## **Jefferson County Local Development Corporation**

800 Starbuck Avenue, Suite 800, Watertown, New York 13601 Telephone: (315) 782-5865 or (800) 553-4111 Facsimile (315) 782-7915

## **Notice of Board Meeting**

Date:

December 26, 2019

To:

Chairman David Converse

W. Edward Walldroff

Robert Aliasso Kent Burto John Jennings Richard Duvall Gregory Gardner Paul Warneck William Johnson Lisa L'Huillier Christine Powers

From:

Donald C. Alexander, CEO

Re:

Notice of Board of Directors' Meeting

The Jefferson County Local Development Corporation will hold their Board Meeting on **Thursday, January 9, 2020 at 8:00 a.m.** in the board room at 800 Starbuck Avenue, Watertown, NY.

Please confirm your attendance with Peggy Sampson <u>pssampson@jcida.com</u> at your earliest convenience.

pss

c:

David Zembiec

Lyle Eaton

Joseph Russell, Esq.

Media

## **Jefferson County Local Development Corporation**

800 Starbuck Avenue, Suite 800, Watertown, New York 13601 Telephone: (315) 782-5865 or (800) 553-4111 Facsimile (315) 782-7915

## BOARD MEETING AGENDA Thursday, January 9, 2020 – 8:00 a.m.

- I. Call to Order
- II. Pledge of Allegiance
- III. Privilege of the Floor
- IV. Minutes of the Meeting of December 5, 2019
- V. Treasurer's Report for December 31, 2019
- VI. Committee Reports
  - a. Alternative Energy Committee
  - b. Building and Grounds Committee
- VII. Council Reports
  - a. Jefferson County Agricultural Development
  - b. Manufacturing
  - c. Marketing

#### VIII. Unfinished Business

- 1. Summary Results of Confidential Evaluation of Board Performance
- 2. Status of NYS REDI and Business Resiliency Program
- 3. Archive Room Project
- IX. Counsel
- X. New Business
  - 1. Form 990 Tax Return Review
- XI. Adjournment



### Jefferson County Local Development Corporation Board Meeting Minutes December 5, 2019

The Jefferson County Local Development Corporation held their board meeting on Thursday, December 5, 2019 in the board room at 800 Starbuck Avenue, Watertown, NY.

**Present:** David Converse, Chair, John Jennings, Paul Warneck, Robert E. Aliasso, Jr., Kent Burto, Lisa L'Huillier, W. Edward Walldroff, William Johnson, Christine Powers, Gregory Gardner

**Also Present:** Joseph Russell, Esq., Bryan Olson, Liz Bush, Larry Richardson, William Ralston, Marcus Wolf from the Watertown Daily Times (arrived at 8:04 a.m.)

Staff Present: Donald Alexander, David Zembiec, Lyle Eaton, Peggy Sampson, Marshall Weir

Excused: None

Absent: Richard Duvall

I. Call to Order: Mr. Converse called the meeting to order at 8:01 a.m.

II. Pledge of Allegiance: Mr. Converse asked all to stand for the Pledge of Allegiance.

III. Privilege of the Floor: Mr. Converse invited guests to speak. No one spoke.

**IV. Minutes:** Minutes of the regular meeting held November 7, 2019 were presented. A motion to approve the minutes as presented was made by Mr. Burto, seconded by Mr. Jennings. All in favor. Carried.

V. Audit Report for 2018-2019 – Bowers & Company: Mr. Olson reviewed the audit. He declared a clean unmodified opinion and said it was a very good audit. Ms. Bush said there will be another new change for not-for-profits starting in 2020 regarding revenue recognition; however, she thinks it will have a minimal impact on JCLDC.

A motion was made by Mr. Warneck to accept the audit as presented, seconded by Ms. L'Huillier. All in favor. Carried.

JCIDA Audit Report for 2018-2019 (Bowers & Company) – Mr. Olson presented a clean unmodified opinion. He said that board members can review the Management's Discussion and Analysis at their own leisure.

The Internal Controls and Investment Reports were attached as required by the Authority Budget Office/PARIS.

JCCFDC – Mr. Olson said that the JCCFDC is sitting on cash of approximately \$10,000.

Action to be taken at the IDA board meeting later today.

a. Form 990 Tax Return Review – There was no discussion on this item.



### Jefferson County Local Development Corporation Board Meeting Minutes December 5, 2019

VI. Treasurer's Report: A motion was made by Mr. Warneck to accept the financial report as presented, seconded by Ms. Powers. All in favor. Carried.

At 8:27 a.m. Mr. Converse asked for a motion to temporarily adjourn the meeting for the JCIDA to conduct a public hearing. Mr. Warneck made the motion, seconded by Mr. Johnson. All in favor.

At 8:44 a.m. the meeting was reconvened.

### VII. Committee Reports:

a. Alternative Energy Committee – Mr. Johnson said the committee has been working with several projects. He said that Attorney Russell drafted a PILOT agreement that he shared with OYA and they are agreeable to it. Attorney Russell said that he needs to create three other schedules that he will complete next week so they too can be shared with OYA to see if they agree with them as well.

Mr. Warneck said that a lot of determinations have to be done on larger projects. He wondered if we can coordinate efforts with others that are mapping the same projects. Mr. Zembiec said that he and Mr. Matteson attended a meeting last week with other agencies (NYS Tug Hill Commission, Jefferson County Soil and Water, Jefferson County Planning Department, Cornell Cooperative Extension of Jefferson & Lewis Counties, Development Authority, Lewis County Planning and Lewis County Economic Development) the wide range of interrelated solar issues. He shared that the different mapping efforts were working from the same shared data; but mapping various levels of detail for different uses.

Mr. Gardner left the meeting at 8:58 a.m.

**b.** Building and Grounds Committee – Mr. Burto said that the committee has met with YMCA Officials several times. He said that we presented them with a proposal for 146 Arsenal Street and indicated that further discussion is planned for the IDA board meeting later today.

#### c. Governance Committee

- i. Summary Results of Confidential Evaluation of Board Performance Mr. Walldroff said that the committee met to discuss the summary results. He noted improvement but felt that the board should take some time to discuss further. Mr. Converse said discussions can be held in January. After review and discussion, a motion was made by Mr. Walldroff to accept the findings of the summary results, seconded by Mr. Jennings. All in favor. Carried.
- ii. Lending Policy (Reserve for Bad Debt) Mr. Eaton said that the LDC adopted the IDA's policy some time ago but indicated that it doesn't apply to the LDC. He recommended the new language and the committee agreed. A motion was made by Mr. Warneck to revise the Lending Policy as recommended, seconded by Mr. Aliasso. All in favor. Carried.

## Jefferson County Local Development Corporation Board Meeting Minutes December 5, 2019



#### VIII. Council Reports:

- a. Ag No report.
- **b.** Manufacturing Mr. Zembiec said the safety training workshops are progressing. He said there is one scheduled for today at BOCES and noted that there have been approximately 90 to 100 participants so far. He said he is waiting for the next round of grant applications to be announced.
- c. Marketing Mr. Weir reported that today's meeting is being live streamed and will still be available to watch on our website. He reported that he attended a meeting in Albany last week for the REDI grant. He noted that our website is not fully secured after working with our host provider.
- IX. Unfinished Business: Mr. Alexander said that the state audit for the JCIDA is ongoing and should be completed before the end of the month. He said that their current focus is on process and monitoring of the active projects.
- X. Counsel: None.

#### XI. New Business:

1. REDI/JCLDC Lake Ontario Business Resiliency Program – Mr. Alexander drafted program criteria in response to JCBOL Chairman Scott Gray. He said loans would be made from JCLDC while the sales tax exemption would be from the JCIDA using a separate application for each. He said it will be available to small businesses that have been impacted by the flooding this year. Mr. Alexander said that this approach is fraught with danger in his personal opinion because of the qualifications noted in the State's commitment of funds. He noted that applications must be submitted to Empire State Development by January 31, 2020.

Ms. L'Huillier left the meeting at 9:20 a.m.

Board Members instructed staff to continue to work on making the program work. Attorney Russell said the IDA can waive the application fee for sales tax exemption projects as long as the business otherwise qualifies for abatement since most are likely to be tourism related, that should not be a problem.

Mr. Aliasso insisted we use our existing programs if the businesses qualify since its already available and has an established process. Board Members agreed.

XII. Adjournment: With no further business before the board, a motion to adjourn was made by Mr. Mr. Burto, seconded by Mr. Warneck. All in favor. The meeting adjourned at 9:33 a.m.

