph Blomeke Vice-President/Secretary	<1	✓						\$ 0.00	\$ 0.00	\$ 0.00
(3) Seth Marshall Treasurer	<1	✓						\$ 0.00	\$ 0.00	\$ 0.00
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							\$ 0.00	\$ 0.00	\$ 0.00	
c Total from continuation sheets to Part VII, Section A							\$ 0.00	\$ 0.00	\$ 0.00	
d Total (add lines 1b and 1c)							\$ 0.00	\$ 0.00	\$ 0.00	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a \$ 0.00					
	b Membership dues	1b \$ 0.00					
	c Fundraising events	1c \$ 0.00					
	d Related organizations	1d \$ 0.00					
	e Government grants (contributions)	1e \$ 1,827,579.00					
	f All other contributions, gifts, grants, and similar amounts not included above	1f \$ 0.00					
	g Noncash contributions included in lines 1a-1f	1g \$ 0.00					
	h Total. Add lines 1a-1f		\$ 1,827,579.00				
	Program Service Revenue	Business Code					
2a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			\$ 0.00				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	4 Income from investment of tax-exempt bond proceeds		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	5 Royalties		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	6a Gross rents	(i) Real	\$ 0.00				
		(ii) Personal	\$ 0.00				
		6b Less rental expenses	\$ 0.00	\$ 0.00			
	c Rental income or (loss)	6c	\$ 0.00	\$ 0.00			
	d Net rental income or (loss)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	7a Gross amount from sales of assets other than inventory	(i) Securities	\$ 0.00				
		(ii) Other	\$ 0.00				
		b Less cost or other basis and sales expenses	7b	\$ 0.00	\$ 0.00		
	c Gain or (loss)	7c	\$ 0.00	\$ 0.00			
	d Net gain or (loss)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		\$ 0.00				
		b Less: direct expenses	8b	\$ 0.00			
		c Net income or (loss) from fundraising events		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	9a Gross income from gaming activities. See Part IV, line 19		\$ 0.00				
		b Less: direct expenses	9b	\$ 0.00			
c Net income or (loss) from gaming activities			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
10a Gross sales of inventory, less returns and allowances		\$ 0.00					
	b Less: cost of goods sold	10b	\$ 0.00				
	c Net income or (loss) from sales of inventory		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d All other revenue		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
e Total. Add lines 11a-11d		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
12 Total revenue. See instructions		\$ 1,827,579.00	\$ 0.00	\$ 0.00	\$ 0.00		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	\$ 1,827,579.00	\$ 0.00		
2 Grants and other assistance to domestic individuals See Part IV, line 22	\$ 0.00	\$ 0.00		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	\$ 0.00	\$ 0.00		
4 Benefits paid to or for members	\$ 0.00	\$ 0.00		
5 Compensation of current officers, directors, trustees, and key employees	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
7 Other salaries and wages	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9 Other employee benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10 Payroll taxes	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
11 Fees for services (nonemployees)				
a Management	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b Legal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
c Accounting	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
d Lobbying	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e Professional fundraising services. See Part IV, line 17	\$ 0.00			\$ 0.00
f Investment management fees	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
12 Advertising and promotion	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
13 Office expenses	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
14 Information technology	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
15 Royalties	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Occupancy	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
19 Conferences, conventions, and meetings	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20 Interest	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
21 Payments to affiliates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
22 Depreciation, depletion, and amortization	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
23 Insurance	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
24 Other expenses Itemize expenses not covered 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)				
a -----				
b -----				
c -----				
d -----				
e All other expenses	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
25 Total functional expenses. Add lines 1 through 24e	\$ 1,827,579.00	\$ 0.00	\$ 0.00	\$ 0.00
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	\$ 0.00	1	\$ 0.00	
	2 Savings and temporary cash investments	\$ 0.00	2	\$ 0.00	
	3 Pledges and grants receivable, net	\$ 0.00	3	\$ 0.00	
	4 Accounts receivable, net	\$ 0.00	4	\$ 0.00	
	5 Loans and other receivables from 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	\$ 0.00	5	\$ 0.00	
	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)	\$ 0.00	6	\$ 0.00	
	7 Notes and loans receivable, net	\$ 0.00	7	\$ 0.00	
	8 Inventories for sale or use	\$ 0.00	8	\$ 0.00	
	9 Prepaid expenses and deferred charges	\$ 0.00	9	\$ 0.00	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less accumulated depreciation	10b	\$ 0.00	10c	\$ 0.00
	11 Investments—publicly traded securities	\$ 0.00	11	\$ 0.00	
	12 Investments—other securities. See Part IV, line 11	\$ 0.00	12	\$ 0.00	
	13 Investments—program-related. See Part IV, line 11	\$ 0.00	13	\$ 0.00	
	14 Intangible assets	\$ 0.00	14	\$ 0.00	
	15 Other assets. See Part IV, line 11	\$ 0.00	15	\$ 0.00	
16 Total assets. Add lines 1 through 15 (must equal line 33)	\$ 0.00	16	\$ 0.00		
Liabilities	17 Accounts payable and accrued expenses	\$ 0.00	17	\$ 0.00	
	18 Grants payable	\$ 0.00	18	\$ 0.00	
	19 Deferred revenue	\$ 0.00	19	\$ 0.00	
	20 Tax-exempt bond liabilities	\$ 0.00	20	\$ 0.00	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	\$ 0.00	21	\$ 0.00	
	22 Loans and other 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	\$ 0.00	22	\$ 0.00	
	23 Secured mortgages and notes payable to unrelated third parties	\$ 0.00	23	\$ 0.00	
	24 Unsecured notes and loans payable to unrelated third parties	\$ 0.00	24	\$ 0.00	
	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	\$ 0.00	25	\$ 0.00	
	26 Total liabilities. Add lines 17 through 25	\$ 0.00	26	\$ 0.00	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		27		
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	D	32	D	
33 Total liabilities and net assets/fund balances		33	D		

