

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2020**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 20 20

**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**  
 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** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ n/a

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **148,028**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part <input type="checkbox"/>	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>148,028</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>0</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>0</b>
<b>4</b>	Investment income	<b>4</b>	<b>0</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	<b>0</b>
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	<b>0</b>
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	<b>0</b>
<b>6</b>	Gaming and fundraising events:		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	<b>0</b>
<b>6b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>0</b>
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>0</b>
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>0</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>0</b>
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	<b>0</b>
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	<b>0</b>
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	<b>0</b>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>148,028</b>
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>148,028</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	<b>0</b>
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>0</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>0</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>0</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>0</b>
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<b>0</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>148,028</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>0</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>0</b>
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>0</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>0</b>

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	22 0
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	<b>Total assets</b>	0	25 0
26	<b>Total liabilities</b> (describe in Schedule O)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27 0

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

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

What is the organization's primary exempt purpose? to provide financial support for redevelopment projects

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

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

28	<b>A grant disbursement of \$80,399.00 was given to UB Block LLC in 2020 to aid in commercial development and market rate housing options in downtown Huntington, Indiana through the rehabilitation of a building complex. The project fosters economic development and investment in Huntington County, Indiana.</b> (Grants \$ <u>80,399</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	80,399
29	<b>A grant disbursement of \$67,629.21 was given to UB Block LLC in 2020 to aid in commercial development and market rate housing options in downtown Huntington, Indiana through the rehabilitation of a building complex. The project fosters economic development and investment in Huntington County, Indiana.</b> (Grants \$ <u>67,629</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	67,629
30	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	32	148,028

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Charles Chapman</u> President	0	0	0	0
<u>Joseph Blomeke</u> Vice-President/Secretary	0	0	0	0
<u>Seth Marshall</u> Treasurer	0	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
39a			
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
40e			
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Michael Hartburg Telephone no ▶ 260-356-4100 Located at ▶ 533 Warren Street, Huntington, Indiana ZIP + 4 ▶ 46750-2723		
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	✓
42b			
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
44a			
44b			
44c			
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓
45a			
45b			

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

46	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
49b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	Signature of officer		Date		
	Charles E. Chapman, President		4/21/2024		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Lisa M. Garrott	<i>Lisa M. Garrott</i>	4/15/21		P00523240
	Firm's name	Firm's EIN		Phone no	
	Hartburg Roth Garrott Halverstadt Garrett LLP	35-0801701		260-356-4100	
Firm's address			May the IRS discuss this return with the preparer shown above? See instructions		
533 Warren Street, PO Box 269, Huntington, IN 46750			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Open to Public  
Inspection**

Huntington Neighborhood Development Corporation  
Employer identification number  
**46-5706882**

### Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

#### Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I 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 of entity

2	Did or will any officer, director, trustee, or key employee of the organization:	Yes	No
a	Become a director or trustee of a successor or transferee organization? . . . . .		
b	Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .		
c	Become a direct or indirect owner of a successor or transferee organization? . . . . .		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .		
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. ▶		

**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 . . . . .
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .
- b If "Yes," did the organization provide such notice? . . . . .
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .
- 6a Did the organization have any tax-exempt bonds outstanding during the year? . . . . .
- b 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.

	Yes	No
3		
4a		
4b		
5		
6a		
6b		

**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 of entity
\$80,399.00		3/19/2020	\$80,399.00		82-1495843	UB Block LLC, 1828 North Illinois St., Indianapolis, IN 46202	
\$67,629.21		6/24/2020	\$67,629.21		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? . . . . .
  - b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .
  - c Become a direct or indirect owner of a successor or transferee organization? . . . . .
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . .
  - 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 . . . . .

	Yes	No
2a		✓
2b		✓
2c		✓
2d		✓

