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Return of Organization Exempt From Income Tax

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

DLN: 93493083000267 OMB No 1545-0047

Department of the Treasu
Internal Revenue Service

Form 990

foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

									<u> </u>	
			alendar year, or tax year beg C Name of organization	inning 01-01-2016 , and ending	12-31-	2016	D. F			
		applicable change	Business Development Corporation	n					cation number	
	ime ch	_					35-1548	607		
☐ Ini Fir	ıtıal re	turn	Doing business as							
		minated	Number and street (or P.O. box if	mail is not delivered to street address) Ro	om/suite		E Telephone	e number		
		d return	218 W Washington Street	, , , , , , , , , , , , , , , , , , , ,	,		(574) 28	88-5758		
ш Ар	рисац	on pending		untry, and ZIP or foreign postal code						
			South Bend, IN 46601				G Gross red	eipts \$ 1,	246,523	
			F Name and address of principosePH T KUZMITZ	pal officer	ı	H(a) Is this	a group ret	urn for		
			218 W Washington 10				dinates?		□ _{Yes} ☑ _{No}	
			South Bend, IN 46601			н(Б) Are ai includ	l subordinate ed?	25	☐ Yes ☐No	
I 1a	x-exe	mpt status	501(c)(3) 501(c)(4)	◄ (insert no)				**	instructions)	
J W	ebsi	te:► www	w bdcloan com			H(c) Group	exemption	number	>	
K Fori	m of o	rganization	✓ Corporation ☐ Trust ☐ As	sociation Other ►	L	Year of forma	tion 1983	M State	of legal domicile IN	
Pa	rt I	Sumi	marv							
	1	Briefly des	scribe the organization's mission							
e	:	To further	economic development, principa	ally within any and all counties locate	d in Nor	th Central Ir	ndiana and S	outhwes	t Michigan	
e E	:									
EI (.									
Governance				discontinued its operations or dispose ling body (Part VI, line 1a)			of its net as	sets 3	21	
	1		-	of the governing body (Part VI, line 1				4	21	
Activities &	1		•	calendar year 2016 (Part V, line 2a)	•			5	4	
Ĭ	1		• •	ecessary)				6	24	
AC	7a	Total unre	elated business revenue from Pa	art VIII, column (C), line 12			•	7a	0	
	Ь	Net unrel	ated business taxable income fr	om Form 990-T, line 34				7b		
						Pri	or Year		Current Year	
Q.	8	Contribut		0						
Ravenue	9	Program :	service revenue (Part VIII, line 2	2g)					545,787	
Ray	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							75,059	
	1		enue (Part VIII, column (A), line				234,0		0	
	-			nust equal Part VIII, column (A), line	12)		1,167,0		620,846	
	1		nd similar amounts paid (Part IX				2,2	50	1,700	
	1	· ·	, .	column (A), line 4)			402,8	42	0 381,545	
Expenses	1	•		lumn (A), line 11e)	-10)		402,6	42	361,343	
æ	1 .		raising expenses (Part IX, column (D)	, ,,	•					
표	1			es 11a–11d, 11f–24e)	_		442,5	52	219,983	
	1		, , , , , , , , , , , , , , , , , , , ,	qual Part IX, column (A), line 25)			847,6		603,228	
	19	Revenue	less expenses Subtract line 18	from line 12			319,3	77	17,618	
8 8						Beginning	of Current Ye	ear	End of Year	
et fan										
Ass 1Ba	1		ets (Part X, line 16)				4,094,9	_	4,013,763	
Net Assets or Fund Balances	1		ılıtıes (Part X, line 26) s or fund balances Subtract line		•		290,7 3,804,1		165,936 3,847,827	
	(22 (11)		ature Block	211101111111111111111111111111111111111			3,004,1	90	3,847,827	
				mined this return, including accompa	inying sc	hedules and	statements	, and to	the best of my	
know any k			f, it is true, correct, and comple	te Declaration of preparer (other tha	in officer) is based o	n all ınforma	tion of v	which preparer has	
<u>,</u>		lı								
		****** Signati	* ure of officer			201 Date	7-03-06			
Sign Here		, -				540	•			
пет	5		H T KUZMITZ PRESIDENT/CHIEF OPE r print name and title	RATING OFFICER						
		17	rint/Type preparer's name	Preparer's signature	Date	<u> </u>	P	TIN		
Paid	d	R	ICHARD J CULLAR CPA	RICHARD J CULLAR CPA		Che	ck L if 'employed			
Pre		er 📴	ırm's name ► CULLAR & ASSOCIAT	ES PC CPA'S			n's EIN ►			
Use	-	l c.	ırm's address ▶ 218 W WASHINGTON	I ST SUITE 300		Pho	ne no (574) 2	88-8320		
			SOUTH BEND, IN 46	5601						
May t	he IF	RS discuss	this return with the preparer sh	own above? (see instructions)				✓ Y	es 🗌 No	
For F	aper	rwork Red	duction Act Notice, see the se	eparate instructions.		Cat No 1	1282Y		Form 990 (2016)	

