# Steuben Area Economic Development Corporation March 25, 2021 Meeting Notice

Because of the Novel Coronavirus (COVID-19) Emergency and State and Federal bans on large meetings or gatherings and pursuant to Governor Andrew Cuomo's Executive Order EO No. 202.92 suspending the Open Meetings Law, the Steuben Area Economic Development Corporation will hold its regularly scheduled Board Meeting at 12:00 p.m. electronically via webinar instead of a public meeting open for the public to attend in person. Minutes of the Board Meeting will be posted on the Steuben Area Economic Development Corporation's website.

The public may submit written comments in advance of the meeting through the Steuben County IDA website (<a href="https://www.steubencountyida.com/contact/">https://www.steubencountyida.com/contact/</a>) or by email at <a href="mailto:scida@steubencountyida.com">scida@steubencountyida.com</a>.

Members of the public may view and listen to the meeting by using the following link: <a href="https://www.steubencountyida.com/meetings/">https://www.steubencountyida.com/meetings/</a>.

# STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION PROPOSED AGENDA REGULAR MEETING March 25, 2021 12:00 p.m.

| 1.   | Call to Order                     | Alger      |
|------|-----------------------------------|------------|
| II.  | Secretary's Report                | Strobel    |
| III. | Treasurer's Report                |            |
|      | a. 2020 Annual Audit Presentation | EFPR Group |
| IV.  | New Business                      |            |
|      | a. 2020 Board Evaluation          | Johnson    |
|      | b. 2020 Annual PARIS Report       | Johnson    |
| V.   | Adjournment                       | Alger      |

### Steuben Area Economic Development Corporation 7234 Route 54N, P.O. Box 393, Bath, NY 14810

### Minutes of the Regular Meeting January 28, 2021

Call to Order: The Regular Meeting of the Steuben Area Economic Development Corporation was called to order at 12:00 p.m. by Chairman, Mark Alger at their offices at 7234 State Route 54, Bath, New York 14810. Chairman Alger indicated that a quorum was present.

Present: Mark Alger Chairman
Board Dean Strobel Secretary
Tony Russo Treasurer
Christine Sharkey Member
Mike Nisbet Member
Mike Davidson Memeber

Staff: James Johnson Executive Director

Jill Staats IDA Staff Keri Allison IDA Staff

Russ Gaenzle SCIDA Counsel

Other: Jim Griffin Hornell IDA

Susan Payne Three Rivers Corp

### II. Administrative Oath

Sue Cranmer, Steuben County Clerk's Office administered the oath of office to newly elected board member Michael Davidson.

III. Secretary's Report: A motion to approve the December 10, 2020 Steuben Area Economic Development Corporation Regular Meeting minutes was made by Mike Nisbet, seconded by Chris Sharkey. All in favor. Approved.

### IV. Treasurer's Report:

### a. December 2020 Financials

The 2020 year end financials were presented to the board by Tony Russo. A motion to approve the December 2020 financials was made by Chris Sharkey, seconded by Mike Nisbet. All in favor. Approved.

### b. 2020 SAEDC Audit

The 2020 SAEDC Audit Plan was presented to the board at an earlier meeting with Joe Kehm and Kristie Beach of EFPR Group. A motion was made by Mike Nisbet to approve the 2020 Audit Plan by Mike Nisbet, seconded by Mike Davidson. All in favor. Approved.

### V. New Business

### a. Policy Review

Harris Beach, LLC has completed a full review of all SAEDC policies to ensure compliance with current regulations. The governance committee met prior to the board meeting to review all policies. Jamie recommended to the board that all policies be adopted as currently written. A motion was made by Dean Strobel to approve all policies, seconded Chris Sharkey. All in favor. Approved.

The following policies were included in this review, and a copy was provided to all Board members:

Compensation Reimbursement and Attendance

Defense and Indemnification

**EEO Policies for Personnel Handbook** 

Real Property Acquisition

**Sexual Harassment Prevention** 

Sexual Harassment Complaint Form

**Audit-Finance Charter** 

Capitalization

Code of Ethics/Whistleblower Policy

**Expenditure Policy Procedure** 

Fee Schedule

Financial Controls

**Governance Committee Charter** 

**Investment Policy** 

Labor Market Policy

**Procurement Policy** 

**Project Evaluation Criteria** 

**Project Progress Assessment and Verification** 

**Property Disposition Guidelines** 

**Retail Projects** 

**Termination of Benefits** 

Management Assessment of Effectiveness of Internal Controls

### VI. Adjournment

With no further business to discuss, a motion was made by Chris Sharkey to adjourn the meeting at 12:17 p.m., seconded by Tony Russo. All in favor. Approved.

Meeting was adjourned at 12:17 p.m.

Respectfully Submitted,

Mark Alger Secretary

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION

### FINANCIAL STATEMENTS

**DECEMBER 31, 2020** 

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION

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#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors Steuben Area Economic Development Corporation Bath, New York

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Steuben Area Economic Development Corporation (a nonprofit local development corporation), which comprise the statements of financial position as of December 31, 2020 and 2019, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Steuben Area Economic Development Corporation as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2021, on our consideration of Steuben Area Economic Development Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Steuben Area Economic Development Corporation's internal control over financial reporting and compliance.

EFPR Group, CPAs, PLLC Rochester, New York March 25, 2021

# STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Statements of Financial Position December 31, 2020 and 2019

|  | 2020  | 2019  |
|--|---|---|
| ASSETS   |   |   |
| Current Assets Cash and cash equivalents Certificate of deposit Total current assets  Total Assets | \$<br>153,231<br>98,340<br>251,571<br>251,571 | \$<br>163,181<br>98,021<br>261,202<br>261,202 |
| LIABILITIES AND NET ASSETS   |   |   |
| Net Assets - Without Donor Restrictions  | \$<br>251,571                                 | \$<br>261,202                                 |
| Total Liabilities and Net Assets   | \$<br>251,571                                 | \$<br>261,202                                 |

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION

### **Statements of Activities**

### For the Years Ended December 31, 2020 and 2019

|   | 2020 |         | <u>2019</u> |         |
|---|------|---------|-------------|---------|
| Revenues  |      |         |             |         |
| Grant income                                      | \$   | -       | \$          | 800,000 |
| Interest income                                   |      | 319     |             | 1,862   |
| Total revenues                                    |      | 319     |             | 801,862 |
| Expenses  |      |         |             |         |
| Program:  |      |         |             |         |
| Grant disbursements                               |      | -       |             | 800,000 |
| Management and general:                           |      |         |             |         |
| Accounting  |      | 1,850   |             | 1,750   |
| Insurance expense                                 |      | -       |             | 382     |
| Legal   |      | -       |             | 1,395   |
| Marketing   |      | 3,000   |             | -       |
| Miscellaneous expense                             |      | 1,250   |             | 1,700   |
| Program expense                                   |      | 3,600   |             | 3,600   |
| Website   |      | 250     |             | 1,560   |
| Total expenses                                    |      | 9,950   |             | 810,387 |
| Change in Net Assets Without Donor Restrictions   |      | (9,631) |             | (8,525) |
| Net Assets Without Donor Restrictions - Beginning |      | 261,202 |             | 269,727 |
| Net Assets Without Donor Restrictions - Ending    | \$   | 251,571 | \$          | 261,202 |

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION

### Statements of Cash Flows

### For the Years Ended December 31, 2020 and 2019

|  | <u>2020</u>   | <u>2019</u>   |
|--|---------------|---------------|
| Cash Flows from Operating Activities Change in net assets without donor restrictions | \$<br>(9,631) | \$<br>(8,525) |
| Cash Flows from Investing Activities Interest income                                 | (319)         | (1,862)       |
| Net Change in Cash and Cash Equivalents  | (9,950)       | (10,387)      |
| Cash and Cash Equivalents - Beginning  | 163,181       | 173,568       |
| Cash and Cash Equivalents - Ending   | \$<br>153,231 | \$<br>163,181 |

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Notes to Financial Statements

### Note 1. Summary of Significant Accounting Policies and Nature of Organization

**Nature of Organization** - The Steuben Area Economic Development Corporation (the "Corporation") has been established to aid Steuben County in promoting the economic welfare of its inhabitants and to actively promote, attract, encourage, and develop economically sound commerce and industry by enhancing job opportunities through assistance in constructing, maintaining and equipping industrial, commercial, manufacturing, and research facilities. The Corporation is designed to function as a prime community resource.

**Basis of Accounting** - The Corporation prepares its financial statements on the accrual basis of accounting.

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation – The Organization's financial statements are presented in accordance with the provisions of (ASU) 2016-14, "Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities." As a result, the Organization reports information regarding its net assets and changes therein in the following categories: net assets without donor restrictions and net assets with donor restrictions. Net assets without donor restrictions represents resources available for the general support of the Organization's activities. Net assets with donor restrictions are those whose use has been limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled by actions of the Organization or are required to be held in perpetuity. The Corporation did not have any net assets with donor restrictions for the years ended December 31, 2020 and 2019.

**Net Assets Without Donor Restriction** - Net assets without donor restriction represent net assets that are not subject to donor imposed stipulations and are generally available for support of the Corporation's activities. The Board of Directors has discretionary control over these resources to carry out the operations of the Corporation in accordance with its by-laws.

**Liquidity** - The Corporation has \$251,571 of financial assets available within one year of the statement of financial position date consisting of \$153,231 of cash and \$98,340 of investments. None of these financial assets are subject to donor or contractual restricts that make them unavailable for general expenditures within one year of the statement of financial position date.

**Cash and Cash Equivalents** - For the purposes of the statements of financial position and cash flows, cash and cash equivalents include deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less. The Corporation maintains cash and cash equivalents at financial institutions which periodically may exceed insured limits.

**Certificate of Deposit** - The Corporation invests cash in excess of immediate needs in certificates of deposits with high credit quality financial institutions. Non-negotiable certificates of deposit are valued at cost plus accrued interest, which approximates fair value due to the short-term nature of these investments. Interest income, which approximate change in the fair value of investments, are recorded in the statements of activities.

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Notes to Financial Statements

**Grant Income and Expenditures** - Expenditure-driven grants are recognized as revenue when the qualifying expenditures have been incurred and all eligibility requirements have been met. During the year ended December 31, 2019, all grant income received and recognized was passed through to Corning Community College Development Foundation and Corning Properties, Inc. No grant income or expense occurred during 2020.

**Revenue Recognition** - In June 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-08, "Clarifying the Scope of Accounting Guidance for Contributions Received and Contributions Made". ASU 2018-08 provides clarification for determining if grants and contracts should be considered contributions or exchange transactions, as well as guidance for determining if a contribution is conditional. This guidance is effective for fiscal years beginning after December 15, 2018. These financial statements and notes reflect adoption of this new standard.

**Expense Allocation -** The costs of providing programs and other activities have been adequately detailed in the statement of activities. Allocations of management and general expenses among program and supporting services is not considered significant to the operations of the Corporation therefore, no such allocation has been provided.