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)	1	\$ 1,827,579 00
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$ 1,827,579 00
3	Revenue less expenses. Subtract line 2 from line 1	3	\$ 0 00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	\$ 0 00
5	Net unrealized gains (losses) on investments	5	\$ 0 00
6	Donated services and use of facilities	6	\$ 0 00
7	Investment expenses	7	\$ 0 00
8	Prior period adjustments	8	\$ 0 00
9	Other changes in net assets or fund balances (explain on Schedule O)	9	\$ 0 00
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	\$ 0 00

Part 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. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2c	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 on 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?		<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Huntington Neighborhood Development Corporation

Employer identification number

46-5706882

Part I General Information on Grants and 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more 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 non-cash assistance	(h) Purpose of grant or assistance
(1) UB Block LLC, 1828 North Illinois St., Indianapolis, IN 46202	82-1495843		\$1,827,579.00	none		none	loan and grant assistance for economic growth and development
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
- 3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part 1, Line 2

Grant or loan assistance funds are disbursed to organizations only after particular progress is made on a project, as outlined in an extensive agreement.

Part I Liquidation, Termination, or Dissolution (Continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III **3**
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? **4a**
- b** If "Yes," did the organization provide such notice? **4b**
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws? **5**
- 6a** Did the organization have any tax-exempt bonds outstanding during the year? **6a**
- b** Did the organization have any tax-exempt bonds outstanding during the year? **6b**
- c** If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type or entity
\$815,988.00		1/24/2019	\$815,988.00		82-1495843	UB Block LLC, 1828 North Illinois St., Indianapolis, IN 46202	
\$300,000.00		7/30/2019	\$300,000.00		82-1495843	UB Block LLC, 1828 North Illinois St., Indianapolis, IN 46202	
\$711,591.00		12/18/2019	\$711,591.00		82-1495843	UB Block LLC, 1828 North Illinois St., Indianapolis, IN 46202	

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization? **2a**
 - b** Become an employee of, or independent contractor for, a successor or transferee organization? **2b**
 - c** Become a direct or indirect owner of a successor or transferee organization? **2c**
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? **2d**
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. **▶**

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

Huntington Neighborhood Development Corporation

Employer identification number

46-5706882

Part VI

11b This form was prepared by the Corporation's counsel, reviewed by additional attorneys, and sent to the members of the Board of Directors of the Corporation.

12c The Conflict of Interest Policy adopted by the Board of Directors of the Corporation contains a duty to share potential conflicts so that the Board of Directors can determine if a conflict exists.

19 All governing documents, the Conflict of Interest Policy, and financial statements for the Corporation are available upon request at the office of the Corporation's legal counsel.