Income Statement for the Three Month Period Ending December 31, 2019

Prepared by Lyle Eaton, December 30, 2019

UNRECONCILED

	Current Year Budget	Year-to-Date Total		Current Month	Previous Month	Balance Remaining
Revenues						
Admin Fees	\$ 600,377.00	150,094.23	\$	50,031.41	50,031.41	450,282.77
JC Grant Marketing	275,400.00	68,850.00		22,950.00	22,950.00	206,550.00
JC Grant Ag Program	138,720.00	34,680.00		11,560.00	11,560.00	104,040.00
RLF Interest Income	45,000.00	6,775.71		1,186.01	2,082.21	38,224.29
Interest Income	4,200.00	683.13		0.00	352.96	3,516.87
Grant Income NYS-HAB	14,102.00	2,240.00		0.00	560.00	11,862.00
Miscellaneous Income	500.00	7,634.04		2,594.42	2,583.60	(7,134.04)
AG Conference	5,000.00	(1,000.00)		0.00	(1,000.00)	6,000.00
Total Revenues	1,083,299.00	269,957.11		88,321.84	89,120.18	813,341.89
Expenses						
Salaries	538,205.00	128,347.53		43,278.44	43,398.44	409,857.47
Galaries	•	120,047.00		40,270.44	40,000.44	
Benefits	219,819.00	48,930.59		16,736.14	16,621.59	170,888.41
Operations						
Marketing Program	360,744.00	33,231.03		6,650.00	2,241.67	327,512.97
AG Program	191,822.00	41,268.50		11,246.34	13,024.09	150,553.50
Office Expense	10,000.00	4,951.39		1,901.05	1,045.18	5,048.61
Payroll Processing	1,800.00	460.99		132.20	132.20	1,339.01
Office Rent	17,600.00	4,260.72		1,420.24	1,420.24	13,339.28
Project Loan Rent	55,943.00	13,985.61		4,661.87	4,661.87	41,957.39
Office Cleaning	12,000.00	2,227.73		977.73	1,250.00	9,772.27
Telephone	6,000.00	1,249.29		225.21	517.86	4,750.71
Equipment Rental	3,400.00	955.42		362.48	313.97	2,444.58
Equipment Maintenance	5,500.00	2,251.80		2,103.82	93.28	3,248.20
System Maintenance	3,600.00	643.35		214.45	214.45	2,956.65
Electric Service	3,600.00	504.46		0.00	268.83	3,095.54
Gas Service	3,200.00	243.06		0.00	178.16	2,956.94
Business Support	5,000.00	0.00		0.00	0.00	5,000.00
Manufacturers Comm. Expense	500.00	0.00		0.00	0.00	500.00
Workforce Development	2,500.00	5,060.00		0.00	0.00	(2,560.00)
Safety Training	14,102.00	0.00		0.00	0.00	14,102.00
Travel/Promotion/Meals	6,000.00	702.76		47.56	536.79	5,297.24
Staff Training & Seminars	3,000.00	995.00		505.00	0.00	2,005.00
Depreciation Distillery Equip.	14,143.00	3,535.71		1,178.57	1,178.57	10,607.29
Depreciation F&F	8,518.00	2,129.55		709.85	709.85	6,388.45
Dues & Publications	5,000.00	3,916.00		286.00	50.00	1,084.00
Commercial Insurance	800.00	0.00		0.00	0.00	800.00
Legal Unrestricted	1,000.00	0.00		0.00	0.00	1,000.00
Accounting & Auditing	6,000.00	0.00		0.00	0.00	6,000.00
Fees Expense	300.00	0.00		0.00	0.00	300.00
Grant Expense NYS-HAB	0.00	2,240.00		0.00	560.00	(2,240.00)
Reallocated Program Expenses	(431,199.00)	(61,829.63)		(10,627.74)	(12,785.41)	(369,369.37)
Miscellaneous - Unrestricted	300.00	0.00	_	0.00	0.00	300.00
Total Operations	1,069,197.00	240,260.86	_	82,009.21	75,631.63	828,936.14
Total Burnaus	4 000 000 00	000 057 44		00 224 04	90 120 19	912 244 90
Total Revenue	1,083,299.00	269,957.11		88,321.84	89,120.18 75,631,63	813,341.89
Total Expenses	1,069,197.00	240,260.86	-	82,009.21	75,631.63	828,936.14
Net Income Over Expenditures	\$ 14,102.00	29,696.25	<b>\$</b>	6,312.63	13,488.55	(15,594.25)

# AG Program Expense Statement for the Three Month Period Ending December 31, 2019 Prepared by Lyle Eaton, December 30, 2019 UNF

UNRECONCILED

	Сι	ırrent Year Budget	Year-to-Date Total		Current Month	Previous Month	Balance Remaining
Operations							
AG Annual Meeting	\$	5,000.00	0.00	\$	0.00	0.00	5,000.00
AG Office Expense		1,000.00	353.18		0.00	135.00	646.82
AG Advertising		4,000.00	0.00		0.00	0.00	4,000.00
AG Printed Material		1,000.00	0.00		0.00	0.00	1,000.00
AG Membership/Dues		400.00	242.00		143.00	0.00	158.00
AG Business Attraction		3,500.00	0.00		0.00	0.00	3,500.00
AG Subscriptions		200.00	0.00		0.00	0.00	200.00
AG Travel/Meals/Lodging		4,000.00	614.94		475.60	103.68	3,385.06
AG Web Site Development		2,000.00	34.94		0.00	0.00	1,965.06
AG Misc Program Expenses		1,000.00	64.17		0.00	0.00	935.83
Local Food Guide		800.00	0.00		0.00	0.00	800.00
Salary Overhead		87,203.00	23,249.73		6,642.78	6,642.78	63,953.27
FICA Overhead		5,232.00	1,361.78		389.08	389.08	3,870.22
Medicare Overhead		1,221.00	318.50		91.00	91.00	902.50
Health/Dental Ins Overhead		27,221.00	4,786.49		157.05	2,314.72	22,434.51
Retirement Overhead		7,848.00	1,394.96		398.56	398.56	6,453.04
Indirect Labor Allocation		35,391.00	8,847.81		2,949.27	2,949.27	26,543.19
Non Labor Allocated Overhead	_	4,806.00	0.00		0.00	0.00	4,806.00
Total Operations	_	191,822.00	41,268.50	_	11,246.34	13,024.09	150,553.50

# Marketing Program Expense Statement for the Three Month Period Ending December 31, 2019 Prepared by Lyle Eaton, December 30, 2019 UNRECOND

UNRECONCILED

	Cı	ırrent Year Budget	Year-to Tot		Current Month	 vious onth	Bala Rema	ince iining
Operations								
Advertising Expense	\$	41,600.00	1	0,415.40	\$ 6,500.00	1,981.40	(	31,184.60
Canadian Marketing		15,000.00		0.00	0.00	0.00		15,000.00
Euro Marketing		10,000.00		0.00	0.00	0.00		10,000.00
Printed Material		3,000.00		0.00	0.00	0.00		3,000.00
Seminars Workshops Publicatio		2,000.00		0.00	0.00	0.00		2,000.00
Travel/Meals/Promotion		3,000.00		110.27	0.00	110.27		2,889.73
Public Relations		3,000.00		0.00	0.00	0.00		3,000.00
Web Site Dev & Promo Design		5,000.00		835.00	150.00	150.00		4,165.00
Events Sponsorship		10,250.00		0.00	0.00	0.00	•	10,250.00
Survey Monkey		200.00		0.00	0.00	0.00		200.00
Drum Country Business		5,000.00		0.00	0.00	0.00		5,000.00
Mkt Misc Expense		250.00		0.00	0.00	0.00		250.00
Allocated Overhead	_	262,444.00	2	1,870.36	 0.00	 0.00	24	10,573.64
Total Operations		360,744.00	3:	3,231.03	 6,650.00	2,241.67	32	27,512.97

# Manuf. & Business Support Expense Statement for the Three Month Period Ending December 31, 2019 Prepared by Lyle Eaton, December 30, 2019 UNRECONCILED

	 rrent Year Budget	Year-to-Date Total	Current Month	Previous Month	Balance Remaining
Operations Business Support Manufacturers Comm. Expense Workforce Development Safety Training	\$ 5,000.00 500.00 2,500.00 14,102.00	0.00 0.00 5,060.00 0.00	\$ 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	5,000.00 500.00 (2,560.00) 14,102.00
Total Operations	22,102.00	5,060.00	0.00	0.00	17,042.00