**Related Party** - The Corporation is related through common employees and Board of Directors membership with the Steuben County Industrial Development Agency (IDA), which also promotes economic development in the County. The IDA contributes the services of certain employees to the Corporation. These contributed services were deemed immaterial for the years ended December 31, 2020 and 2019, and, accordingly, the value of such services were not recorded in the accompanying financial statements.

**Income Taxes** - The Corporation is a not-for-profit corporation and is exempt from income tax under New York State Article 14 as a local development corporation. Accordingly, no provision for taxes has been made.

In accordance with ASC 740-10-50, *Accounting for Uncertainty in Income Taxes*, the Corporation recognizes the tax benefits from uncertain tax positions only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities. Management believes that the Corporation is currently operating in compliance with the applicable requirements of the Internal Revenue Code and therefore, no liability for unrecognized tax benefits has been included on the Corporation's financial statements.

**Subsequent Events -** The United States is presently in the midst of a national health emergency related to the COVID-19 virus. The overall consequences of the COVID-19 on a national, regional and local level are unknown, but has the potential to result in a significant economic impact. The impact of this situation on the Corporation and its future results and financial position is not presently determinable.

### Note 2. Deposits and Investments

The Corporation's investment policies are governed by State law. Collateral is required for demand deposits, certificates of deposit, and repurchase agreements not covered by federal deposit insurance. Obligations which may be pledged as collateral are obligations of the United States and its agencies and obligations of the State and its municipalities and school districts.

The Corporation has a formal investment policy which is in compliance with the laws of the State of New York, Chapter 838, Title 7, Section 2925. The Corporation is permitted to invest funds in the following types of investments: special time deposit accounts, certificates of deposit, obligations of the United States of America, obligations guaranteed by agencies of the United States of America where payment of principal and interest are guaranteed by the United States of America and obligations of the State of New

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Notes to Financial Statements

York. All deposits of the Corporation are public funds and shall have a pledge of collateral by the bank or trust company in which the funds are deposited. The Corporation may contract for the purchase of investments in the following manners: directly, including through a repurchase agreement, from an authorized trading partner, by participation in a cooperative investment program with another authorized governmental entity or by utilizing an ongoing investment program with an authorized trading partner pursuant to a contract authorized by the governing board. It is the policy of the Corporation to diversify its deposits and investments by financial institution, by investment instrument and by maturity scheduling. The Corporation maintains a listing of financial institutions and dealers approved for investment purposes. The Corporation also establishes appropriate limits to the amount of investments which can be made with each financial institution or dealer. The Corporation maintains proper books and records supporting all investment and deposit accounts held by the Corporation.

All deposits of the Corporation as of December 31, 2020 were fully covered by FDIC insurance.

**Investments** - The Corporation has invested excess cash in a non-negotiable certificate of deposit with a local financial institution. The certificate is subject to a fixed interest rate of 1.01% with an original maturity of twelve months, with penalties for early withdrawal. Any penalties would not have a material effect on the financial statements.

#### Note 3. Bond Issues

The Corporation has entered into conduit financing arrangements where the primary function of the Corporation was to arrange financing through the issuance of Industrial Revenue Bonds between the companies identified below and the bond holders. As conduit financing arrangements, the assets and liabilities resulting from the transactions are not recorded in these financial statements.

Although not part of the accounting system, New York State statute requires disclosure of these bond issues. As of December 31, 2020 and 2019, there were outstanding bonds with an aggregate amount payable of \$14,244,293 and \$14,657,625, respectively.

### Note 4. Functional Expenses

The costs of providing the programs and other activities have been summarized on a functional basis as follows:

|  | <u>2020</u>      | <u>2019</u>             |
|--|------------------|-------------------------|
| Program services<br>Management and general | \$<br>-<br>9.950 | \$<br>800,000<br>10.837 |
| Total expenses                             | \$<br>9,950      | \$<br>810,837           |

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors Steuben Area Economic Development Corporation Bath, New York

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Steuben Area Economic Development Corporation (a nonprofit local development corporation), which comprise the statement of financial position as of December 31, 2020, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 25, 2021.

### **Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Steuben Area Economic Development Corporation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Steuben Area Economic Development Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of Steuben Area Economic Development Corporation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Steuben Area Economic Development Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

EFPR Group, CPAs, PLLC Rochester, New York March 25, 2021

### STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION ANNUAL INVESTMENT REPORT DECEMBER 31, 2020

# INDEPENDENT ACCOUNTANTS' REPORT ON INVESTMENT COMPLIANCE WITH SECTION 201.3 OF TITLE TWO OF THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK

To the Board of Directors Steuben Area Economic Development Corporation Bath, New York

We have examined Steuben Area Economic Development Corporation's (the Corporation) compliance with Section 201.3 of Title Two of the Official Compilation of Codes, Rules and Regulations of the State of New York (Section 201.3) during the year ended December 31, 2020. Management is responsible for the Corporation's compliance with those requirements. Our responsibility is to express an opinion on the Corporation's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Corporation complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about the Corporation's compliance with the specified requirements referenced above. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the Corporation's compliance with Section 201.3.

In our opinion, the Corporation complied, in all material respects, with the requirements of Section 201.3 for the year ended December 31, 2020.

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2021, in which we are required to report all deficiencies that are considered to be significant deficiencies or material weaknesses in internal control; fraud and noncompliance with provisions of laws and regulations that have a material effect on the Corporation's compliance with Section 201.3 and any other instances that warrant the attention of those charged with governance; noncompliance with provisions of contracts or grant agreements, and abuse that has a material effect on the subject matter. We are also required to obtain and report the views of responsible officials concerning the findings, conclusions, and recommendations, as well as any planned corrective actions. We performed our examination to express an opinion on whether the Corporation complied with the aforementioned requirements and not for the purpose of expressing an opinion on the effectiveness of internal control over compliance with those requirements or other matters; accordingly, we express no such opinions. The results of our tests disclosed no matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Corporation's management, the Governing Board, the New York State Office of the State Comptroller, and the New York State Authority Budget Office and is not intended and should not be used by anyone other than those specified parties.

EFPR Group, CPAs, PLLC Rochester, New York March 25, 2021

# STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Annual Investment Report December 31, 2020

The following represents the annual investment report as required by Section 2925 of Public Authorities Law:

#### **Permitted Investments**

Pursuant to GML Section 11, the Corporation is authorized to invest moneys not required for immediate expenditures for terms not to exceed its projected cash flow needs in the following type of investments:

- Special time deposit accounts;\*
- Certificates of deposit;\*
- Obligations of the United States of America;\*\*
- Obligations guaranteed by agencies of the United States of America where payment of principal and interest are guaranteed by the United States of America;\*\*
- Obligations of the State of New York;\*

\*Special time deposit accounts and certificates of deposit are permitted investment provided that (1) they shall be payable within such time as the proceeds shall be needed to meet expenditures for which the moneys were obtained and (2) they are collateralized in the same manner as set forth in Section VII(C) below for deposits of public funds.

\*\*All investment obligations shall be payable or redeemable at the option of the Corporation with such times as the proceeds will be needed to meet expenditures for purposes for which the moneys were provided and, in the case of obligations purchased with the proceeds of bond or notes, shall be payable or redeemable at the option of the Corporation within two years of the date of purchase.

#### **Amendments Made to Investment Guidelines**

None

### **Safeguards**

Eligible securities used for collateralizing deposits shall be held by the depository bank or trust company subject to security and custodial agreements.

The security agreement shall provide that eligible securities are being pledged to secure local government deposits together with agreed upon interest, if any and any costs or expenses arising out of the collection of such deposits upon default. It shall also provide the conditions under which the securities may be sold, presented for payment, substituted or released and the events, which will enable the local government, such securities shall be delivered in a form suitable for transfer or with an assignment in blank to the Corporation or its custodial bank.

The custodial agreement shall provide that securities held by the bank or trust company, or agent of and custodian for, the local government, will be kept separate and apart from the general assets of the custodial bank or trust company and will not, in any circumstances, be commingled with or become part of backing for any other deposit or other liabilities. The agreement should also describe that the custodian shall confirm the receipt, substitution or release of the securities. The agreement shall provide for the frequency of revaluation of eligible securities and for the substitution of securities when a change in the rating on a security may cause ineligibility. Such agreement shall include all provisions necessary to provide the Corporation a perfected interest in the securities.

# STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION Annual Investment Report December 31, 2020

### **Authorized Financial Institutions and Dealers**

The Corporation shall maintain a list of financial institutions and dealers, approved for investment purposes and establish appropriate limits to the amount of investments which can be made with each financial institution or dealer. All financial institutions with which the local government conducts business must be credit worthy. Banks shall provide their most recent Consolidated Report of Condition at the request of the Corporation. Security dealers not affiliated with a bank shall be required to be classified as reporting dealers affiliated with New York Federal Reserve Bank, as primary dealers. The Executive Director or Chairman is responsible for evaluating the financial position and maintaining a listing of proposed depositories, trading partners and custodians. Such listing shall be evaluated at least annually.

### **Provisions for Reporting on Investments**

The Corporation retains an independent accountant to provide an examination report of all investment practices on an annual basis.

#### Fees Related to Investment Service

There were no amounts paid by the Corporation for fees related to investment services.

#### Investments

Investments included certificates of deposit amounting to \$98,338 for the year ended December 31, 2020.

## INDEPENDENT ACCOUNTANTS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN EXAMINATION OF THE ANNUAL INVESTMENT REPORT PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors
Steuben Area Economic Development Corporation
Bath, NY

We have examined, in accordance with the attestation standards established by the American Institute of Certified Public Accountants and standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the annual investment report of the Steuben Area Economic Development Corporation, as of and for the year ended December 31, 2020, and have issued our report thereon dated March 25, 2021.

### **Internal Control Over Financial Reporting**

In planning and performing our examination of the annual investment report, we considered the Steuben Area Economic Development Corporation's internal control over financial reporting (internal control) to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the annual investment report, but not for the purpose of expressing an opinion on the effectiveness of the Steuben Area Economic Development Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Steuben Area Economic Development Corporation's internal control.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Steuben Area Economic Development Corporation annual investment report is free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of annual investment report amounts. However, providing an opinion on compliance with those provisions was not an objective of our examination, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control or on compliance. This report is an integral part of an examination performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.