Form	990 (2016)				Page 2
Par	t IIII Statemer	nt of Program Service	Accomplishments		
	Check If Scl	hedule O contains a respon	se or note to any line in this Part	III	🗆
1	Briefly describe the	e organization's mission			
To fu	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				
	Did the every ratio	un undertake anvierentiern	t program convices during the ves	r which were not listed on	
2	-	, -		ir which were not listed on	☐ Yes 🗹 No
					La res La 140
3	•			onducts, any program	
_	_				☐ Yes ☑ No
			0		
4	Describe the organ Section 501(c)(3)	iization's program service a and 501(c)(4) organization	ccomplishments for each of its the are required to report the amou		
4a	(Code) (Expenses \$	410,972 including grants of \$	1,700) (Revenue \$	545,787)
			ALING \$4,820,000 AND 2 NEW DIRECT	LOANS TOTALING \$484,000, AND SERVICED	163 SBA-GUARANTEED
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4-	(C-1-	\ /5		\	
40	(Code) (Expenses \$	including grants or \$) (Revenue \$)
					_
					_
4d	Other program ser	vices (Describe in Schedule	≘ 0)		
	(Expenses \$	ınclu	ding grants of \$) (Revenue \$)
46	Total program se	rvice expenses >	410 972		

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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9 10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

No No No No

Page 3

No

No Nο Nο Nο

No

No

No

Νo

Nο

Νo

No

Nο Νo

Nο

No

Νo

No

No

Nο

Form 990 (2016)

Yes

Yes

Yes

20a Did the

29

b If "Yes"

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

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35a

35h

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Yes

Form 990 (2016)

Page 4

No

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No

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No

Nο

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Nο

Nο

organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	

20b 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 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 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,"

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
1	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		_	
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
		-		

11111 2	90 (2016)			Page
art	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Sec	tion A. Governing Body and Management			
1 a E	Enter the number of voting members of the governing body at the end of the tax year 1a 2	1	Yes	No
b	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 in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent 1b 2	1		
	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		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4 [Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 [Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 [Did the organization have members or stockholders?	6		No
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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a T	The governing body?	8 a	Yes	
b E	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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 in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code		ı
			Yes	No
b I	Did the organization have local chapters, branches, or affiliates?	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
f	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
9	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
p	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
t	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		No
- 11	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?			
Sec	tion C. Disclosure	130		
	List the States with which a copy of this Form 990 is required to be filed▶			
8 9	IN Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
a	available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain in Schedule O)			
F	Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records			

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

	,	_								
 List all of the organization's former director organization, more than \$10,000 of reportable control 										
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	itutio	nal t	rust	ees, o	office	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
(1) GAREY KASER Director	1 00	х						0	0	0
(2) SHEILA GORDY Director	1 00	Х						0	0	0
(3) DANA TROWBRIDGE Director	1 00	x						0	0	0
(4) SHAWN TODD Director	1 00	x						0	0	0
(5) DAVID BEHR Director	1 00	х						0	0	0
(6) DAN CARROLL Director	1 00	х						0	0	0
(7) STEPHEN HENRY Director	1 00	x						0	0	0
(8) PAUL LASKOWSKI Director	1 00	x						0	0	0
(9) JAMES LEWIS	1 00									