## Jefferson County Local Development Corp Balance Sheet December 31, 2019

## **ASSETS**

Current Assets General Checking Savings Account RLF Savings Grants Receivable - HAB RLF Loans Receivable N Grid Mkt Grant European Miscellaneous Recievable Prepaid Expense  Total Current Assets	\$	33,469.02 1,188,391.12 1,609,654.48 2,240.00 624,432.35 12,500.00 9,691.80 4,202.16		3,484,580.93
Property and Equipment Depreciation Distillery Accumulated Depreciation	-	(83,678.47) (43,023.60)		
Total Property and Equipment				(126,702.07)
Other Assets Distillery Equipment Furniture & Fixtures WIP Record Storage	_	99,000.00 70,387.89 5,320.48		
Total Other Assets				174,708.37
Total Assets			\$	3,532,587.23
Current Liabilities Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee	\$	3,013.45 41,014.00 206,550.00 12,500.00 600.00	S Al	ND CAPITAL
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European	\$	3,013.45 41,014.00 206,550.00 12,500.00	S A	ND CAPITAL 263,677.45
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee	\$	3,013.45 41,014.00 206,550.00 12,500.00	S Al	
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee Total Current Liabilities	\$	3,013.45 41,014.00 206,550.00 12,500.00	S Al	
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee Total Current Liabilities Long-Term Liabilities	\$	3,013.45 41,014.00 206,550.00 12,500.00	S A)	263,677.45
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee  Total Current Liabilities  Long-Term Liabilities  Total Long-Term Liabilities	\$	3,013.45 41,014.00 206,550.00 12,500.00	S A)	263,677.45
Accounts Payable - Unrestr Deferred Income Records JC Grant-Marketing Deferred Mkt. Grant European Deferred AG Tour Fee  Total Current Liabilities  Long-Term Liabilities  Total Long-Term Liabilities  Capital General Fund Bal - Unrestrict.	\$	3,013.45 41,014.00 206,550.00 12,500.00 600.00	S Al	263,677.45

Receivables													
As of December 31, 2019													
Orig Loan	Balance	Issued	Maturity	Terms	Status	Payment							
100,000.00	52,039.09	4/26/17	12/31/2018	3%- 84 Months	Current	726.73							
187,500.00	135,141.75	12/14/11	1/1/2032	5% 240 Months	Current	1,237.42							
600,000.00	110,675.24	9/29/15	10/1/2020	5%, 60 Months	Current	11,322.74							
139,606.89	122,953.18	5/1/17	4/1/2022	5%, 60 Months	Current	1,104.00							
	3,640.00					Grant							
	7,000.00					Grant							
200,000.00	125,361.91	12/1/10	1/1/2031	3%, 240 Months	Current	1,109.20							
98,082.50	78,261.18	9/10/18	10/1/2023	3.5% 60 Months	Current	1,784.29							
	635,072.35												
	100,000.00 187,500.00 600,000.00 139,606.89 200,000.00	Orig Loan         Balance           100,000.00         52,039.09           187,500.00         135,141.75           600,000.00         110,675.24           139,606.89         122,953.18           3,640.00         7,000.00           200,000.00         125,361.91           98,082.50         78,261.18	Orig Loan         Balance         Issued           100,000.00         52,039.09         4/26/17           187,500.00         135,141.75         12/14/11           600,000.00         110,675.24         9/29/15           139,606.89         122,953.18         5/1/17           3,640.00         7,000.00           200,000.00         125,361.91         12/1/10           98,082.50         78,261.18         9/10/18	Orig Loan         Balance         Issued         Maturity           100,000.00         52,039.09         4/26/17         12/31/2018           187,500.00         135,141.75         12/14/11         1/1/2032           600,000.00         110,675.24         9/29/15         10/1/2020           139,606.89         122,953.18         5/1/17         4/1/2022           3,640.00         7,000.00         125,361.91         12/1/10         1/1/2031           98,082.50         78,261.18         9/10/18         10/1/2023	Orig Loan         Balance         Issued         Maturity         Terms           100,000.00         52,039.09         4/26/17         12/31/2018         3%- 84 Months           187,500.00         135,141.75         12/14/11         1/1/2032         5% 240 Months           600,000.00         110,675.24         9/29/15         10/1/2020         5%, 60 Months           139,606.89         122,953.18         5/1/17         4/1/2022         5%, 60 Months           3,640.00         7,000.00         7,000.00         3%, 240 Months           200,000.00         125,361.91         12/1/10         1/1/2031         3%, 240 Months           98,082.50         78,261.18         9/10/18         10/1/2023         3.5% 60 Months	Orig Loan         Balance         Issued         Maturity         Terms         Status           100,000.00         52,039.09 4/26/17         12/31/2018         3%- 84 Months         Current           187,500.00         135,141.75 12/14/11         1/1/2032         5% 240 Months         Current           600,000.00         110,675.24 9/29/15         10/1/2020         5%, 60 Months         Current           139,606.89         122,953.18 5/1/17         4/1/2022         5%, 60 Months         Current           3,640.00         7,000.00         200,000.00         125,361.91 12/1/10         1/1/2031         3%, 240 Months         Current           98,082.50         78,261.18 9/10/18         10/1/2023         3.5% 60 Months         Current							

# Jefferson County Local Development Corp Aged Receivables

As of Dec 31, 2019
Filter Criteria includes: 1) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Bill To Contact Telephone 1	Invoice/C	Amount Due	
CANZONIER JAY CANZONIER D/B/A NORTH BRANCH FA	2086	52,039.09	
CANZONIER JAY CANZONIER D/B/A NORTH BRANCH F		52,039.09	
CURRENT CURRENT APPLICATIONS	11-30-11	135,141.75	
CURRENT CURRENT APPLICATIONS	2	135,141.75	
JCIDA JEFF COUNTY IDA	2198	1,291.80	
JCIDA JEFF COUNTY IDA	( <del>-2-10-10-10-10-10-10-10-10-10-10-10-10-10-</del>	1,291.80	
JCLDC JCLDC	2186 2190 2196	1,400.00 1,680.00 560.00	
JCLDC JCLDC		3,640.00	
LCO LCO DESTINY, LLC	2013	110,675.24	
LCO LCO DESTINY, LLC		110,675.24	
LODGE THE LODGE AT IVES HILL	1914	122,953.18	

## **Jefferson County Local Development Corp** Aged Receivables As of Dec 31, 2019 Filter Criteria includes: 1) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer	Invoice/C	Amount Due
Bill To Contact Telephone 1		
LODGE THE LODGE AT IVES HILL		122,953.18
National Grid EURO N GRID EURO GRANT 4373	2152	7,000.00
National Grid EURO N GRID EURO GRANT 4373	**************************************	7,000.00
WIC WICLDC	1907 RLF LOA	125,361.91 78,261.18
WIC WICLDC		203,623.09
Report Total	3 <del></del>	636,364.15

# Jefferson County Local Development Corp Cash Receipts Journal

# For the Period From Dec 1, 2019 to Dec 31, 2019 Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Date	Account ID	Transaction Ref	Line Description	Debit Amnt	Credit Amnt
12/5/19	122025 407501 112501	4849	Invoice: 2086 12/19 INTEREST JAY CANZONIER D/B/A NORTH BRANCH FARMS	726.73	595.14 131.59
2/5/19	122025 407501 112501	154305	Invoice: RLF LOAN 11/19 INTEREST WICLDC	1,784.29	1,551.50 232.79
2/5/19	125001 100001	7141	Invoice: 2194 JEFF COUNTY IDA	1,291.80	1,291.80
2/5/19	125001 100001	7149	Invoice: 2195 JEFF COUNTY IDA	50,031.41	50,031.41
2/19/19	122025 407501 112501	46837	Invoice: 2013 12/19 INTEREST LCO DESTINY, LLC	11,322.74	10,816.52 506.22
2/19/19	122025 407501 112501	2844	Invoice: 1907 12/19 INTEREST WICLDC	1,109.20	793.79 315.41
2/19/19	425001	CASH ETC	FARMER'S LUNCHEON CASH AND CHECKS	440.00	140.00
	100001		JCLDC	140.00	1 460 60
2/19/19	125001 100001	7164	Invoice: 2197 JEFF COUNTY IDA	1,162.62	1,162.62
				67,568.79	67,568.79

# **Jefferson County Local Development Corp** Check Register For the Period From Dec 1, 2019 to Dec 31, 2019

Filter Criteria includes: Report order is by Date.