MARCH 22, 2021

STEUBEN AREA ECONOMIC DEVELOPMENT CORP. 7234 STATE ROUTE 54 BATH, NY 14810 ATTENTION: MIKE NISBET

DEAR MR. NISBET,

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

JOSEPH J. KEHM

### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

For calendar year 2020, or fiscal year beginning , 2020, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

| STEUBEN               | AREA | ECONOMIC                         | DEVELOPMENT | CORP. | **-***5812 |
|-----------------------|------|----------------------------------|-------------|-------|------------|
| Manager and Alabara 4 |      | and an analysis to an activities |             |       |            |

Name and title of officer or person subject to tax

MIKE NISBET CHAIRMAN

| Part I | Type of Return and Return Information | (Whole Dollars Only |
|--------|---------------------------------------|---------------------|
|--------|---------------------------------------|---------------------|

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

|    |  | otal revenue, if any (Form 990, Part VIII, column (A), line 12)   |                        | 319. |
|----|--|---|------------------------|------|
| 2a | Form 990-EZ check here                   | 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                   | 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                     |      |
| 6a | Form 990-T check here                    | b Total tax (Form 990-T, Part III, line 4)  | 6b                     |      |
|    |  | Total tax (Form 4720, Part III, line 1)   | 7b                     |      |
| P  | art II Declaration and Sigr              | ature Authorization of Officer or Person Subject to Tax   |                        |      |
| Un | der penalties of perjury, I declare that | $\overline{\mathbf{X}}$ I am an officer of the above organization or $\ igsquare$ I am a person subject t | to tax with respect to | )    |

, (EIN)

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

(name of organization)

| X  | Lauthorizo | EFPR | GROUP,  | CPAS  | PLLC |
|----|------------|------|---------|-------|------|
| 22 | i aumorize |      | GILOUI, | CIAD, |      |

ERO firm name

to enter my PIN

do not enter all zeros

and that I have examined a copy

as my signature on the tax year 2020 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.

 $\perp$  As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*

### **Certification and Authentication**

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

16622414424

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ► EFPR GROUP, CPAS, PLLC

Date  $\triangleright$  03/22/21

### **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** (2020)

### Form **990**

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

Inspection

D Employer identification number

Department of the Treasury Internal Revenue Service

B Check if C Name of organization

A For the 2020 calendar year, or tax year beginning

and ending

▶ 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.

|                      | Addre                        |   |          |  |                              |
|----------------------|------------------------------|---|----------|--|------------------------------|
| $\vdash$             | Name                         |   |          | **-***58   | 1 2                          |
| H                    | _ chano<br>∏Initial          | ·   | ,        |  |                              |
|                      | _returr<br>_Final<br>_returr | 7234 STATE ROUTE 54   | m/suite  | E Telephone number 607-776-                          | 3316                         |
|                      | termii<br>ated<br>∏Amen      | City or town, state or province, country, and ZIP or foreign postal code  |          | G Gross receipts \$                                  | 319.                         |
|                      | _lreturr                     | DAIH, NI 14010  |          | H(a) Is this a group re                              |                              |
|                      | Appli-<br>tion<br>pendi      | F Name and address of principal officer:MIKE NISBET SAME AS C ABOVE   |          | for subordinates <b>H(b)</b> Are all subordinates in |                              |
| ΙΤ                   | ax-ex                        | empt status: $\square$ 501(c)(3) $\square$ 501(c)( $\square$ 4 ) $\square$ (insert no.) $\square$ 4947(a)(1) or $\square$ | 527      | 1  | list. See instructions       |
|                      |                              | te: N/A   |          | H(c) Group exemption                                 |                              |
|                      |                              |   | L Year   |  | State of legal domicile: NY  |
|                      |                              | Summary   |          |  | <u> </u>                     |
|                      | 1                            | Briefly describe the organization's mission or most significant activities: THE PUF                                       | RPOS     | E OF THE ST  | EUBEN AREA                   |
| )Ce                  | l                            | ECONOMIC DEVELOPMENT CORPORATION IS TO PROM   | ИОТЕ     | THE GENERA   | L WELFARE                    |
| Governance           | 2                            | Check this box if the organization discontinued its operations or disposed of   |          |  |                              |
| ver                  | 3                            | Number of voting members of the governing body (Part VI, line 1a)   |          | 1 1  | 7                            |
|                      | 4                            | Number of independent voting members of the governing body (Part VI, line 1b)   |          |  |                              |
| Activities &         | 5                            | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  |          |  | 0                            |
| iţi                  | 6                            |   |          |  | 0                            |
| τįς                  |                              | Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  |          |  | 0.                           |
| A                    |                              |   |          |  | 0.                           |
|                      | В                            | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <u></u>  |  | Current Year                 |
|                      |                              | Contributions and sweets (Dout VIII line 11)  |          | Prior Year<br>800,000.                               | 0.                           |
| ıne                  | 8                            | Contributions and grants (Part VIII, line 1h)   |          | 0.00,000.  | 0.                           |
| Revenue              | 9                            | Program service revenue (Part VIII, line 2g)  |          | 1,862.   | 319.                         |
| Re                   | 10                           | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |          | 0.   | 0.                           |
|                      | 11                           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |          | 801,862.   | 319.                         |
|                      | 12                           | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | 800,000.   | 0.                           |
|                      | 13                           | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |          | 0.   | 0.                           |
|                      | 14                           | Benefits paid to or for members (Part IX, column (A), line 4)   |          | 0.   | 0.                           |
| ses                  | 15                           | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |          | 0.   | 0.                           |
| ens                  |                              | Professional fundraising fees (Part IX, column (A), line 11e)   |          | 0.   | 0.                           |
| Expenses             |                              | Total fundraising expenses (Part IX, column (D), line 25)   | <u> </u> | 10 207   | 0.050                        |
| _                    | l                            | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |          | 10,387.<br>810,387.                                  | 9,950.<br>9,950.             |
|                      | 18                           | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |          | -8,525.  | -9,631.                      |
| _ s                  | 19                           | Revenue less expenses. Subtract line 18 from line 12  |          | -  |                              |
| ts o                 |                              | Total assets (Part X, line 16) Total liabilities (Part X, line 26)  | Ве       | ginning of Current Year 261,202.                     | End of Year 251,571.         |
| Sse<br>Bala          | 20                           | Total assets (Part X, line 16)  |          | 0.   | 0.                           |
| Net Asse<br>Fund Bal | 22                           | Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20                           |          | 261,202.   | 251,571.                     |
|                      | rt II                        | Signature Block   |          | 201,202  | 231,3111                     |
|                      |                              | alties of perjury, I declare that I have examined this return, including accompanying schedules and                       | statem   | ents, and to the hest of my                          | / knowledge and helief it is |
|                      |                              | ct, and complete. Declaration of preparer (other than officer) is based on all information of which p                     |          |  | , moviouge and bonoi, it is  |
| ,                    |                              | <b>\</b>  |          |  |                              |
| Sigr                 | 1                            | Signature of officer  |          | Date   |                              |
| Her                  |                              | MIKE NISBET, CHAIRMAN   |          |  |                              |
|                      | _                            | Type or print name and title  |          |  |                              |
|                      |                              | Print/Type preparer's name Preparer's signature   |          | Date Check   | PTIN                         |
| Paid                 | l                            | JOSEPH J. KEHM JOSEPH J. KEHM   | 0        | 3/22/21 if self-employed                             | P00534974                    |
| Prep                 | arer                         | Firm's name FFPR GROUP, CPAS, PLLC  | I        | Firm's EIN   | **-***8079                   |
|                      | Only                         | Firm's address 100 SOUTH CLINTON AVE, SUITE 1500  |          |  |                              |
|                      | -                            | ROCHESTER, NY 14604-1801  |          | Phone no.58  | 5-427-8900                   |
| May                  | the I                        | RS discuss this return with the preparer shown above? See instructions  |          |  | X Yes No                     |
|                      |                              |   |          |  | F 000 (2222)                 |

| Pa              | Statement of Program Service Accomplishments   |
|-----------------|--|
|                 | Check if Schedule O contains a response or note to any line in this Part III   |
| 1               | Briefly describe the organization's mission:   |
|                 | THE PURPOSE OF THE STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION IS TO   |
|                 | PROMOTE THE GENERAL WELFARE OF THE RESIDENTS OF STEUBEN COUNTY, LESSEN   |
|                 | THE BURDEN TO GOVERNMENT ENTITIES, AID IN RELIEVING AND REDUCING ADULT   |
|                 | UNEMPLOYMENT, AND ACT OTHERWISE IN THE PUBLIC INTEREST.  |
| 2               | Did the organization undertake any significant program services during the year which were not listed on the                                 |
| _               | prior Form 990 or 990-EZ?  |
|                 | If "Yes," describe these new services on Schedule O.   |
| 3               | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No                       |
| 3               |  |
|                 | If "Yes," describe these changes on Schedule O.  |
| 4               | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|                 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|                 | revenue, if any, for each program service reported.  |
| 4a              | (Code:) (Expenses \$   |
|                 | THE CORPORATION IS ORGANIZED TO PROMOTE THE ECONOMIC WELFARE OF  |
|                 | INHABITANTS OF STEUBEN COUNTY, NY AND TO ACTIVELY PROMOTE, ATTRACT,  |
|                 | ENCOURAGE, AND DEVELOP ECONOMICALLY SOUND COMMERCE AND INDUSTRY BY   |
|                 | ENHANCING JOB OPPORTUNITIES.   |
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| 4b              | (Code:) (Expenses \$   |
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| 4c              | (Code:) (Expenses \$   |
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| 4d              | Other program services (Describe on Schedule O.)   |
| <del>-t</del> u |  |
| 40              | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses •  |
| <u>4e</u>       | Total program service expenses ► Form <b>990</b> (2020)  |
|                 | 10111330 (2020)  |

### Part IV Checklist of Required Schedules

|           |   |           | Yes | No |
|-----------|---|-----------|-----|----|
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |           |     |    |
|           | If "Yes," complete Schedule A   | 1         |     | X  |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2         |     | Х  |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |           |     | v  |
| _         | public office? If "Yes," complete Schedule C, Part I  | 3         |     | X  |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |           |     |    |
| _         | during the tax year? If "Yes," complete Schedule C, Part II   | 4         |     |    |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | _         |     | x  |
| 6         | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5         |     |    |
| 6         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6         |     | x  |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 0         |     |    |
| ′         | the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II.  | 7         |     | х  |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | <u>'</u>  |     |    |
| Ū         | Schedule D, Part III  | 8         |     | х  |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | Ŭ         |     |    |
| Ŭ         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |           |     |    |
|           | If "Yes," complete Schedule D, Part IV  | 9         |     | х  |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |           |     |    |
|           | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10        |     | х  |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  |           |     |    |
|           | as applicable.  |           |     |    |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |           |     |    |
|           | Part VI   | 11a       |     | X  |
| b         | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |           |     |    |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b       |     | X  |
| С         | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |           |     |    |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c       |     | X  |
| d         | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |           |     |    |
|           | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d       |     | X  |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       |     | X  |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |           | 37  |    |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f       | Х   |    |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |           | v   |    |
|           | Schedule D, Parts XI and XII  | 12a       | Х   |    |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 401-      |     | х  |
| 40        | 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  | 12b<br>13 |     | X  |
| 13<br>14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a       |     | X  |
| 14a<br>b  |   | 144       |     |    |
| D         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |           |     |    |
|           | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b       |     | х  |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |           |     |    |
|           | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15        |     | х  |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |           |     |    |
|           | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |     | Х  |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |           |     |    |
|           | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17        |     | X  |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |           |     |    |
|           | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18        |     | X  |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |           |     |    |
|           | complete Schedule G, Part III   | 19        |     | X  |
|           | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a       |     | X  |
| b         | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       |     |    |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |           |     | 7, |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21        |     | X  |