(9) JAMES LEWIS 0 Х 0 Director 1.00 (10) BRENT MILLER Director 1 00 (11) TONY MANDARINO Χ 0 0 1 00 (12) ROBERT J EICHORST 0 0 Director 1 00 (13) DONALD J FISCHESSER Director 1 00 (14) CHRISTINE COTTER 0 Х

0 0 0 0 0 (15) TODD OBREN Х Director (16) MICHAEL RYAN Director (17) MICHAEL WARGO Х Director Form 990 (2016)

Part VII

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

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ı ın of	t che unle: ficer	eck moss pers and a ee)	on	(D) Reportable compensation from the organization (W-	eportable Reportable compensation rom the from relate organization		n amount of other compensation s from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099 MISC)	-	organizat relat organiz	ed
18) DONALD FOZO	2	×		х								
secretary	ļ	^								\rightarrow		
19) KEVIN KRUGGEL CPA	2	X		×								
reasurer 20) ROBERT L JAMIESON		••••								\dashv		
ZU) ROBERT L JAMIESON	2	X		x								
21) TODD BRICE										\rightarrow		
	2	х		x								
22) DANIEL IONES										\dashv		
President/COO	55			×				124,199				3,727
22) ELIZADETH WITTLING	40									-+		
Office Manager & Loan Closing Manager	···.			X				79,658				2,390
Since Hanager & Loan closing Hanager										-		
												
1b Sub-Total				-	' 	<u> </u>				┰╵		
c Total from continuation sheets to Part	VII, Section A				•	•						
d Total (add lines 1b and 1c)					1	<u>• </u>		203,857				6,117
2 Total number of individuals (including bu of reportable compensation from the organic		those li	sted a	abov	/e) v	vho red	ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former office	er, director or t	rustee,	key e	emp	loye	e, or h	iighe	est compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for	such individuai	٠	•	•	•				• •	3		No
For any individual listed on line 1a, is the organization and related organizations graduated.									ne			
individual		•	•	•	•	•	•			4		No
5 Did any person listed on line 1a receive of services rendered to the organization? If										5		No
Section B. Independent Contractors	5											
Complete this table for your five highest from the organization Report compensat										npens	sation	
Name and I	(A) business address							Descript	(B) ion of services		(C Compen	
										\dashv		
										\neg		