Check #	Date	Payee	Cash Account	Amount
4825	12/4/19	ADVANCED BUSINE	100001	49.82
4826	12/4/19	EXCELLUS BC/BS	100001	11,044.44
4827	12/4/19	THE HARTFORD	100001	325.10
4828	12/4/19	JEFFERSON COUN	100001	60.00
4829	12/4/19	NATIONAL GRID	100001	446.99
4830	12/4/19	NNY ONLINE	100001	214.45
4831	12/4/19	SERVPRO OF JEFF	100001	875.00
4832	12/4/19	SPECTRUM BUSINE	100001	232.86
4833	12/4/19	STATEBOOK INTER	100001	150.00
4834	12/4/19	SYNTELA CONFERE	100001	15.78
4835	12/4/19	VERIZON WIRELES	100001	318.21
4836	12/4/19	WICLDC	100001	1,420.24
4837	12/4/19	WATERTOWN LOC	100001	4,661.87
4838	12/4/19	DAVID ZEMBIEC	100001	81.42
4839	12/4/19	EXCELLUS BC/BS	100001	736.96
4840	12/4/19	EXCELLUS BC/BS	100001	578.86
4841	12/12/19	BLUE MOUNTAIN S	100001	37.75
4842	12/12/19	CITEC, INC	100001	560.00
4843	12/12/19	DOCO QUICK PRINT	100001	90.50
4844	12/12/19	JEFFERSON COUN	100001	200.00
4845	12/12/19	RBC WEALTH MAN	100001	2,913.37
4846	12/12/19	TI INTERNATIONAL	100001	6,000.00
4847	12/12/19	UNITED WAY OF NN	100001	129.97
4848	12/12/19	WPBS	100001	500.00
4858	12/18/19	JAY MATTESON	100001	475.60
4849	12/19/19	CENTER FOR GOVE	100001	900.00
4850	12/19/19	IEDC	100001	505.00
4851	12/19/19	KEY BANK	100001	1,354.42
4852	12/19/19	LIFETIME BENEFIT	100001	98.71
4853	12/19/19	WATERTOWN ROT	100001	429.00
4854	12/19/19	SAM'S CLUB	100001	216.31
4855	12/19/19	SPECTRUM REACH	100001	1,481.40
			15	

## Jefferson County Local Development Corp Check Register

For the Period From Dec 1, 2019 to Dec 31, 2019

Filter Criteria includes: Report order is by Date.

Check #	Date	Payee	Cash Account	Amount	
4856	12/19/19	WESCO-AMTRUST	100001	128.84	Ø
4857	12/19/19	WESTELCOM	100001	209.43	
4859	12/19/19	PEGGY SAMPSON	100001	47.56	
4860	12/23/19	RBC WEALTH MAN	100001	2,913.37	
4861	12/23/19	UNITED WAY OF NN	100001	129.97	
Total				40,533.20	
Total					

## **Summary Results of Confidential Evaluation of Board Performance**

2019 Results in **Bold**, 2018 Results in ( )

	Criteria	Agree	Somewhat Agree	Somewhat Disagree	Disagree
1	Board members have a shared understanding	7	2		
	of the mission and purpose of the Authority.	(7)	(3)		
2	The policies, practices and decisions of the	7	2		
	Board are always consistent with this mission.	(7)	(3)		
3	Board members comprehend their role and	7	2		
	fiduciary responsibilities and hold themselves and each other to these principles.	(8)	(1)	(1)	
4	The Board has adopted policies, by-laws, and	9			
	practices for the effective governance,	(10)			
	management and operations of the Authority				
_	and reviews these annually.				
5	The Board sets clear and measurable	6	3	(4)	
	performance goals for the Authority that	(3)	(6)	(1)	
_	contribute to accomplishing its mission.				
6	The decisions made by Board members are	7	2		
	arrived at through independent judgment and	(7)	(3)		
	deliberation, free of political influence or self- interest.		1		
7	Individual Board members communicate	7	2		
1	effectively with executive staff so as to be well	(6)	(3)	(1)	
	informed on the status of all important issues.	(0)	(3)	(1)	
8	Board members are knowledgeable about the	9			
U	Authority's programs, financial statements,	(8)	(2)		
	reporting requirements, and other transactions.	(0)	(2)		
9	The Board meets to review and approve all	7	1	1	
	documents and reports prior to public release	(5)	(4)	(1)	
	and is confident that the information being	(-7	(-7	` '	
	presented is accurate and complete.				
10	The Board knows the statutory obligations of	7	1	1	
	the Authority and if the Authority is in	(9)	(1)		
	compliance with state law.				
11	Board and committee meetings facilitate open,	8	1		
	deliberate and thorough discussion, and the	(10)			
	active participation of members.				
12	Board members have sufficient opportunity to	8		1	
	research, discuss, question and prepare before	(7)	(3)		
	decisions are made and votes taken.		ļ.,		
13	Individual Board members feel empowered to	8	(2)	1	
	delay votes, defer agenda items, or table	(8)	(2)		
	actions if they feel additional information or				
4.4	discussion is required.				
14	The Board exercises appropriate oversight of	7	2	(2)	
	the CEO and other executive staff, including	(8)		(2)	
	setting performance expectations and				
15	reviewing performance annually.  The Board has identified the areas of most risk	6	3		
10	to the Authority and works with management to	(7)	(2)	(1)	
	implement risk mitigation strategies before	(1)	(2)	(1)	
	problems occur.				
16	Board members demonstrate leadership and	9			
10	vision and work respectfully with each other.	(8)	(1)		

Name of Authority:	Jefferson C	County	Local	Development	Corporation
Date Completed:		201	9		

Jefferson County Local Development Corporation 800 Starbuck Ave No. 800 Watertown, NY 13601

Jefferson County Local Development Corporation:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

#### NEW YORK FORM CHAR500:

The New York Form CHAR500 should be mailed on or before February 18, 2020 to:

NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Enclose a check or money order for \$275.00, payable to Department of Law.

The report should be signed and dated by the authorized individual(s).

The attached copy of federal Form 990 must be properly signed and dated.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Bowers & Company CPAs, PLLC

## TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

September 30, 2019

Prepared for	Jefferson County Local Development Corporation 800 Starbuck Ave No. 800 Watertown, NY 13601
Prepared by	Bowers & Company Cpas PLLC 1120 Commerce Park Drive East Watertown, NY 13601
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

#### Form 8879-EO

## **IRS e-file Signature Authorization** for an Exempt Organization

man.		

For calendar year 2018, or fiscal year beginning OCT~1~ , 2018, and ending SEP~30~ , 2019~

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

JEFFERSON COUNTY LOCAL DEVELOPMENT

CORPORATION

37-1588512

Name and title of officer

DAVID CONVERSE

CHAIRMAN

Part I   Type of Return and Return Information (Who	e Dollars Only	v
---	----------------	---

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	789,444.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize	BOWERS &		COMPANY	CPAS	PLLC
			<i>ar</i> -	ERO fi	rm name

to enter my PIN

21588 Enter five numbers, but

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛮 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

#### Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16075721588

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► BOWERS & COMPANY CPAS PLLC