| Form | n 990 (2020) STEUBEN AREA ECONOMIC DEVELOPMENT CORP. **-***5   | 812      | Р    | age '        |
|------|--|----------|------|--------------|
| Pa   | rt IV Checklist of Required Schedules (continued)  |          | Yes  | No           |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |          | 162  | INO          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       |      | Х            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |          |      |              |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |          |      |              |
|      | Schedule J   | 23       |      | Х            |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | <u> </u> |      |              |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |          |      |              |
|      | Schedule K. If "No," go to line 25a  | 24a      |      | Х            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b      |      |              |
|      | 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    | I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |      |              |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |          |      |              |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a      |      | X            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |          |      |              |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |          |      |              |
|      | Schedule L, Part I   | 25b      |      | X            |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |          |      |              |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |          |      |              |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26       |      | X            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |          |      |              |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |          |      |              |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27       |      | X            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |          |      |              |
|      | instructions, for applicable filing thresholds, conditions, and exceptions):   |          |      |              |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |          |      | ١            |
|      | "Yes," complete Schedule L, Part IV  | 28a      |      | X            |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b      |      | Х            |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If   |          |      | 3,7          |
|      | "Yes," complete Schedule L, Part IV  | 28c      |      | X            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29       |      | Х            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |          |      | X            |
|      | contributions? If "Yes," complete Schedule M   | 30       |      | X            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31       |      | Δ            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |          |      | x            |
|      | Schedule N, Part II  | 32       |      | _^           |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |          |      | x            |
| 24   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33       |      |              |
| 34   |  | 24       | Х    |              |
| 25.0 | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34       |      | Х            |
|      | o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 35a      |      |              |
| ь    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |      |              |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 330      |      |              |
| 30   | If "Yes," complete Schedule R, Part V, line 2  | 36       |      |              |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30       |      |              |
| 31   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37       |      | x            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | 31       |      | <del> </del> |
| 30   | Note: All Form 990 filers are required to complete Schedule O  | 38       | x    |              |
| Pa   | irt V Statements Regarding Other IRS Filings and Tax Compliance  | 1 00     |      |              |
|      | Check if Schedule O contains a response or note to any line in this Part V   |          |      |              |
| -    | 2.121 250440 0 Contains a responde of field to any line in the fact v  |          | Yes  | No           |
| 12   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |          | 1.03 | 140          |
|      | Enter the number reported in 25x 5 61 form 1555. Enter 6 in not applicable 1b 0  |          |      |              |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 1        |      |              |

032004 12-23-20

(gambling) winnings to prize winners?

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

|        |  |                            |          | Yes | No          |
|--------|--|----------------------------|----------|-----|-------------|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                            |          |     |             |
|        | filed for the calendar year ending with or within the year covered by this return  | 2a 0                       |          |     |             |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?                        | 2b       |     |             |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |                            |          |     |             |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                            | За       |     | X           |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0  |                            | 3b       |     |             |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | uthority over, a           |          |     |             |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccount)?                   | 4a       |     | X           |
| b      | If "Yes," enter the name of the foreign country  |                            |          |     |             |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac  |                            |          |     |             |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                            | 5a       |     | X           |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  |                            | 5b       |     | X           |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                            | 5c       |     |             |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |                            | _        |     | . v         |
|        | any contributions that were not tax deductible as charitable contributions?  |                            | 6a       |     | X           |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution   | -                          | 01       |     |             |
| _      | were not tax deductible?   |                            | 6b       |     |             |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | ione provided to the payor |          |     | Х           |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv   |                            | 7a<br>7b |     |             |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa   | o roquirod                 | 70       |     |             |
| C      |  | s required                 | 7c       |     | Х           |
| d      |  | 7d                         | 70       |     |             |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   |                            | 7e       |     |             |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  |                            | 7f       |     |             |
| g<br>g | If the organization received a contribution of qualified intellectual property, did the organization file For  |                            | 7g       |     |             |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |                            | 7h       |     |             |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  |                            |          |     |             |
|        | 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       |     |             |
| 10     | Section 501(c)(7) organizations. Enter:  |                            |          |     |             |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                        |          |     |             |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                        |          |     |             |
| 11     | Section 501(c)(12) organizations. Enter:   |                            |          |     |             |
| а      | To the contract of the contrac | 11a                        |          |     |             |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |                            |          |     |             |
|        | ,  | 11b                        |          |     |             |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1   |                            | 12a      |     |             |
|        | ,  | 12b                        |          |     |             |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                            | 40       |     |             |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   |                            | 13a      |     |             |
|        | <b>Note:</b> 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   | 13b                        |          |     |             |
| _      |  | 13c                        |          |     |             |
|        |  | •                          | 14a      |     | X           |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule  | e O                        | 14b      |     | <del></del> |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |                            | טדיו     |     |             |
|        | excess parachute payment(s) during the year?   |                            | 15       |     | х           |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |                            |          |     |             |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | income?                    | 16       |     | х           |
|        | If "Yes," complete Form 4720, Schedule O.  |                            |          |     |             |
|        |  |                            |          | 222 |             |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |          |          | X    |
|-----|---|----------|----------|------|
| Sec | tion 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   | 4        |          |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |          |          |      |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |          |          |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b   |          |          |      |
| 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               |          |          |      |
|     | of officers, directors, 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        |          | Х    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5        |          | Х    |
| 6   | Did the organization have members or stockholders?  | 6        |          | Х    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |          |          |      |
|     | more members of the governing body?   | 7a       |          | X    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |          |          |      |
|     | persons other than the governing body?  | 7b       |          | X    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          |          |      |
| а   | The governing body?   | 8a       | Х        |      |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b       | Х        |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |          |          |      |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9        |          | Х    |
| 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      |          | Х    |
|     | 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        |      |
| b   | 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        |      |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |          |          |      |
|     | in Schedule O how this was done   | 12c      | Х        |      |
| 13  | Did the organization have a written whistleblower policy?   | 13       | Х        |      |
| 14  | Did the organization have a written document retention and destruction policy?  | 14       |          | Х    |
| 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?                                   |          |          |      |
| а   | The organization's CEO, Executive Director, or top management official  | 15a      |          | Х    |
| b   | Other officers or key employees of the organization   | 15b      |          | X    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |          |          |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |          |          |      |
|     | taxable entity during the year?   | 16a      |          | Х    |
| 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      |          |      |
| Sec | tion C. Disclosure  |          |          |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► NONE   |          |          |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(       | 3)s only | /) avail | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.   | ,        |          |      |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  |          |          |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a       | nd fina  | ncial    |      |
|     | statements available to the public during the tax year.   |          |          |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |          |          |      |
|     | THE BOARD OF DIRECTORS - 607-776-3316   |          |          |      |
|     | 7234 STATE ROUTE 54, BATH, NY 14810   |          |          |      |

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| <b>(A)</b><br>Name and title   | (B)  | (C)              |   | (C)       |      | <b>(C</b> )<br>Posit         |              | (C)<br>Positio                                 |  | <b>(C)</b><br>Position  |  | <b>(D)</b><br>Reportable | <b>(E)</b><br>Reportable | <b>(F)</b><br>Estimated |
|--------------------------------|--|------------------|---|-----------|------|------------------------------|--------------|--|--|---|--|--------------------------|--------------------------|-------------------------|
| Name and title                 | Average hours per  | box              | (do not check more than or<br>box, unless person is both<br>officer and a director/truste |           | h an | compensation                 | compensation | amount of                                      |  |   |  |                          |                          |                         |
|                                | week (list any hours for related organizations below line) | stee or director | Institutional trustee   | Officer p |      | Highest compensated employee |              | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |  |                          |                          |                         |
| (1) MICHAEL NISBET<br>CHAIRMAN | 0.30   |                  |   | X         |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| (2) SCOTT VANETTEN             | 0.30   |                  | -   | Δ         |      |                              |              | 0.   | 0.   | U   |  |                          |                          |                         |
| VICE CHAIRMAN                  | 0.50   | 1                |   | x         |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| (3) MARK ALGER                 | 0.30   |                  |   |           |      |                              |              | •  | •  |   |  |                          |                          |                         |
| SECRETARY                      |  |                  |   | X         |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| (4) ANTHONY RUSSO              | 0.30   | 7                | M   |           |      |                              |              |  |  | _   |  |                          |                          |                         |
| TREASURER                      | 0.20   |                  |   | Х         |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| (5) MICHAEL DOYLE              | 0.30   | x                |   |           |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| MEMBER (6) CHRISTINE SHARKEY   | 0.30   | ^                |   |           |      |                              |              | 0.   | 0.   | U   |  |                          |                          |                         |
| MEMBER                         | 0.50   | x                |   |           |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
| (7) DEAN STROBEL               | 0.30   |                  |   |           |      |                              |              | -  |  |   |  |                          |                          |                         |
| MEMBER                         |  | Х                |   |           |      |                              |              | 0.   | 0.   | 0   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  | -   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  | 1                |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  | _   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  | $\vdash$  |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |
|                                |  |                  |   |           |      |                              |              |  |  |   |  |                          |                          |                         |

Form **990** (2020)