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							- age 5
	Check if Schedule		esponse or	note to any	line in this Part V	III			🗆
					(A) Total revenue	Rela ex- fun	B) ited or empt action renue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigr	ns 1	.a			1 100	ende		312-314
nts Ints	b Membership dues .	. :	.ь						
Gra not	c Fundraising events	:	lc						
IS. (d Related organization	<u> </u>	.d						
<u>a</u> . 33	e Government grants (co		.e						
ıs.	f All other contributions,	<u> </u>							
tio S IS	and similar amounts no above	tuncluded	Lf						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributio	ns included							
Contributions, Gifts, Grants and Other Similar Amounts	ın lınes 1a-1f \$		-						
<u>ت</u> ل	h Total.Add lines 1a-1	f		<u> </u>					
1				Business	Code				
٧e٦	2a Service and origination for	ees		ļ	522200	428,208			
Service Revenue	b Interest on loans			-	522200	117,579			
Ž	с ———								
3	"								
ran	f All other program ser								
Program				5	545,787				
	9 Total. Add lines 2a-2f		<u> </u>		1			1	
	3 Investment income (in similar amounts) .			, and other	43,7	780			43,780
	4 Income from investme	nt of tax-exemp	ot bond pro	ceeds >					
	5 Royalties			. •					
	6- 6	(ı) Real	(11)	Personal	_				
	6a Gross rents								
	b Less rental expenses								
	c Rental income or				_				
	(loss)				_				
	d Net rental income or	· '							
	7a Gross amount	(ı) Securities	(11) Other	_				
	from sales of assets other	656	956						
	than inventory								
	b Less cost or other basis and	625	677						
	sales expenses	625							
	c Gain or (loss) d Net gain or (loss)		279		31,2	779			31,279
	8a Gross income from fu	 Indraising event	s	<u> </u>	31,2				31,273
<u>a</u>	(not including \$	of							
듄	contributions reported See Part IV, line 18		a						
Other Revenue	b Less direct expenses		ь						
e	c Net income or (loss)	from fundraising	events .	· •					
e E	9a Gross income from ga See Part IV, line 19								
_	See rare IV, inte 13		a						
	b Less direct expenses		ь						
	c Net income or (loss)	from gaming ac	tivities .	. •	_				
	10aGross sales of inventor								
			a						
	b Less cost of goods s	old	b						
	c Net income or (loss)		ventory	. •					
	Miscellaneous	Revenue	Busi	ness Code					
	11 a								
	<u>.</u>								
	b								
	C								
	A All -4'								
	d All other revenue . e Total. Add lines 11a-			. •	1				+
	12 Total revenue. See	instructions .		• •	620,8	346	545,78	7	75,059 Form 990 (2016)
									Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	, ,	
Check if Schedule O contains a response or note to any		(B)	(C)	<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,700	1,700		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	219,974	109,987	109,987	0
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 salaries and wages	131,807	131,807	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,016	4,016	0	0
9 Other employee benefits				
10 Payroll taxes	25,748	17,929	7,819	0
11 Fees for services (non-employees)				
a Management				
b Legal	23,138	22,150	988	0
c Accounting	13,475	0	13,475	0
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,788	О	10,788	0
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	387	387	0	0
13 Office expenses	19,505	9,753	9,752	0
14 Information technology	660	660	0	0
15 Royalties				
16 Occupancy	34,762	17,381	17,381	0
17 Travel	4,262	2,131	2,131	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				

10,448

38,929

6,544

4,911

8,689

14,000

8,491

6,703

14,291

603,228

10,448

38,929

3,272

8,689

14,000

4,246

3,352

10,135

410,972

0

0

3,272

4,911

0

0

4,245

3,351

4,156

192,256

0

0

0

0

0

0

0

0

0

0

Form 990 (2016)

defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
7 Other salaries and wages	131,807	131,80
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,016	4,01
O Other employee handite		

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 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)

21 Payments to affiliates . . .

expenses on Schedule O)

b Provision for loan losses

d Dues & subscriptions

e All other expenses

20 Interest . . .

23 Insurance . . .

a Direct loan costs

c Meals

			Beginning of year		End of year
	1	Cash-non-interest-bearing	153,741	1	225,337
	2	Savings and temporary cash investments	149,736	2	160,955
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	2,649,038	7	2,620,077
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	14,962	9	15,446
	10a	Land, buildings, and equipment cost or other			

, 0		contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	2,649,038	7	2,620,077		
Assets	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	14,962	9	15,446		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	44,897			
	b	Less accumulated depreciation	10b	40,788	7,520	10c	4,109
	11	Investments—publicly traded securities .	1,113,590	11	981,753		
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, lin		13			

	17	Accounts payable and accrued expenses	2,920	17	17,701
	18	Grants payable		18	
	19	Deferred revenue		19	2,000
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
a					

14

15

16

6.086

4.013.763

165,936

3.847.827

3,847,827

4,013,763 Form **990** (2016)

6.320

4.094.907

290,717

3.804.190

3,804,190

4.094.907

26

27

28

29

30

31

32

33

34

14

15

16

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

Intangible assets . .

Other assets See Part IV, line 11 .

Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . .

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

```
Liabilitie
          Loans and other payables to current and former officers, directors, trustees,
          key employees, highest compensated employees, and disqualified
          persons Complete Part II of Schedule L .
                                                                                                                      22
                                                                                                            287.797
                                                                                                                                             146.235
                                                                                                                      23
    23
          Secured mortgages and notes payable to unrelated third parties
          Unsecured notes and loans payable to unrelated third parties .
                                                                                                                      24
    24
          Other liabilities (including federal income tax, payables to related third parties,
                                                                                                                      25
          and other liabilities not included on lines 17-24)
          Complete Part X of Schedule D
```