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 18

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For the	ne 2018 calendar year, or tax year beginning $OCT 1$ , $2018$ and ending	SEP 30, 2019	9					
В	Check i	JEFFERSON COUNTY LOCAL DEVELOPMENT	D Employer identif	fication number					
	Add	ge   CORPORATION							
	Nam	ge Doing business as	37-1	37-1588512					
	Initia retur Final retur	Number and street (of P.U. box if mail is not delivered to street address)   Room/su		er -782-5865					
	term		G Gross receipts \$	789,444.					
		nded warrenown iv 12601	H(a) Is this a group						
F	Appl			s? Yes X No					
	pend	800 STARBUCK AVE, WATERTOWN, NY 13601	H(b) Are all subordinates						
T	Tay-e		- '	a list. (see instructions)					
		ite: WWW.JCIDA.COM	H(c) Group exemption						
				M State of legal domicile: NY					
	art I		or or remaining in a sign	iti otato or logal dominoto, = 1 =					
_	Ta	Briefly describe the organization's mission or most significant activities: TO ADVANC	CE THE JOB						
Governance	Ι.	OPPORTUNITIES, HEALTH, GENERAL PROSPERITY AND	ECONOMIC WE	LFARE OF					
,ua	2	Check this box  if the organization discontinued its operations or disposed of m							
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		11					
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		11					
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		7					
iţie	6	Total number of volunteers (estimate if necessary)		0					
휹		Total unrelated business revenue from Part VIII, column (C), line 12							
Ă		Net unrelated business taxable income from Form 990-T, line 38							
	<del>  "</del>	Tect difficiated business taxable filodine from 1 offi 550-1, line 50	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	422,269.	440,920.					
Jue	9	Program service revenue (Part VIII, line 2g)	52,300.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,185.						
Re	11	Other revenue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e)	5,681.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,435.	789,444.					
	13		0.	0.					
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
		2 XXV-0 0-11 1000 XX	714,553.	738,221.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
ĕ		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		· · ·					
X		Total fariationing experiees (Fariation, Sociality (B), into 25)	265,391.	468,463.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	979,944.	1,206,684.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-495,509.						
_ <u>v</u>	19	Revenue less expenses. Subtract line 18 from line 12							
ts or			Beginning of Current Year	End of Year					
Sse		Total assets (Part X, line 16)	3,736,456. 80,001.	3,368,566.					
말		Total liabilities (Part X, line 26)	3,656,455.	3,239,215.					
2 <u>-</u>		Net assets or fund balances, Subtract line 21 from line 20	3,030,433.	3,239,213.					
	art II	Signature Block		volume of the last to be					
		lities of perjury, I declare that I have examined this return, including accompanying schedules and state		ly knowledge and delief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	rer nas any knowledge.						
		Signature of officer	Date						
Sig	า	l'	Date						
Her	е	DAVID CONVERSE, CHAIRMAN Type or print name and title							
_			I Data	II DTIM					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid -		ELIZABETH A BUSH	11/22/19 if self-employ	P01264627					
	arer	Firm's name BOWERS & COMPANY CPAS PLLC	Firm's EIN 🛌	20-1317788					
Use	Only	Firm's address 1120 COMMERCE PARK DRIVE EAST		F 500 5000					
		WATERTOWN, NY 13601	Phone no.31	5-788-7690					
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
33200	12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2018)					

Part III   Statement of Program Service Accomplishments   Cheks (Schedule Contents a response rote to any line in this Part III	Form	m 990 (2018) CORPORATION	37-1588512	2 Page <b>2</b>
Check if Schrödisch © contains a response or note to any line in this Part III.    Sirely describe the cognations mission:   TO ADVANCE THE JOB OPPORTUNITIES, HEALTH, GENERAL PROSPERITY AND ECONOMIC WELFARE OF THE PEOPLE OF THE COUNTY.				- raye =
1 Briefly describe the organization's mission: TO ADVANCE THE JOB OPPORTUNITIES, HEALTH, GENERAL PROSPERITY AND  BCONOMIC WELFARE OF THE PEOPLE OF THE COUNTY.  2 Did the organization undertake any significant program services during the year which were not fisted on the prior form 990 or 990-E27  If "96s," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any 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 exports.  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 exports.  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 expenses.  1 (5,000				
prior Form 980 or 980-E27	1	Briefly describe the organization's mission: TO ADVANCE THE JOB OPPORTUNITIES, HEALTH, GENERAL PROS		
prior Form 980 or 980-E27				
If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section SOI (o)(S) and SOI(d)(d) reginations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Costs. ) (Expenses 7 765, 0.19 · Industry years of 8 ) (Revenue \$ 344,742.)  TO ADVANCE THE JOB OPPORTUNITIES, HRALTH, GENERAL PROSPERITY, AND ECONOMIC WELFARE OF THE PROPLE OF THE COUNTY.   45 (Code:) (Expenses \$	2	prior Form 990 or 990-EZ?		es X No
4 Describe the organization's program services 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.  40 (costs:) (programs 1	3		s?Y	es X No
49   (Code:	4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
4C (Code:) (Expenses \$	4a	(Code:) (Expenses \$ 765,019. including grants of \$	enue \$ 344 PERITY, AND	1,742.
4C (Code:) (Expenses \$				
4C (Code:) (Expenses \$				
4C (Code:) (Expenses \$				
4C (Code:) (Expenses \$				
Ad Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code:) (Expenses \$) (Rev	anue \$	)
Ad Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )				
Ad Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )				
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code:) (Expenses \$ including grants of \$) (Reve	3nue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )				
(Expenses \$ including grants of \$ ) (Revenue \$ )				
(Expenses \$ including grants of \$ ) (Revenue \$ )				
	4d			
	1e	Total program service expenses ► 765,019.		

Form 990 (2018)

CORPORATION

Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A\_\_\_\_\_ X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2018)

X

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

CORPORATION 37-1588512 Form 990 (2018) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 X 22 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 X Schedule J 23 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 X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X 25a 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 X Schedule L, Part I 25b 26 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? If "Yes," complete Schedule L, Part II X 26 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 of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ō b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

(gambling) winnings to prize winners?

1c | s32004 12-31-18 | Form 990 (2018)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1 6	Statements Regarding Other Ins Fillings and Tax Compliance (continued)			4170
		E	Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b		3b	$\vdash$	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	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).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	N ACC 95 101 05	5b		X
C		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0	-	
a	and the state of t	7a		х
b		7b		
c	The second secon	-~		
·	to file Form 8282?	7c		x
d				
е	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?	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		4
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 facilities10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	. 1		
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_	_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	1	- 1	
	Enter the amount of reserves on hand	112	$\dashv$	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	15	0	х
	excess parachute payment(s) during the year?  If "Yes " see instructions and file Form 4720. Schedule N.	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, Complete i Omi 7/20, Comedute O.	Form	990	(2018)
			\	/

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Form 990 (2018) CORPORATION S / - 1 3 0 0 3 1 2 Page
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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_=_	_	
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
-		5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_	X
6	Did the organization have members or stockholders?	6		Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		N (	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ĺ
	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	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	x	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15		174		
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?			
_		45.	х	
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	<u> </u>	
	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	ایا		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► NY			
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))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	JCLDC - 315-782-5865			
	800 STARBUCK AVE, WATERTOWN, NY 13601			

## CORPORATION

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#### Form 990 (2018) 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

#### 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	(do	not c	Pos	C) sition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
8	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID CONVERSE CHAIRMAN	0.00	x					bil	0.	0.	0.
(2) KENT BURTO SECRETARY	0.00	x	1				The second	0.	0.	0.
(3) PAUL WARNECK DIRECTOR	0.00	х			å			0.	0.	0.
(4) W. EDWARD WALLDROFF VICE CHAIRMAN	0.00	x			-			0.	0.	0.
(5) CHRISTINE POWERS DIRECTOR	0.00	x			7			0.	0.	0.
(6) LISA L'HUILLIER DIRECTOR	0.00	X						0.	0.	0.
(7) JOHN JENNINGS DIRECTOR	0.00	х						0.	0.	0.
(8) ROBERT ALIASSO, JR. TREASURER	0.00	х					=11	0.	0.	0.
(9) RICHARD DUVALL DIRECTOR	0.00	х						0.	0.	0.
(10) WILLIAM W JOHNSON DIRECTOR	0.00	х						0.	0.	0.
(11) GREGORY GARDNER DIRECTOR	0.00	х						0.	0.	0.
(12) DON ALEXANDER CEO	40.00			х				112,435.	0.	24,291.
(13) LYLE EATON CFO	40.00			х				67,365.	0.	10,593.
	-									

Form 990 (2018)

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D43/01				_			_						_	-9-
Part VII   Section A. Office	ers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)		(B)			(0	C)			(D)	(E)			(F)	
Name and ti	tle	Average	/,,		Pos				Reportable	Reportable	е	E:	stimate	ed
		hours per	box	t, unle	not check more than one unless person is both an			th an	compensation	compensati	on	ar	nount	of
	week						or/trus	tee)	from	from relate	d		other	
		(list any	çe						the	organization	ns	com	pensa	tion
		hours for	§				<u>8</u>		organization	(W-2/1099-MI	SC)	fı	om th	е
		related	Individual trustee or director	Institutional trustee			susat		(W-2/1099-MISC)			org	anizat	ion
		organizations	Ē	la Et		yee	Ē					an	d relat	ed
		below	idua	rettion	ا ا	ag H	esto	je j				orga	anizati	ons
		line)	igi	Inst	Officer	Keye	Highest compensated employee							
		1												
			1											
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	1			- 7	-	100	lin.							
dh. Codo Antal			_	- 3		-			179,800.		0.	3	4,8	RΛ
1b Sub-total				655		•••••		4	0.		0.		±,0	
c Total from continuation		4000						>					4 0	0.
d Total (add lines 1b and	1c)						<u>]</u>		179,800.		0.	3	4,8	84.
2 Total number of individual	als (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	000 of reportab	le			
compensation from the c	organization 🕨		per											1
	cells	100											Yes	No
3 Did the organization list a	any former officer.	director, or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	nplovee on	ſ			
line 1a? If "Yes," complete												3	- 1	х
4 For any individual listed of													_	
													- 1	v
and related organizations												4	_	X
5 Did any person listed on						-			_		;			
rendered to the organiza		olete Schedule	J fo	or su	ch p	ers	on		***************************************			5		X
Section B. Independent Con-	tractors													
1 Complete this table for ye	our five highest con	npensated ind	ере	nder	nt co	ontra	acto	rs th	nat received more than 9	100,000 of con	npens	ation f	rom	
the organization. Report	-										•			
	(A)	ilo sullonida. y s						T	(B)			(C	١	
N:	ame and business	address	MO	NE				-1	Description of se	ervices	C		, isatior	1
			1.10	243		_	1.0	+						
								+						
				-				Т						
								+				-		
					_			-			_			
										1				
2 Total number of independent	dent contractors (in	cluding but no	t lin	nited	to t	hos	e list	ted	above) who received mo	ore than				
\$100,000 of compensation	on from the organiza	ation 🕨				0								
												orm 9	90 (2	018)