| Pa  | T VII   Section A. Officers, Directors, Trus  |                                       | ploy                           | ees   |          |                         | ighe                         | st C        |                                 |                  |       |                   | (F)                  |          |
|-----|---|---------------------------------------|--------------------------------|---|----------|-------------------------|------------------------------|-------------|---------------------------------|------------------|-------|-------------------|----------------------|----------|
|     | (A)   | (B)                                   | (C)<br>Position                |   |          | ,                       |                              | (D)         | (E)                             | ` '              |       |                   |                      |          |
|     | Name and title  | Average hours per                     |                                | (do not check more than one box, unless person is both an |          | Reportable compensation | Reportable compensation      |             | l                               | timate           |       |                   |                      |          |
|     |   | week                                  |                                |   |          |                         | or/trus                      |             | from                            | from related     |       |                   | other                | ,        |
|     |   | (list any                             | rector                         |   |          |                         |                              |             | the                             | organization     | ns    |                   | pensat               |          |
|     |   | hours for related                     | e or di                        | tee   |          |                         | sated                        |             | organization<br>(W-2/1099-MISC) | (W-2/1099-MIS    | SC)   |                   | om the<br>anizati    |          |
|     |   | organizations                         | truste                         | al trus   |          | yee                     | uaduc                        |             | (** 27 1000 141100)             |                  |       | ·                 | d relate             |          |
|     |   | below<br>line)                        | Individual trustee or director | Institutional trustee                                     | Officer  | Key employee            | Highest compensated employee | mer         |                                 |                  |       | orga              | anizatio             | ns       |
|     |   | iii ie)                               | Pi Pi                          | lus   | ₽        | Ke                      | E E                          | 훈           |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              | K           |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              | H           |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   | 4        |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
| 1b  | Subtotal  |                                       |                                | .,  | <u> </u> |                         |                              | <b>&gt;</b> | 0.                              |                  | 0.    |                   |                      | 0.       |
|     | Total from continuation sheets to Part VI   |                                       |                                | . 4   |          |                         |                              |             | 0.                              |                  | 0.    |                   |                      | 0.       |
| a   | Total (add lines 1b and 1c)  Total number of individuals (including but n                         |                                       | _                              | - 1   |          |                         |                              | ho re       |                                 | 000 of reportab  |       |                   |                      | 0.       |
| _   | compensation from the organization  | ot iii iii ii ca to ti                | 1030                           | IISC  | Julia    |                         | C) WI                        | 110 10      | eccived more than \$100         | ,000 or reportab |       |                   |                      | 0        |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  | 1     |                   | Yes                  | No       |
| 3   | Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s |                                       |                                |   |          |                         |                              |             |                                 |                  |       | 3                 |                      | Х        |
| 4   | For any individual listed on line 1a, is the su   |                                       |                                |   |          |                         |                              |             |                                 |                  |       | 3                 |                      |          |
| •   | and related organizations greater than \$150  |                                       |                                |   |          |                         |                              |             |                                 |                  |       | 4                 |                      | Х        |
| 5   | Did any person listed on line 1a receive or a   | · · · · · · · · · · · · · · · · · · · |                                |   |          | -                       |                              |             | ~                               |                  | 3     |                   |                      |          |
| Sec | rendered to the organization? If "Yes," cometion B. Independent Contractors                       | plete Schedul                         | e J f                          | or s  | uch      | pers                    | son .                        |             |                                 |                  |       | 5                 |                      | <u> </u> |
| 1   | Complete this table for your five highest co  | mpensated in                          | depe                           | ende  | ent c    | onti                    | racto                        | ors t       | hat received more than          | \$100,000 of con | npens | ation             | rom                  |          |
|     | the organization. Report compensation for   | the calendar y                        | ear                            | endi  | ng v     | vith                    | or w                         | /ithir      |                                 | year.            |       |                   |                      |          |
|     | <b>(A)</b><br>Name and business   | address                               | NO                             | INC   | 3        |                         |                              |             | <b>(B)</b><br>Description of s  | ervices          | С     | <b>))</b><br>ompe | <b>;)</b><br>nsatior | 1        |
|     |   |                                       |                                |   |          |                         |                              |             | <u> </u>                        |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              | +           |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
|     |   |                                       |                                |   |          |                         |                              |             |                                 |                  |       |                   |                      |          |
| 2   | Total number of independent contractors (i \$100,000 of compensation from the organi              |                                       | ot li                          | mite  | d to     |                         | se li:                       | sted        | d above) who received m         | nore than        |       |                   |                      |          |
|     | 9100,000 of compensation from the organi  | ZaliUi 🚩                              |                                |   |          |                         |                              |             |                                 |                  |       | Form              | 990 (2               | 0000     |

|  |      |        | 2020) STEUBEN AREA  | ECONOMIC            | DEVELOPME            | NT CORP.                               | **-***5   | 812 Page <b>9</b> |
|--|------|--------|---|---------------------|----------------------|--|-----------|-------------------|
| Pa   | rt \ | /III   |   |                     |                      |  |           |                   |
|  |      |        | Check if Schedule O contains a response                   | or note to any line | e in this Part VIII  | (5)                                    |           |                   |
|  |      |        |   |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | Unrelated | Revenue excluded  |
| ts   | 1    | а      | Federated campaigns 1a                                    |                     |                      |  |           |                   |
| Contributions, Gifts, Grants and Other Similar Amounts |      |        | Membership dues 1b  |                     |                      |  |           |                   |
| s, G<br>Am   |      |        | Fundraising events 1c                                     |                     |                      |  |           |                   |
| Sift<br>lar,   |      |        | Related organizations 1d                                  |                     |                      |  |           |                   |
| ıs, (<br>imi   |      | е      | Government grants (contributions) 1e                      |                     |                      |  |           |                   |
| tior<br>sr S   |      | f      | All other contributions, gifts, grants, and               |                     |                      |  |           |                   |
| ibu<br>The   |      |        | similar amounts not included above 1f                     |                     |                      |  |           |                   |
| ontr<br>od C   |      | g      | Noncash contributions included in lines 1a-1f 1g \$       |                     |                      |  |           |                   |
| <u>a C</u>   |      | h      | Total. Add lines 1a-1f                                    | <b>&gt;</b>         |                      |  |           |                   |
|  |      |        |   | Business Code       |                      |  |           |                   |
| Program Service<br>Revenue                             | 2    | а      |   |                     |                      |  |           |                   |
| erv<br>ue  |      | b      |   |                     |                      |  |           |                   |
| m<br>ven   |      | С.     |   |                     |                      |  |           |                   |
| gra<br>Re  |      | d      |   |                     |                      |  |           |                   |
| Pro  |      | e<br>• | All other program service revenue                         |                     |                      |  |           |                   |
|  |      | f<br>g | Total. Add lines 2a-2f                                    |                     |                      |  |           |                   |
|  | 3    | _      | Investment income (including dividends, intere            |                     |                      |  |           |                   |
|  |      |        | other similar amounts)                                    |                     | 319.                 |  |           | 319.              |
|  | 4    |        | Income from investment of tax-exempt bond p               |                     |                      |  |           |                   |
|  | 5    |        | Royalties   |                     |                      |  |           |                   |
|  |      |        | (i) Real  | (ii) Personal       |                      |  |           |                   |
|  | 6    | а      | Gross rents 6a  |                     |                      |  |           |                   |
|  |      | b      | Less: rental expenses 6b                                  |                     |                      |  |           |                   |
|  |      |        | Rental income or (loss) 6c                                |                     |                      |  |           |                   |
|  |      |        | Net rental income or (loss)                               |                     |                      |  |           |                   |
|  | 7    | а      | Gross amount from sales of (i) Securities                 | (ii) Other          |                      |  |           |                   |
|  |      |        | assets other than inventory 7a                            |                     |                      |  |           |                   |
| ō  |      | b      | Less: cost or other basis                                 |                     |                      |  |           |                   |
| evenue   |      | _      | and sales expenses 7b Gain or (loss) 7c                   |                     |                      |  |           |                   |
| Rev  |      |        | Net gain or (loss)  |                     |                      |  |           |                   |
| er   | 8    |        | Gross income from fundraising events (not                 |                     |                      |  |           |                   |
| Other  |      | _      | including \$ of   |                     |                      |  |           |                   |
|  |      |        | contributions reported on line 1c). See                   |                     |                      |  |           |                   |
|  |      |        | Part IV, line 18  |                     |                      |  |           |                   |
|  |      | b      | Less: direct expenses8b                                   |                     |                      |  |           |                   |
|  |      | С      | Net income or (loss) from fundraising events              | <b>&gt;</b>         |                      |  |           |                   |
|  | 9    | а      | Gross income from gaming activities. See                  |                     |                      |  |           |                   |
|  |      |        | Part IV, line 19  |                     |                      |  |           |                   |
|  |      |        | Less: direct expenses 9b                                  |                     |                      |  |           |                   |
|  | 10   |        | Net income or (loss) from gaming activities               | <u> </u>            |                      |  |           |                   |
|  | iU   | d      | Gross sales of inventory, less returns and allowances 10a | ,                   |                      |  |           |                   |
|  |      | b      | Less: cost of goods sold 10th                             |                     |                      |  |           |                   |
|  |      |        | Net income or (loss) from sales of inventory              |                     |                      |  |           |                   |
| s  |      |        |   | Business Code       |                      |  |           |                   |
| 90n  | 11   | а      |   |                     |                      |  |           |                   |
| lant   |      | b      |   |                     |                      |  |           |                   |
| Miscellaneous<br>Revenue                               |      | С      |   |                     |                      |  |           |                   |
| Mis  |      |        | All other revenue   |                     |                      |  |           |                   |
|  |      |        | Total. Add lines 11a-11d                                  |                     | 319.                 | 0.                                     | 0.        | 319.              |
|  | 12   |        | Total revenue. See instructions                           | <b></b>             | 313.                 | ı .                                    | <u> </u>  | 519.              |

### Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations mu | st complete column (A). |  |
|---|-------------------------|--|

|    | Check if Schedule O contains a respon   |                       |                                      |                                     |                                       |
|----|---|-----------------------|--------------------------------------|-------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                            | (A)<br>Total expenses | ( <b>B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>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   |                       |                                      |                                     |                                       |
| 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  |                       |                                      |                                     |                                       |
| 8  | Pension plan accruals and contributions (include  |                       |                                      |                                     |                                       |
|    | section 401(k) and 403(b) employer contributions)   |                       |                                      |                                     |                                       |
| 9  | Other employee benefits   |                       |                                      |                                     |                                       |
| 10 | Payroll taxes   |                       |                                      |                                     |                                       |
| 11 | Fees for services (nonemployees):   |                       |                                      |                                     |                                       |
| а  | Management  |                       |                                      |                                     |                                       |
| b  | Legal   |                       |                                      |                                     |                                       |
| С  | Accounting  | 1,850.                |                                      | 1,850.                              |                                       |
| d  | Lobbying  |                       |                                      |                                     |                                       |
| е  | Professional fundraising services. See Part IV, line 17   |                       |                                      |                                     |                                       |
| f  | Investment management fees  |                       |                                      |                                     |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                       |                                      |                                     |                                       |
|    | column (A) amount, list line 11g expenses on Sch O.)  |                       |                                      |                                     |                                       |
| 12 | Advertising and promotion   | 3,000.                |                                      | 3,000.                              |                                       |
| 13 | Office expenses   |                       |                                      |                                     |                                       |
| 14 | Information technology  |                       |                                      |                                     |                                       |
| 15 | Royalties   |                       |                                      |                                     |                                       |
| 16 | Occupancy   |                       |                                      |                                     |                                       |
| 17 | Travel  |                       |                                      |                                     |                                       |
| 18 | Payments of travel or entertainment expenses  |                       |                                      |                                     |                                       |
|    | for any federal, state, or local public officials   |                       |                                      |                                     |                                       |
| 19 | Conferences, conventions, and meetings  |                       |                                      |                                     |                                       |
| 20 | Interest  |                       |                                      |                                     |                                       |
| 21 | Payments to affiliates  |                       |                                      |                                     |                                       |
| 22 | Depreciation, depletion, and amortization   |                       |                                      |                                     |                                       |
| 23 | Insurance   |                       |                                      |                                     |                                       |
| 24 | Other expenses. Itemize expenses not covered  |                       |                                      |                                     |                                       |
|    | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) |                       |                                      |                                     |                                       |
|    | amount, list line 24e expenses on Schedule 0.)  |                       |                                      |                                     |                                       |
| а  | PROGRAM EXPENSE   | 3,600.                |                                      | 3,600.                              |                                       |
| b  | MISCELLANEOUS EXPENSE   | 1,250.                |                                      | 1,250.                              |                                       |
| С  | WEBSITE   | 250.                  |                                      | 250.                                |                                       |
| d  |   |                       |                                      |                                     |                                       |
| е  | All other expenses  |                       |                                      |                                     |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 9,950.                | 0.                                   | 9,950.                              | 0                                     |
| 26 | Joint costs. Complete this line only if the organization  |                       |                                      |                                     |                                       |
|    | reported in column (B) joint costs from a combined  |                       |                                      |                                     |                                       |
|    | educational campaign and fundraising solicitation.  |                       |                                      |                                     |                                       |
|    | Check here if following SOP 98-2 (ASC 958-720)  |                       |                                      |                                     |                                       |
|    | n 12-23-20  |                       |                                      | ·                                   | Form <b>990</b> (202)                 |