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			620,846
2	Total expenses (must equal Part IX, column (A), line 25)	2			603,228
3	Revenue less expenses Subtract line 2 from line 1	3			17,618
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	804,190
5	Net unrealized gains (losses) on investments	5			26,019
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,	.847,827
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	,			Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☑ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2016)

Additional Data

Form 990 (2016)

Software ID: 16000371

Software Version:

EIN: 35-1548607

Name: Business Development Corporation

SCHEDULE D

Supplemental Financial Statements

DLN: 93493083000267 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Complete if the organization answered "Yes," on Form 990,

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization Business Development Corporation 35-1548607 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

Par	t III	Organizations M	aintaining Col	lections of	Art, Histo	rical T	reasui	res, or Othe	r Similar A	ssets (cor	ntınued)
3		the organization's acc (check all that apply)	quisition, accession	n, and other r	ecords, chec	any of	the foll	lowing that are	a significant	use of its co	ollection
a		Public exhibition			d		Loan o	or exchange pro	ograms		
b		Scholarly research			е		Other				
С		Preservation for futur	e generations								
4	Provid Part >	de a description of the KIII	organization's col	lections and e	explain how t	hey furtl	ner the	organization's	exempt purpo	ose in	
5		g the year, did the org s to be sold to raise fu							mılar	☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	0, Part	IV, lın	ne 9, or repor	ted an amo	unt on For	m 990, Part
1a											
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete	e the followin	a table				Amount	
c		ining balance		complete		<i></i>		1c	<u> </u>		
d	_	ions during the year						1d			
е		butions during the yea	r					1e			
f		g balance						1f			
2 a		ne organization include	an amount on Fo	rm 990. Part	X. line 21. fo	r escrow	or cus	todial account	lability?	☐ Yes	
ь		s," explain the arrange		•					•		⊔ No □
Pa	ırt V	Endowment Fun	ds. Complete ıf	the organiz	ation answ	ered "Y	es" on	Form 990, Pa	art IV, line :	10.	
				(a)Current	year (b	Prior yea	r (c) Two years back	(d)Three ye	ars back (e)Four years back
1a	Beginn	ing of year balance .									
b	Contrib	outions									
С	Net inv	estment earnings, gai	ns, and losses								
d	Grants	or scholarships	•								
е		expenditures for faciliti ograms	es								
f	Admını	strative expenses .									
g	End of	year balance									
2	Provid	de the estimated perce	entage of the curre	ent year end b	palance (line	1g, colu	mn (a))) held as			
а	Board	d designated or quasi-e	endowment 🟲								
b	Perm	anent endowment 🕨									
С	Temp	orarily restricted endo	wment >								
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100%	/ o						
3a	organ	nere endowment funds nization by		ssion of the or	ganization th	at are h	eld and	l administered f	or the		Yes No
	• •	(i) unrelated organizations									
b	If "Ye	elated organizations is" on 3a(ii), are the re	lated organization	ns listed as re	quired on Sch		, .	 		3a(ii . 3b	
4		ibe in Part XIII the int			s endowmen	funds					
Pa	rt VI	Land, Buildings,			n Form 00) Dort	T\/ luna	0 110 C00 E0	rm 000 Da	rt V lino 1	10
	Descri	Complete if the or ption of property	(a) Cost or oth	ner basis	(b)Cost or other			(c)Accumulated			Book value
	Land										
	Buildin										
		old improvements									
		nent		+		-	12,897		38,788		4,10
	Other			+			2,000		2,000		.,2.0
		lines 1a through 1e <i>(C</i>	ı Tolumn (d) must e	gual Form 990	0. Part X. col	umn (B)	· 1	0(c))	>		4,10

Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganization a	answered	d 'Yes' on F	orm 990, Pa	rt IV, line 11b.
(a) Description of security or category (including name of security)	(b)B			(c)Method of vor end-of-year	
(1)Financial derivatives		-	2031		
(2)Closely-held equity interests	<u> </u>				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the o	▶ praanization	answer	ed 'Ves' on	Form 990 P	art IV line 11c
See Form 990, Part X, line 13.					
(a) Description of investment	(b) Book v	alue		c) Method of vor end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)	ļ				
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes'	▶ ' on Form 990), Part IV	line 11d Se	ee Form 990, F	Part X, line 15
(1) Description					(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.	ered 'Yes' o	n Form 9	990, Part I\	, line 11e or	11f.
1. (a) Description of liability (1) Federal income taxes	(b) Book v	ralue		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the form	footnote to the	ne organi	vation's finan	cial statement	s that reports the
organization's liability for uncertain tax positions and art XIII, provide the text of the long organization's liability for uncertain tax positions under FIN 48 (ASC 740)					_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

603,228

Schedule D (Form 990) 2015

Schedule D (Form 990) 2016

Part XI

4

а

b

C

Part XIII

5

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Other (Describe in Part XIII) 4b b Add lines 4a and 4b . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements .

620,846 603,228 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities . 2a а

b Prior year adjustments . . 2b

2c Other losses .

2d d Other (Describe in Part XIII) .

Add lines 2a through 2d . 2e e 3 3 603.228 Subtract line 2e from line 1 .

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4b

Explanation

4c

5

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Page 5					
	Information <i>(continued)</i>	Part XIII Supplemental Info			
planation		Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000371

Software Version:

EIN: 35-1548607

Name: Business Development Corporation

Supplemental Information

Return Reference	Explanation
Pt X, Line 2	The Organization recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the position will be sustained on examination by taxing authorities based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. Examples of tax positions include the tax-exempt status of the Organization and positions related to the potential sources of unrelated business taxable income. Management has not identified any uncertain tax positions taken or expected to be taken in a tax return, and there are no unrecognized tax benefits recorded as liabilities in the accompanying financial statements. The Organization classifies interest and penalties, if any, associated with uncertain tax positions as a component of income tax expense. There was no accrued interest or any penalties related to unrecognized tax benefits at either December 31, 2016 or 2015, or any interest or penalties expense related to unrecognized tax benefits for the years then ended. The Organization is no longer subject to examination by the Internal Revenue Service or the St ate of Indiana for years ended prior to December 31, 2013.

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -	DL	N: 93493083000267
SCHEDUL (Form 990 or EZ)	reasury	Complete to pr Form 990	n 990 or 990-EZ specific questions on onal information. EZ.) and its instructions is at	2016 Open to Public Inspection	
Internal Revenue Se Name of the org Business Developn	nent Corpora			Employer ide 35-1548607	ntification number
Return Reference	e O, Sup	plemental Information	explanation		
Pt VI, Line 11b	A copy of	Form 990 is provided to a	all Board members for review and appr	oval before being signed and file	ed by the President

Return Explanation
Reference

990 Schedule O, Supplemental Information

interest

Pt VI, Line

The conflict of interest policy is monitored and enforced by dissemination of the policy t
o all Board members, by the annual signing of a statement by Board members listing any con
flicts, and by the recusal of a member on any matter in which the member has a conflict of

Return
Reference

Pt VI Line
The Organization's independent Compensation Committee reviews the compensation of the Pres

990 Schedule O, Supplemental Information

Pt VI, Line
The Organization's independent Compensation Committee reviews the compensation of the Pres
ident and all other key employees, along with suitable comparability data, and recommends
compensation packages to the Board of Directors Their deliberations are documented by con
temporaneous minutes

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line See above answer to Line 15a

Return Explanation

990 Schedule O, Supplemental Information

Reference	·
Pt VI, Line 19	The Organization's governing documents, conflict of interest policy, and financial stateme
	nts are made available to the public upon request

990 Schedule O, Supplemental Information Return Explanation Reference Bank charges 750 0 750 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Cell phone allowance 820 410 410 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Miscellaneous 1597 799 798 0

Form 990,

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Parking 2420 1210 1210 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Payroll processing 988 0 988 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Signs 600 600 0 0 Part IX, Line

Form 990,

990 Schedule O, Supplemental Information Return Explanation Reference Board & Committee 6682 6682 0 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Meeting fees 389 389 0 0

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Banker incentives 45 45 0 0

Form 990, Part IX, Line