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Form 990 (2018) CORPORA
Part VIII Statement of Revenue

JEFFERSON COUNTY LOCAL DEVELOPMENT CORPORATION

		Check if Schedule O contains a res	ponse or note to any lin	e in this Part VIII			
		STOCKE COLORAGE CONTAINED A FOR		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns1	la				
			lb				
		c Fundraising events	Ic				
無る			ld				
S,E	١.		le 428,920.				
P.S.	١.	f All other contributions, gifts, grants, and					
the st			12,000.				
ĒÖ	Ι.	Noncash contributions included in lines 1a-1f: \$					
Se	l i	Total. Add lines 1a-1f		440,920.			
		Total Table Table	Business Code				
ø	2 :	a ADMINISTRATIVE FEES	561000	298,512.	298,512.		
ς.	ו בו	INTEREST ON LOANS	900099	41,338.	41,338.		
Ser	1 :		-   300033	11/5500	11,5501		
E S		:					
Pega							
Program Service Revenue		All other program service revenue			VIII.		
		Total. Add lines 2a-2f		339,850.	-		
	3	Investment income (including dividends,	333,030.	700		-	
	ľ	other similar amounts)		3,782.			3,782.
	4	Income from investment of tax-exempt b		3,102.			3,702.
	5	·					
	ľ	Royalties(i) Re		-			
	ء ۽ ا	_	ai i (ii) Personai	The same			I
		Gross rents	-	700	1		1
		Less: rental expenses	- 1				
		Rental income or (loss)				11	1
			100	1			
	1 8		ities (ii) Other				
		assets other than inventory  Less: cost or other basis					
	L 1			1			
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	C .				
ne	8 a	Gross income from fundraising events (n	ot				
evenue		including \$ of					1
α I		contributions reported on line 1c). See					
Other		Part IV, line 18					
₹		Less: direct expenses					
		Net income or (loss) from fundraising eve					
- 1	9 a	Gross income from gaming activities. See					
- 1		Part IV, line 19					ľ
- 1		Less: direct expenses			1		
		Net income or (loss) from gaming activitie	es				
	10 a	Gross sales of inventory, less returns	1 1		1		
- 1		and allowances			1		
		Less: cost of goods sold					
- 1	c	Net income or (loss) from sales of invento					
ļ		Miscellaneous Revenue	Business Code	4 000	4 000		ľ
	11 a	OTHER INCOME	900099	4,892.	4,892.		
	b	19					
	С						
	d	All other revenue		4 000			
	е	Total. Add lines 11a-11d		4,892.	244 540		2 700
- 1	12	Total revenue. See instructions	or was - or or -	789,444.	344,742.	0.	3,782.

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Form 990 (2018) CORPORATION

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Check if Schedule O contains a respor				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	179,800.	70,240.	109,560.	
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	345,195.	236,796.	108,399.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,886.	20,251.	21,635.	
9	Other employee benefits	132,846.	63,477.	69,369.	
0	Payroll taxes	38,494.	20,013.	18,481.	
1	Fees for services (non-employees):		67 A	7	
	Management	2,175.		2,175.	
b	Legal		100	-/	
	Accounting	5,550.		5,550.	
d	Lobbying	3,000.		373301	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)			1	
2	Advertising and promotion	79,114.	79,114.		
2 3		31,590.	12,286.	19,304.	
	Office expenses	31,330.	12,200.	17,304.	
4	Information technology				
5	Royalties	84,580.	32,140.	F2 440	
6	Occupancy	14,086.	7,342.	52,440. 6,744.	
7	Travel	14,000.	7,342.	0,/44.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 001	22 721	2 270	
	Conferences, conventions, and meetings	25,091.	22,721.	2,370.	
	Interest				
	Payments to affiliates	22 006	14 142	0.043	
	Depreciation, depletion, and amortization	23,086.	14,143.	8,943.	
	Insurance				
•	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 expenses on Schedule O.)				
	BAD DEBT EXPENSE	182,603.	182,603.		
	EQUIPMENT RENTAL AND MA	9,438.		9,438.	
	DUES AND SUBSCRIPTIONS	7,094.	115.	6,979.	
	MANUFACTURING AND BUSIN	2,500.	2,500.	-,	
- 32	All other expenses	1,556.	1,278.	278.	
	Total functional expenses. Add lines 1 through 24e	1,206,684.	765,019.	441,665.	(
	Joint costs. Complete this line only if the organization		,00,010	111,000	
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
,	Check here if following SOP 98-2 (ASC 958-720)	1			

Form 990 (2018)
Part X | Balance Sheet

37-1588512 Page 11

Pa	art 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
	1	Cash - non-interest-bearing	16,854.	1	101,279
	2	Savings and temporary cash investments	2,495,730.	2	2,531,996
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	9,410
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	1	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		Ť	
	"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	ĺ
Assets	7	Notes and loans receivable, net	1,149,145.	7	669,515.
As	8	Inventories for sale or use		8	,
	9	Prepaid expenses and deferred charges	3,290.	9	2,695.
		Land, buildings, and equipment: cost or other	All		,
		basis. Complete Part VI of Schedule D 10a 174,708.	4		
	Ь	Less: accumulated depreciation 10b 121,037.	71,437.	10c	53,671.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	70.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,736,456.	16	3,368,566.
	17	Accounts payable and accrued expenses	44,722.	17	53,057.
	18	Grants payable		18	
	19	Deferred revenue	35,279.	19	76,294.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	80,001.	26	129,351.
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	3,656,455.	27	3,239,215.
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here			
o s		and complete lines 30 through 34.			
sets		Capital stock or trust principal, or current funds		30	
Ass		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
4	33	Total net assets or fund balances	3,656,455.	33	3,239,215.
	34	Total liabilities and net assets/fund balances	3,736,456.	34	3,368,566.

3,368,566. Form **990** (2018)

Forn	n 990 (2018) CORPORATION	37-	1588512	Pa	ge 12
Pa	rt 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			44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,206	5,6	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41	7,2	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,656	5,4	55.
5	Net unrealized gains (losses) on investments	5			
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 O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,239	,2	15.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			$\neg$	
	separate basis, consolidated basis, or both:		. 1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:			- 1	
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	in hearten		T	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		X
		,		_	

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

Form 990 (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

JEFFERSON COUNTY LOCAL DEVELOPMENT

2018

Open to Public Inspection

Employer identification number

CORPORATION 37-1588512 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

37-1588512 Page 2

Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

| Part II | Support Schedule for Organizations D Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	455,587.	521,815.	431,996.	422,269.	440,920.	2272587.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge				,				
4	Total. Add lines 1 through 3	455,587.	521,815.	431,996.	422,269.	440,920.	2272587.		
	The portion of total contributions								
	by each person (other than a				1				
	governmental unit or publicly								
	supported organization) included				67				
	on line 1 that exceeds 2% of the								
	amount shown on line 11.				Q <sub>1</sub>				
	column (f)								
6	Public support. Subtract line 5 from line 4.			40			2272587.		
Sec	etion B. Total Support			All As	- Y		22,200,1		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	455,587.	521,815.	431,996.	422,269.	440,920.	2272587.		
	Gross income from interest.		-0.00	- 10					
·	dividends, payments received on		0.00	100					
	securities loans, rents, royalties,			and the same of th					
	and income from similar sources	72,660.	74,110.	69,692.	56,485.	45,120.	318,067.		
a	Net income from unrelated business	/ / 0 0 0			00,200		0_0/00.0		
9	activities, whether or not the	1	-J V						
	business is regularly carried on	100	Allegan						
10	Other income. Do not include gain								
Ю	or loss from the sale of capital	A STATE OF THE PARTY.							
	assets (Explain in Part VI.)	7	All I						
44	Total support. Add lines 7 through 10	- 10					2590654.		
	Gross receipts from related activities,	ata (aga inata sati				12	23300341		
		The state of the s		d farrette au ffette ta					
13	First five years. If the Form 990 is for								
Sec	organization, check this box and stop tion C. Computation of Publi		centage			***************************************			
_				alumn (f)	- 1	14	87.72 %		
	Public support percentage for 2018 (li				T P		00 40		
	Public support percentage from 2017					15			
тьа	33 1/3% support test - 2018. If the o	-							
	stop here. The organization qualifies a								
	33 1/3% support test - 2017. If the o								
	and stop here. The organization quali								
	10% -facts-and-circumstances test	_							
	and if the organization meets the "fact			-		-			
	meets the "facts-and-circumstances"								
	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets th						. $\square$		
	organization meets the "facts-and-circ								
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a	., 16b, 17a, or 17b					
					Caba	dula A (Earm 000	** UUU EZ/ UU40		