Form **990** (2020)

| orm 990 (<br>Part X              | Balance Sheet  | LIVI COILI •                    |     | """5612 Page 11           |
|----------------------------------|--|---------------------------------|-----|---------------------------|
|                                  | Check if Schedule O contains a response or note to any line in this Part X   |                                 |     |                           |
|                                  |  | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1                                | Cash - non-interest-bearing  | 163,181.                        | 1   | 153,231                   |
| 2                                | Savings and temporary cash investments                                       | 98,021.                         | 2   | 98,340                    |
| 3                                | Pledges and grants receivable, net   |                                 | 3   |                           |
| 4                                | Accounts receivable, net   |                                 | 4   |                           |
| 5                                | Loans and other receivables from any current or former officer, director,    |                                 |     |                           |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |     |                           |
|                                  | controlled entity or family member of any of these persons                   |                                 | 5   |                           |
| 6                                | Loans and other receivables from other disqualified persons (as defined      |                                 |     |                           |
|                                  | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                                 | 6   |                           |
| 2 7                              | Notes and loans receivable, net  |                                 | 7   |                           |
| 8                                | Inventories for sale or use  |                                 | 8   |                           |
| ť   9                            | Prepaid expenses and deferred charges  |                                 | 9   |                           |
| 10a                              | Land, buildings, and equipment: cost or other                                |                                 |     |                           |
|                                  | basis. Complete Part VI of Schedule D 10a                                    |                                 |     |                           |
| Ь                                | Less: accumulated depreciation 10b   |                                 | 10c |                           |
| 11                               | Investments - publicly traded securities                                     |                                 | 11  |                           |
| 12                               | Investments - other securities. See Part IV, line 11                         |                                 | 12  |                           |
| 13                               | Investments - program-related. See Part IV, line 11                          |                                 | 13  |                           |
| 14                               | Intangible assets  |                                 | 14  |                           |
| 15                               | Other assets. See Part IV, line 11   |                                 | 15  |                           |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 33)                    | 261,202.                        | 16  | 251,571                   |
| 17                               | Accounts payable and accrued expenses  |                                 | 17  |                           |
| 18                               | Grants payable   |                                 | 18  |                           |
| 19                               | Deferred revenue   |                                 | 19  |                           |
| 20                               | Tax-exempt bond liabilities  |                                 | 20  |                           |
| 21                               | Escrow or custodial account liability. Complete Part IV of Schedule D        |                                 | 21  |                           |
| g 22                             | Loans and other payables to any current or former officer, director,         |                                 |     |                           |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |     |                           |
| <u> </u>                         | controlled entity or family member of any of these persons                   |                                 | 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                                   | 0.                              | 26  | 0                         |
| ,                                | Organizations that follow FASB ASC 958, check here ▶ X                       |                                 |     |                           |
| 2                                | and complete lines 27, 28, 32, and 33.                                       |                                 |     |                           |
| 27                               | Net assets without donor restrictions  | 261,202.                        | 27  | 251,571                   |
| 28                               | Net assets with donor restrictions   |                                 | 28  |                           |
| <b>Í</b>                         | Organizations that do not follow FASB ASC 958, check here                    |                                 |     |                           |
| -                                | and complete lines 29 through 33.  |                                 |     |                           |
| 29                               | Capital stock or trust principal, or current funds                           |                                 | 29  |                           |
| 30                               | Paid-in or capital surplus, or land, building, or equipment fund             |                                 | 30  |                           |
| 27<br>28<br>29<br>30<br>31<br>32 | Retained earnings, endowment, accumulated income, or other funds             | 0.64 0.00                       | 31  | 054 554                   |
| _                                | Total net assets or fund balances  | 261,202.                        | 32  | 251,571                   |
| 33                               | Total liabilities and net assets/fund balances                               | 261,202.                        | 33  | 251,571                   |

| Pa | rt XI Reconciliation of Net Assets  |            |       |                   |             |
|----|---|------------|-------|-------------------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |            |       |                   |             |
| 4  | Total revenue (must equal Port VIII. column (A), line 12)   |            |       | 3                 | 19.         |
| 1  | Total evenue (must equal Part VIII, column (A), line 12)  | 2          |       | <del>9,9</del>    |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 3          |       |                   | 31.         |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 4          |       | $\frac{3,0}{1,2}$ |             |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 5          |       | <u> </u>          | 02.         |
| 5  | Net unrealized gains (losses) on investments  | _          |       |                   |             |
| 6  | Donated services and use of facilities  | 6          |       |                   |             |
| 7  | Investment expenses   | 7          |       |                   |             |
| 8  | Prior period adjustments  | 8          |       |                   | 0.          |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9          |       |                   | <u> </u>    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,  |            | 2.5   | 1 -               | 71          |
| Da | column (B))   | 10         |       | 1,5               | / 1 •       |
| Pa | rt XII Financial Statements and Reporting   |            |       |                   | X           |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |            |       |                   |             |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |       | Yes               | No          |
| •  | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  | 0          |       |                   |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |            | 2a    |                   | х           |
| Lu | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed   |            |       |                   |             |
|    | separate basis, consolidated basis, or both:  | 3 011 0    |       |                   |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |            |       |                   |             |
| h  | Were the organization's financial statements audited by an independent accountant?  |            | 2b    | Х                 |             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate  |            |       |                   |             |
|    | consolidated basis, or both:  | o basis,   |       |                   |             |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |            |       |                   |             |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audit    |       |                   |             |
| ·  | review, or compilation of its financial statements and selection of an independent accountant?  |            | 2c    | Х                 | 1           |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sci   |            |       |                   |             |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si  |            |       |                   |             |
| Ja |   | -          | 3a    |                   | x           |
| h  | Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ired audit | Ja    |                   | <del></del> |
| J  | or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |            | 3b    |                   |             |
|    | or addits, explain wity on somedule of and describe any steps taken to undergo such addits  |            |       | 990               | (2020)      |
|    |   |            | i OHH | 550               | (CUZU)      |

032012 12-23-20

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

**Employer identification number** \*\*-\*\*\*5812

| Pai | t I Organizations Maintaining Donor Advise                           | ed Funds or Other Similar Funds or                 | Accounts. Complete if the        |
|-----|--|--|----------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, lir                | 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 advised f    | unds                             |
|     | are the organization's property, subject to the organization's       | exclusive legal control?                           | Yes                              |
| 6   | Did the organization inform all grantees, donors, and donor a        | advisors in writing that grant funds can be use    | d only                           |
|     | for charitable purposes and not for the benefit of the donor         | or donor advisor, or for any other purpose con     | ferring                          |
| _   |  |  |                                  |
| Pai |  |  | IV, line 7.                      |
| 1   | Purpose(s) of conservation easements held by the organizat           |  |                                  |
|     | Preservation of land for public use (for example, recrea             |  | storically important land area   |
|     | Protection of natural habitat  | Preservation of a ce                               | ertified historic structure      |
|     | Preservation of open space   |  |                                  |
| 2   | Complete lines 2a through 2d if the organization held a quali        | fied conservation contribution in the form of a    |                                  |
|     | day of the tax year.   |  | Held at the End of the Tax Year  |
|     | Total number of conservation easements                               |  |                                  |
|     | Total acreage restricted by conservation easements                   |  |                                  |
|     | Number of conservation easements on a certified historic str         |  | . 2c                             |
| a   | Number of conservation easements included in (c) acquired            |  |                                  |
| _   | listed in the National Register                                      |  |                                  |
| 3   | Number of conservation easements modified, transferred, re           | lleased, extiliguished, or terminated by the org   | ganization during the tax        |
| 4   | year ▶<br>Number of states where property subject to conservation ea | coment is leasted                                  |                                  |
| 5   | Does the organization have a written policy regarding the pe         |  |                                  |
| 3   | violations, and enforcement of the conservation easements            |  | Yes No                           |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,         |  |                                  |
| Ū   |  | Thanking of Violations, and emoreing conservi      | ation outsiments during the year |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand          | dling of violations, and enforcing conservation    | easements during the year        |
|     | <b>&gt;</b> \$   |  | ,                                |
| 8   | Does each conservation easement reported on line 2(d) about          | ve satisfy the requirements of section 170(h)(4    | 4)(B)(i)                         |
|     | and section 170(h)(4)(B)(ii)?  |  |                                  |
| 9   | In Part XIII, describe how the organization reports conservat        | ion easements in its revenue and expense sta       | tement and                       |
|     | balance sheet, and include, if applicable, the text of the foot      | note to the organization's financial statements    | that describes the               |
|     | organization's accounting for conservation easements.                |  |                                  |
| Pai | t III Organizations Maintaining Collections of                       | f Art, Historical Treasures, or Othe               | r Similar Assets.                |
|     | Complete if the organization answered "Yes" on Form                  | n 990, Part IV, line 8.                            |                                  |
| 1a  | If the organization elected, as permitted under FASB ASC 95          | 58, not to report in its revenue statement and I   | balance sheet works              |
|     | of art, historical treasures, or other similar assets held for pu    | blic exhibition, education, or research in furthe  | erance of public                 |
|     | service, provide in Part XIII the text of the footnote to its final  | ncial statements that describes these items.       |                                  |
| b   | If the organization elected, as permitted under FASB ASC 95          | 58, to report in its revenue statement and bala    | nce sheet works of               |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education, or research in furtheral    | nce of public service,           |
|     | provide the following amounts relating to these items:               |  |                                  |
|     | (i) Revenue included on Form 990, Part VIII, line 1                  |  | ·                                |
|     | (ii) Assets included in Form 990, Part X                             |  |                                  |
| 2   | If the organization received or held works of art, historical tre    | easures, or other similar assets for financial gai | in, provide                      |
|     | the following amounts required to be reported under FASB A           |  |                                  |
|     | Revenue included on Form 990, Part VIII, line 1                      |  | ·                                |
|     | Assets included in Form 990, Part X                                  |  |                                  |
| LHA | For Paperwork Reduction Act Notice, see the Instruction              | s for Form 990.                                    | Schedule D (Form 990) 2020       |

032051 12-01-20

Schedule D (Form 990) 2020

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| chedule D (Form 990) 2020 STEUBEN AREA ECONOMIC DEVELOPMENT CORP. **- | -***5812 | Page 3 |
|---|----------|--------|