Schedule A (Form 990 or 990-EZ) 2018

100		2 7 7 7						
Part III	Sunnart	Schodula	for (	Organizations	Doccrib	and in	Saction	EU0(2)(3)
. CII L III	Cuppoit	Scriedule	IVI V	oi gai iiza iivi is	Descrip	JEU III	Section	JUSIANZ

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please com	piete Fait II.							
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and				1	12/	10			
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose		1							
3	Gross receipts from activities that									
_	are not an unrelated trade or bus-			1						
	iness under section 513									
4	Tax revenues levied for the organ-									
•	ization's benefit and either paid to									
	or expended on its behalf			1						
5	The value of services or facilities						-			
•	furnished by a governmental unit to									
	the organization without charge			400	0					
6	Total. Add lines 1 through 5				700					
	Amounts included on lines 1, 2, and			-	700					
10	3 received from disqualified persons			All A	1					
h	Amounts included on lines 2 and 3 received									
~	from other than disqualified persons that				1					
	exceed the greater of \$5,000 or 1% of the		-200-	70.						
_	amount on line 13 for the year									
	Add lines 7a and 7b		100							
	Public support. (Subtract line 7c from line 6.)		The Wall							
	ndar year (or fiscal year beginning in)	(-) 00d 4	0.10045	4.3.0040	4.0.0047	1.10040	(0 T			
	Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gross income from interest,									
iva	dividends, payments received on	700	7							
	securities loans, rents, royalties,	ALCOHOL: Y				i e				
L	and income from similar sources			-						
D	Unrelated business taxable income		- 300		İ					
	(less section 511 taxes) from businesses	. 10								
	acquired after June 30, 1975									
	Add lines 10a and 10b									
"	Net income from unrelated business activities not included in line 10b.									
	whether or not the business is									
40	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)									
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,			
							<b>.</b>			
_	tion C. Computation of Publi									
	Public support percentage for 2018 (lin					15	%			
16	Public support percentage from 2017	Schedule A, Part	III, line 15		š	16	<u>%</u>			
	tion D. Computation of Inves									
	Investment income percentage for 201					17	%			
	Investment income percentage from 2					18	%			
	33 1/3% support tests - 2018. If the o	-					7 is not			
	more than 33 1/3%, check this box an	d <b>stop here.</b> The d	organization qualif	ies as a publicly s	upported organiza	tion				
	33 1/3% support tests - 2017. If the o									
	line 18 is not more than 33 1/3%, chec	k this box and <b>sto</b>	p here. The organ	nization qualifies a	s a publicly suppo	rted organization				
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_ 1		
	1 4	
2		
3a		
3b		
3c	+	
4a	$\vdash$	
4b	1	
4c	+	
	1 1	
5a	$\sqcup$	
5b		
5c	$\Box$	
6		
7		
8	+	
9a	$\Box$	
9b	1	
9c		
10a		
10b 990 or 9	90-EZ)	2018

Sch	nedule A (Form 990 or 990-EZ) 2018 CORPORATION 37-15	8851	.2 P	age 5
P	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
í	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
I	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? /f "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
-	- Martin San San San San San San San San San Sa		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	h ()		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
а	The organization satisfied the Activities Test, Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	- 1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

37-1588512 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	instructions for short tax year or assets held for part of year):		All controls	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1	¥	
	factors (explain in detail in Part VI):	P.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	l	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

37-1588512 Page 7

Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		4	
2	Underdistributions, if any, for years prior to 2018 (reason-		3	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	- 47		
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017	700		
f	Total of lines 3a through e	The same		
g	Applied to underdistributions of prior years	M. A.		
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	70.0		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	- 1		
4	Distributions for 2018 from Section D,	-		
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	Form 990 or 990-EZ) 2018 CORPORATION	37-1588512 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Psection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	,	
		The last of the la
-		

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization **Employer identification number** JEFFERSON COUNTY LOCAL DEVELOPMENT CORPORATION 37-1588512 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule I For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Name of organization

JEFFERSON COUNTY LOCAL DEVELOPMENT

CORPORATION

Employer identification number

37-1588512

Part I	Contributors	(see instructions).	Use duplicate copie:	s of Part I if addition	nal space is needed.
--------	--------------	---------------------	----------------------	-------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFERSON COUNTY  175 ARSENAL STREET  WATERTOWN, NY 13601	\$414,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYS HAZARD ABATEMENT BOARD - DEPT OF LABOR  STATE OFFICE CAMPUS BLDG 12, ROOM 166  ALBANY, NY 12240	\$14,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization
JEFFERSON COUNTY LOCAL DEVELOPMENT
CORPORATION

Employer identification number

37-1588512

(b)  Description of noncash property given	(c)	
Description of noncastr property given	FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	(b) Description of noncash property given   (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)	

Name of organization

Employer identification number

JEFFERSON	COUNTY	LOCAL	DEVELOPMENT
CORDORATIO	זאר		

37-1588512

from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious	a) through (e) and the following line en , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift	from any one contributor. Complete columns (a) through (e) and the following line encompleting Part III inter the total of exclusively religious, charable, set., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transferee's name, address, and ZIP + 4		

# SCHEDULE D

(Form 990)

Department of the Treasury

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

JEFFERSON COUNTY LOCAL DEVELOPMENT

8 Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

CORPORATION 37-1588512 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

	Organizations Maintaining Donor Advise		of Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, Iin	ne 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c			
d			
-	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rel		
	year >	<b>3</b>	, organization zaming and tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	N S S	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			9 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
	▶\$	,	9
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	· · · · · · · · · · · · · · · · · ·	
	conservation easements.		
Par	t III   Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		1.00
_	the following amounts required to be reported under SFAS 11		gain, provido
2	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		
D	ASSESS HICHARD IN FUITH SSU. FAIL A		

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

Schedule D (Form 990) 2018

# JEFFERSON COUNTY LOCAL DEVELOPMENT CORPORATION

37-1588512 Page

	edule D (Form 990) 2018 CURPURA		1 122 1 2 1 129			1300314 Page
	rt III   Organizations Maintaining					
3	Using the organization's acquisition, access	sion, and other record	ds, check any of th	e following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	d		change programs		
b	Scholarly research	е	• LU Other			
С	Preservation for future generations					
4	Provide a description of the organization's of	collections and explai	n how they further	the organization's ex	empt purpose in l	Part XIII.
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other simi	lar assets	
	to be sold to raise funds rather than to be n					Yes No
Pa	rt IV Escrow and Custodial Arrar					IV, line 9, or
	reported an amount on Form 990, Pa		J		,	, ,
1a	Is the organization an agent, trustee, custoo	dian or other intermed	liary for contribution	ons or other assets n	ot included	
	on Form 990, Part X?		-			Yes No
h	If "Yes," explain the arrangement in Part XIII					
D	if res, explain the arrangement in Part All	and complete the lo	mowing table.			A
	For the last trans-					Amount
C	9					
	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or	custodial account lial	oility?	L Yes No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has bee	n provided on Part X	III	
Pa	rt V   Endowment Funds. Complete	if the organization an	swered "Yes" on F	Form 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance		-47	· ·		
b	Contributions		- 4			
	Net investment earnings, gains, and losses		-			
d	Grants or scholarships	4	T 7			
					<del> </del>	
е	Other expenditures for facilities		<b>\</b> 7%	i V		
	and programs				<b>.</b>	
f	Administrative expenses					_
g	End of year balance				1	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment >	%				
C	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered for	the organization	
	by:					Yes No
	(i) unrelated organizations			VANCATION CO. VANC C	04475 161 10 10 11 121 19951	3a(i)
	(ii) related organizations					
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule B	?		3b
4	Describe in Part XIII the intended uses of the			*		
Par			Willerit Idilds.			
ı aı			Dort IV line 11e	San Form 000 Bort \	/ line 10	
	Complete if the organization answere					(d) Dealers I.e.
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		basis (investm	ierit) basis	(other) de	epreciation	
	Land					
	Buildings					
	Leasehold improvements	V.,				
	Equipment	4545	708.		121,037.	53,671
	Other					
_	Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)	▶	53,671