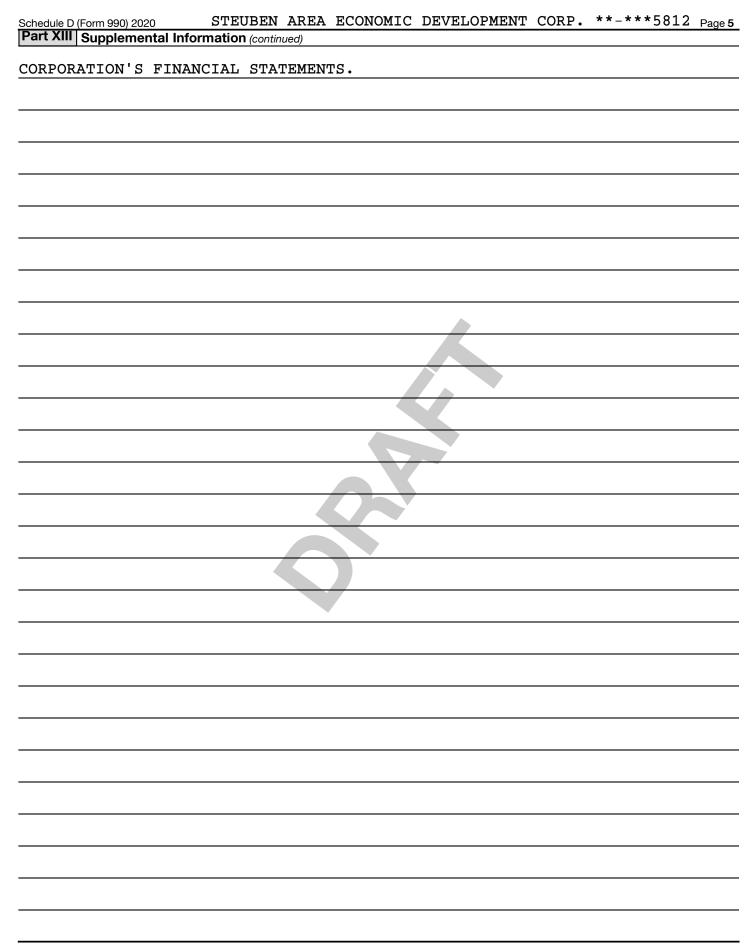
| Part VII Investments - Other Securities.                             |                            |   |               |
|--|----------------------------|---|---------------|
| Complete if the organization answered "Yes"                          |                            |   |               |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end-of-year marke        | t value       |
| (1) Financial derivatives  |                            |   |               |
| (2) Closely held equity interests                                    |                            |   |               |
| (3) Other  |                            |   |               |
| (A)  |                            |   |               |
| (B)  |                            |   |               |
| (C)  |                            |   |               |
| (D)  |                            |   |               |
| (E)<br>(F)   |                            |   |               |
| (G)  |                            |   |               |
| (H)  |                            |   |               |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |   |               |
| Part VIII Investments - Program Related.                             |                            |   |               |
| Complete if the organization answered "Yes"                          | on Form 990. Part IV. line | 11c. See Form 990. Part X. line 13.                       |               |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or end-of-year marke        | t value       |
| (1)  |                            |   |               |
| (2)  |                            |   |               |
| (3)  |                            |   |               |
| (4)  |                            |   |               |
| (5)  |                            |   |               |
| (6)  |                            |   |               |
| (7)  |                            |   |               |
| (8)  |                            |   |               |
| (9)  |                            |   |               |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                            |   |               |
| Part IX Other Assets.  |                            |   |               |
| Complete if the organization answered "Yes"                          |                            |   |               |
| (a)  | Description                | (b) Book  | value         |
|  |                            |   |               |
| (2)  |                            |   |               |
| (3)  |                            |   |               |
| (4)  |                            |   |               |
| (5)  |                            |   |               |
| (6)  |                            |   |               |
| (7)  |                            |   |               |
| (8)  |                            |   |               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin         | o 15 )                     |   |               |
| Part X Other Liabilities.  | e 10.)                     |   |               |
| Complete if the organization answered "Yes"                          | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 25.                |               |
| 1. (a) Description of liability                                      |                            | (b) Book  | value         |
| (1) Federal income taxes   |                            | .,  |               |
| (2)  |                            |   |               |
| (3)  |                            |   |               |
| (4)  |                            |   |               |
| (5)  |                            |   |               |
| (6)  |                            |   |               |
| (7)  |                            |   |               |
| (8)  |                            |   |               |
| (9)  |                            |   |               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin         | e 25.)                     | <b>&gt;</b>   |               |
| 2. Liability for uncertain tax positions. In Part XIII, provide      |                            | · · · · · · · · · · · · · · · · · · ·                     | _ <del></del> |
| organization's liability for uncertain tax positions under           | FASB ASC 740. Check h      | ere if the text of the footnote has been provided in Part | XIIIX         |

Schedule D (Form 990) 2020

#### PART X, LINE 2:

THE CORPORATION IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM INCOME TAX UNDER NEW YORK STATE ARTICLE 14 AS A LOCAL DEVELOPMENT CORPORATION. ACCORDINGLY, NO PROVISON FOR TAXES HAS BEEN MADE.

IN ACCORDANCE WITH ASC 740-10-50, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE CORPORATION RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT THE CORPORATION IS CURRENTLY OPERATING IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE AND THEREFORE, NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS HAS BEEN INCLUDED IN THE



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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

**Employer identification number** \*\*-\*\*\*5812

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF THE RESIDENTS OF STEUBEN COUNTY, LESSEN THE BURDEN TO GOVERNMENT ENTITIES, AID IN RELIEVING AND REDUCING ADULT UNEMPLOYMENT, AND ACT OTHERWISE IN THE PUBLIC INTEREST. THE CORPORATION'S GOAL IS TO STIMULATE THE ECONOMY AND IMPROVE THE OUALITY OF LIFE IN STEUBEN COUNTY BY STRENGTHENING THE WORKFORCE, CREATING JOBS, ENCOURAGING AND LEVERAGING INVESTMENT IN THE COUNTY'S ECONOMIC DEVELOPMENT INFRASTRUCTURE, AND INCREASING THE TAX BASE. THE CORPORATION WILL ASSIST AND PARTICIPATE IN THE PLANNING, FUNDING, AND DEVELOPMENT OF SITES, BUILDINGS, INFRASTRUCTURE, AND OTHER PROGRAMS AND ACTIVITIES NECESSARY TO STIMULATE ECONOMIC DEVELOPMENT ACTIVITIES, ATTRACT NEW BUSINESSES, AND EXPAND AND DEVELOP EXISTING BUSINESSES. IT ALSO WILL INSTRUCT OR TRAIN INDIVIDUALS TO IMPROVE OR DEVELOP THEIR CAPACITY FOR EMPLOYMENT, CARRY ON RESEARCH, AND OWN AND DEVELOP PROPERTY AND OTHER ASSETS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CORPORATION'S GOAL IS TO STIMULATE THE ECONOMY AND IMPROVE THE OUALITY OF LIFE IN STEUBEN COUNTY BY STRENGTHENING THE WORKFORCE, CREATING JOBS, ENCOURAGING AND LEVERAGING INVESTMENT IN THE COUNTY'S ECONOMIC DEVELOPMENT INFRASTRUCTURE, AND INCREASING THE TAX BASE. THE CORPORATION WILL ASSIST AND PARTICIPATE IN THE PLANNING, FUNDING, AND DEVELOPMENT OF SITES, BUILDINGS, INFRASTRUCTURE, AND OTHER PROGRAMS AND ACTIVITIES NECESSARY TO STIMULATE ECONOMIC DEVELOPMENT ACTIVITIES, ATTRACT NEW BUSINESSES, AND EXPAND AND DEVELOP EXISTING BUSINESSES. IT ALSO WILL INSTRUCT OR TRAIN INDIVIDUALS TO IMPROVE OR DEVELOP THEIR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| Name of the organization STEUBEN AREA ECONOMIC DEVELOPMENT CORP. | Employer identification number **-**5812 |
|--|--|
| CAPACITY FOR EMPLOYMENT, CARRY ON RESEARCH, AND OWN AND D        | EVELOP                                   |
| PROPERTY AND OTHER ASSETS.                                       |  |
|  |  |
| FORM 990, PART VI, SECTION B, LINE 11B:                          |  |
| THE FORM WILL BE REVIEWED BY THE AUDIT AND FINANCE COMMIT        | TEE AND THEN                             |
| PRESENTED TO THE FULL BOARD AT A REGULARLY SCHEDULED MONT        | HLY MEETING.                             |
|  |  |
| FORM 990, PART VI, SECTION B, LINE 12C:                          |  |
| PER THE CORPORATION CONFLICT OF INTEREST POLICY, ALL DIRE        | CTORS AND KEY                            |
| EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT THEY MAY         | HAVE AT THE TIME                         |
| THE CONFLICT ARISES. ANNUALLY, THE ORGANIZATION REVIEWS T        | HE CONFLICT OF                           |
| INTEREST POLICY WITH LEGAL COUNCIL, AND THE BOARD RATIFIE        | S THE POLICY. AT                         |
| THE TIME OF THE REVIEW, BOARD MEMBERS ARE EXPECTED TO COM        | PLY AND ANNOUNCE                         |
| ANY CONFLICT PER THE NEWLY RATIFIED POLICY.                      |  |
|  |  |
| FORM 990, PART VI, SECTION C, LINE 19:                           |  |
| UPON REQUEST   |  |
|  |  |
| FORM 990, PART XII, LINE 2C:                                     |  |
| NO CHANGE FROM THE PRIOR YEAR.                                   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

Employer identification number

\*\*-\*\*5812

| (a) Name, address, and EIN (if applicable)   | <b>(b)</b><br>Primary activity              | Primary activity Legal domicile (state or     |                               | ome End-of-year                       |            | -                         |              |   |
|--|---|---|-------------------------------|---------------------------------------|------------|---------------------------|--------------|---|
| of disregarded entity  |   | foreign country)                              |                               |                                       |            | er                        | ntity        |   |
|  |   |   |                               |                                       |            |                           |              |   |
|  |   |   |                               |                                       |            |                           |              |   |
|  |   |   |                               |                                       |            |                           |              |   |
|  |   |   |                               |                                       |            |                           |              |   |
| Identification of Related Tay-Evennt O   | Organizations. Complete if the organization | answered "Ves" on Form 99                     | 0 Part IV line 34             | haaayaa it had ana                    | 0 × m0 × 0 | rolated tay av            | nmnt         |   |
| organizations during the tax year.   | y gamzatione. Complete if the organization  | Tanswered Tes Off Offit 930                   | o, i aitiv, iiie 04,          | because it had one                    | ormore     | related tax-ext           | siript       |   |
| organizations during the tax year.  (a)  Name, address, and EIN  of related organization   | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f) ct controlling entity | Section cont | <b>g)</b><br>512(b)(13)<br>trolled<br>tity? |
| organizations during the tax year.  (a)  Name, address, and EIN  of related organization   | (b)   | (c) Legal domicile (state or                  | (d)<br>Exempt Code            | (e)<br>Public charity                 |            | (f)                       | Section      | trolled                                     |
| organizations during the tax year.  (a)  Name, address, and EIN  | (b)   | (c) Legal domicile (state or                  | (d)<br>Exempt Code            | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN of related organization  STEUBEN COUNTY - 16-6002567  3 EAST PULTENEY SQUARE | (b)   | (c) Legal domicile (state or                  | (d)<br>Exempt Code<br>section | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN  of related organization  STEUBEN COUNTY - 16-6002567                        | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN of related organization  STEUBEN COUNTY - 16-6002567  3 EAST PULTENEY SQUARE | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN of related organization  STEUBEN COUNTY - 16-6002567  3 EAST PULTENEY SQUARE | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN of related organization  STEUBEN COUNTY - 16-6002567  3 EAST PULTENEY SQUARE | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |
| organizations during the tax year.  (a)  Name, address, and EIN of related organization  STEUBEN COUNTY - 16-6002567  3 EAST PULTENEY SQUARE | (b) Primary activity                        | (c) Legal domicile (state or foreign country) | (d) Exempt Code section       | (e) Public charity status (if section |            | (f)                       | Section cont | trolled<br>tity?                            |