Schedule D (Form 990) 2018

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chedule D (Form 990) 2018	CORPORATIO	N	

Schedule D (Form 990) 2018 CORPORATION			37-1588512 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	ne 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
		1	
(E)		-	
(F)		<del> </del>	
(G)		+	
(H)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		e 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		48	
(9)	400		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	Form 990 Part IV line	e 11d. See Form 990. Part X. line	15
	escription	o Tra. Goo Form Goo, Fare A, Ilino	(b) Book value
	o compaign	(1 F	(D) Deart value
(1)	700		
(2)			
(3)			
(4)			
(5)	- V		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	(, line 25.
(a) Description of liability		(b) Book value	<u> </u>
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)		1	

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JEFFERSON COUNTY LOCAL DEVELOPMENT	27	1500512
Schedule D (Form 990) 2018 CORPORATION  Part XI   Reconciliation of Revenue per Audited Financial Statements With Revenue		1588512 Page 4
	per neturi	l.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	[1]	789,444.
1 Total revenue, gains, and other support per audited financial statements		103,444
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		0
e Add lines 2a through 2d		700 444
3 Subtract line 2e from line 1	3	789,444.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Į.	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		0
c Add lines 4a and 4b		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		789,444.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Hetu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 206 604
1 Total expenses and losses per audited financial statements	1	1,206,684.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		0
e Add lines 2a through 2d		0.
3 Subtract line 2e from line 1	3	1,206,684.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		0
c Add lines 4a and 4b		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,206,684.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	t 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.		
PART X, LINE 2:		
TAKI A, LINE Z.		
THE ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEM	PT FROM	INCOME
TAX, FOR THE YEARS ENDED 2017, 2016, AND 2015 ARE SUBJECT	T TO EXA	MINATION
BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED.	BASED	ON ITS
ANALYSIS, THE ORGANIZATION DETERMINED THAT THERE WERE NO	TIMOTROMA	ለተለ፤ ጥአሄ
MADIDIO, THE ONGANIZATION DETERMINED THAT THERE WERE NO	OMCENTA	TTM TAV
POSITIONS AND THAT THE ORGANIZATION SHOULD PREVAIL UPON	EXAMINAT	TION BY THE
TAXING AUTHORITIES.		

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

JEFFERSON COUNTY LOCAL DEVELOPMENT COPPOPATION

Employer identification number 37-1588512

CORPORATION 57-1368312
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PEOPLE OF THE COUNTY
FORM 990, PART VI, SECTION A, LINE 1:
THE PEOPLE OF THE COUNTY
FORM 990, PART VI, SECTION B, LINE 11B:
AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE PRESENTED EACH YEAR TO THE
BOARD OF DIRECTORS FOR REVIEW BEFORE BEING FILED
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORED BY THE BOARD
FORM 990, PART VI, SECTION B, LINE 15:
ALL COMPENSATION BOARD APPROVED
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF
THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

# FOR THE YEAR ENDING

September 30, 2019

Prepared for	Jefferson County Local Development Corporation 800 Starbuck Ave No. 800 Watertown, NY 13601
Prepared by	Bowers & Company Cpas PLLC 1120 Commerce Park Drive East Watertown, NY 13601
Amount due or refund	Balance due of \$275.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Return must be mailed on or before	February 18, 2020
Special Instructions	The report should be signed and dated by the authorized individual(s).
	The attached copy of federal Form 990 must be properly signed and dated.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginni	ng (mm/dd/yyyy) 10/01	/2018 and Ending	(mm/dd/yyyy) 09/30,	/2019
Check if Applicable: Address Change	Name of Organization: JEFFERSON COU	NTY LOCAL DEVI	LOPMENT CORPO	Employer Identification Number (EIN): 37–1588512
Name Change Initial Filing	Mailing Address: 800 STARBUCK	AVE, NO. 800		NY Registration Number: 44-18-73
Final Filing Amended Filing	City / State / ZIP: WATERTOWN , NY	13601		Telephone: 315 782-5865
Reg ID Pending	Website: WWW.JCIDA.COM			Email: LEATON@JCIDA.COM
Check your organization registration category:		L only X DUAL (7A 8	& EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification				
See instructions for cert	ification requirements. Improj	per certification is a violation	of law that may be subject	ct to penalties. The certification requires
two signatories.				
	penalties of perjury that we re are true, correct and complete			he best of our knowledge and belief, applicable to this report.
President or Authorized	d Officer:		DONALD ALE	XANDER
Chief Financial Officer	Signature	(	Print Nan LYLE EATON CFO	ne and Title Date
Chief Financial Officer (	Signature			ne and Title Date
3. Annual Reportin	g Exemption			
		A 187		tegory (7A or EPTL only filers) or both
				ified Char500. No fee, schedules, or
		im an exemption or are a DI	JAL filer that claims only o	ne exemption, you must file applicable
schedules and attachme	ents and pay applicable fees.	6 6		
exceed \$				government agencies, etc. did not d raising counsel (FRC) to solicit
	filing exemption: Gross receiption of fiscal year.	ots did not exceed \$25,000	and the market value of a	ssets did not exceed \$25,000 at any time
4. Schedules and A	Attachments			
See the following page				
for a checklist of	Yes X No 4a. Did	your organization use a pro	fessional fund raiser, fund	raising counsel or commercial co-venturer
schedules and		raising activity in NY State		
attachments to				
complete your filing.	X Yes No 4b. Did	the organization receive go	vernment grants? If yes, c	omplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
next page to calculate yo	1			payable to:
fee(s). Indicate fee(s) you		\$ 250.	\$ 275.	"Department of Law"
are submitting here:	\$ 25.	\$ 250.	\$ 275.	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# JEFFERSON COUNTY LOCAL DEVELOPMENT CORPORATION

# **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4;	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co	ontributors). Schedule B of public charities is exempt from
disclosure and will not be available for public review.	
Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi	
Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000	
- Tall Hopert in your received total revenue and support grouter than \$7.00,000	
No Review Report or Audit Report is required because total revenue and sup	Table 1
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	s required
Calculate Your Fee	V.
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
THE PART AND PROPERTY OF THE PARTY OF THE PA	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	7) 7
For FDTI and DUM files relayiets the FDTI feet	EPTL filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	T) Till  The Transford Art Service Control of the C
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These organizations are not required to file annual financial reports
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.
\$1500, if the NET WORTH is \$50,000,000 or more	
	Confirm your Registration Category and learn more about NY
Sand Vour Eiling	law at www.CharitiesNYS.com.
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NIVC Office of the Attenday Consul	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	IDC Farm 000 F7 Dark Line 04

#### Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

# **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:		NY Registration Number:
JEFFERSON COUNTY LO	OCAL DEVELOPMENT CORPORATION	44-18-73

# 2. Government Grants

Name of Government Agency		Amount of Grant
1. JEFFERSON COUNTY AGRICULTURE PROGRAM GRANT	1.	138,720.
2. JEFFERSON COUNTY MARKETING GRANT	2.	275,400.
3. NYS HAZARD ABATEMENT BOARD	3.	14,800.
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	2110
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	2000
Total Government Grants:	Total:	428,920.

# Jefferson County Local Development Corporation 800 Starbuck Avenue, Suite 800 Watertown, NY 13601 (315) 782-5865

# 2019-2020 Board Attendance

Name	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Aliasso, Robert	Ф	Δ.	Δ.								9	
Burto, Kent	۵	۵	۵									
Converse, David	۵	۵	۵									
Duvall, Richard	۵	4	4									
Gardner, Gregory	Е	ш	۵			K.						
Jennings, John	Ь	۵	۵									
Johnson, William	Ш	۵	۵									
L'Huillier, Lisa	Д.	۵	۵									
Powers, Christine	Ъ	Ш	А									
Walldroff, W. Edward	Ъ	Ь	Ь									
Warneck, Paul	۵	Д	Ь									
Totals:	6	ω	80				À					
P - Present												
E - Excused			1									
A - Absent												