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

|          | THE PERSON AND THE PROPERTY OF THE PERSON AND THE P | 1 N / N F 000 D 1 N / N 04 1 1 1 1  |
|----------|--|---|
| Part III | Identification of Related Organizations Taxable as a Partnership. Complete if the organization answere   | d "Yes" on Form 990, Part IV, line 34, because it had one or more related |
| raitiii  | organizations treated as a partnership during the tax year.  |   |
|          | organizations treated as a partnership during the tax year.  |   |

| (a)  | (b)              | (c)                                       | (d) | (e)  | (f)                   | (g)                               | (1                | h)        | (i)             | (j)     | (k)           |
|--|------------------|---|-----|--|-----------------------|-----------------------------------|-------------------|-----------|-----------------|---------|---------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign |     | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets | Disprop<br>alloca | ortionata | Code V-UBI      | General | or Percentage |
|  |                  | country)                                  |     | sections 512-514)  |                       |                                   | Yes               | No        | K-1 (Form 1065) | Yes N   | 0             |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |
|  |                  |   |     |  |                       |                                   |                   |           |                 |         |               |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of<br>end-of-year | (h)<br>Percentage<br>ownership | Sec<br>512(t<br>contr | i)<br>etion<br>b)(13)<br>rolled<br>ity? |
|--|----------------------|--------------------------------------|-------------------------------|---|--|--------------------------------|--------------------------------|-----------------------|---|
|  |                      | country)                             |                               | or trust)                                     |  | assets                         |                                | Yes                   |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       | <u> </u>                                |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       | <u> </u>                                |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       | <u> </u>                                |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      |                                      |                               |   |  |                                |                                |                       |   |
|  |                      | 1 1                                  |                               |   |  |                                |                                |                       |   |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not   | ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                 |                                | _                                       |           | Yes   | No   |  |
|---|--|--------------------------------|---|-----------|-------|------|--|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more | e related organizations listed | in Parts II-IV?                         |           |       |      |  |
| а   | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity      |                                |   | 1a        |       | X    |  |
| b   | Gift, grant, or capital contribution to related organization(s)  |                                |   | 1b        |       | X    |  |
| С   | Gift, grant, or capital contribution from related organization(s)                                      |                                |   | 1c        |       | X    |  |
|   | d Loans or loan guarantees to or for related organization(s)   |                                |   | 1d        |       | X    |  |
| е   | Loans or loan guarantees by related organization(s)  |                                |   | 1e        |       | X    |  |
|   |  |                                |   |           |       |      |  |
| f   | f Dividends from related organization(s)   |                                |   | 1f        |       | X    |  |
| g Sale of assets to related organization(s) |  |                                |   |           |       |      |  |
|   | h Purchase of assets from related organization(s)  |                                |   | 1h        |       | X    |  |
| i   | Exchange of assets with related organization(s)  |                                |   | 1i        |       | X    |  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)                             |                                |   | 1j        |       | X    |  |
|   |  |                                |   |           |       |      |  |
| k   | k Lease of facilities, equipment, or other assets from related organization(s)                         |                                |   | 1k        |       | X    |  |
| - 1   | Performance of services or membership or fundraising solicitations for related organization(s)         |                                |   | 11        |       | X    |  |
| m   | m Performance of services or membership or fundraising solicitations by related organization(s)        |                                |   | 1m        |       | X    |  |
| n   | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)        |                                |   | 1n        |       | X    |  |
|   | Sharing of paid employees with related organization(s)   |                                |   | 10        | Х     |      |  |
|   |  |                                |   |           |       |      |  |
| р   | Reimbursement paid to related organization(s) for expenses   |                                |   | 1p        |       | X    |  |
| a<br>q                                      | Reimbursement paid by related organization(s) for expenses   |                                |   | 1q        |       | X    |  |
| -   |  |                                |   | ·         |       |      |  |
| r   | Other transfer of cash or property to related organization(s)  |                                |   | 1r        |       | X    |  |
| s   | S Other transfer of cash or property from related organization(s)                                      |                                |   | 1s        |       | X    |  |
|   | If the answer to any of the above is "Yes," see the instructions for information on who must complete  |                                |   |           |       |      |  |
|   | (a) Name of related organization  (b) Transaction type (a-s)   | (c)<br>Amount involved         | (d)  Method of determining amount invol | lved      |       |      |  |
| (1)   |  |                                |   |           |       |      |  |
| (2)   |  |                                |   |           |       |      |  |
| (3)   |  |                                |   |           |       |      |  |
| (4)   |  |                                |   |           |       |      |  |
| (5)   |  |                                |   |           |       |      |  |
| (6)   |  |                                |   |           |       |      |  |
| 00010                                       | 22   |                                | Calaadula D                             | /F 0 4 10 | ~ 000 | 2020 |  |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)                    | (b)              | (c)               | (d)  | (e)<br>Are all<br>partners sec<br>501(c)(3)<br>orgs.? | (f)      | (g)         | (h       | )    | (i)  | (        | j)       | (k)        |
|------------------------|------------------|-------------------|--|---|----------|-------------|----------|------|--|----------|----------|------------|
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partners sec  | Share of | Share of    | Dispro   | por- | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene     | eral or  | Percentage |
| of entity              |                  | (state or foreign | lexcluded from tax under   | orgs.?  | total    | end-of-year | allocati | ons? | of Schedule K-1  | part     | ner?     | ownership  |
|                        |                  | country)          | sections 512-514)  | Yes No  | income   | assets      | Yes      | No   | (Form 1065)  | Yes      | No       |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | $\perp$  |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | + +      |      |  | T        | $\vdash$ |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   | 1        |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | +        |      |  |          | $\vdash$ |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | $\Box$   |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | $\sqcup$ |      |  |          | $\sqcup$ |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             | + +      |      |  | $\vdash$ | $\vdash$ |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |
|                        |                  |                   |  |   |          |             |          |      |  |          |          |            |

**Confidential Evaluation of Board Performance** 

| Confidential Evaluat                                       | ion of Board Pe |          |                                       |          |
|--|-----------------|----------|---------------------------------------|----------|
|  |                 | Somewhat | Somewhat                              |          |
| Criteria   | Agree           | Agree    | Disagree                              | Disagree |
| Board members have a shared understanidng of the           | 114-1           |          | , , , , , , , , , , , , , , , , , , , |          |
| mission and purpose of the Authority.                      | ##1             |          |                                       |          |
| The policies, practices and decision of the Board are      |                 |          |                                       |          |
| always consistent with this mission.                       | HHI             |          |                                       |          |
| Board members comprehend their role and fiduciary          |                 |          |                                       |          |
| responsibilities and hold themselves and each other to     | 144-1           |          |                                       |          |
| these principals.  | 1111            |          |                                       |          |
|  |                 |          |                                       |          |
| The Board has adopted policies, by-laws, and practices     |                 |          |                                       |          |
| for the effective governance, management and               | 144-1           |          |                                       |          |
| operations of the Authority and reviews these annually.    | ייוואגן         |          |                                       |          |
| The Board sets clear and measurable performance goals      |                 |          |                                       |          |
| for the Authority that contribute to accomplishing its     | 11114           | 1        |                                       |          |
| mission.   | IH              | 1        |                                       |          |
| illission.   |                 |          |                                       |          |
| The desirions made by Poard marchages are arrived at       |                 |          |                                       |          |
| The decisions made by Board memberse are arrived at        |                 |          |                                       |          |
| through independent judgment and deliveration, free of     |                 | 1        |                                       |          |
| political influence, pressure or self-interest.            |                 |          |                                       |          |
| Individual Board memberse communicate effectively          |                 |          |                                       |          |
| with executive staff so as to be well informed on the      |                 |          |                                       |          |
| status of all important issues.                            | 3.27,           |          |                                       |          |
| Board members are knowledgeable about the                  |                 |          |                                       |          |
| Authority's programs, financial statements, reporting      | 131             |          |                                       |          |
| requirements, and other transactions.                      |                 |          |                                       |          |
| The Board meets to review and approve all documents        | 2               |          |                                       |          |
| and reports prior to public release and is confident that  |                 |          |                                       |          |
| the information being presented is accurate and            | 114             |          |                                       |          |
| complete.  | 1971            |          |                                       |          |
| The Board knows the statutory obligations of the           |                 |          |                                       |          |
| Authority and if the Authority is in compliance with state | 2421-1          |          |                                       |          |
| law.   | HH              |          |                                       |          |
| Board and committee meetings facilitate open,              |                 |          |                                       | -        |
| deliverate and thorough discussion, and the active         |                 |          |                                       |          |
| participation of members.                                  | 1111            |          |                                       |          |
| Board members have sufficient opportunity to research,     |                 |          |                                       |          |
| discuss, question and prepare before decisions are made    |                 |          |                                       |          |
| and votes taken.   | 744             |          |                                       |          |
| and votes taken.   |                 |          |                                       |          |
| todicidus Board seembors foot assessment to delect         |                 |          |                                       |          |
| Individual Board members feel empowered to delay           | 111111          |          |                                       |          |
| votes, defer agenda items, or table actionis if they feel  | 1411            |          |                                       |          |
| additional information or discussion is required.          |                 |          |                                       |          |
|  |                 |          |                                       |          |
| The Board exercises appropriate oversight of the CEO       |                 |          |                                       |          |
| and other executive staff, including setting performance   |                 |          |                                       |          |
| expectationis and reviewing performance annually.          |                 |          |                                       |          |
|  |                 |          |                                       |          |
| The Board has identified the areas of most risk to the     |                 |          |                                       |          |
| Authority and works with management to implement           |                 |          |                                       |          |
| risk mitigatioin strategies before problems occur.         |                 |          | <u> </u>                              |          |
| Board members demonstrate leadership and vision and        |                 |          |                                       |          |
| work respectfully with each other.                         | -               | _        |                                       |          |
| vork respectfully with each other.                         |                 |          |                                       |          |

| Authority and works with management to implement    |     |       |   |  |
|---|-----|-------|---|--|
| risk mitigatioin strategies before problems occur.  |     |       |   |  |
| Board members demonstrate leadership and vision and |     |       |   |  |
| work respectfully with each other.                  | - 5 |       |   |  |
|   |     |       |   |  |
| Date Completed.                                     |     |       |   |  |
| Authority: S  | *   | · ~ 3 | P |  |
|   |     |       |   |  |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

**Governance Information (Authority-Related)** 

| Question |   | Response | URL (if Applicable) |
|----------|---|----------|---------------------|
| 1.       | Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL? |          |                     |
| 2.       | As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?               |          |                     |
| 3.       | Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL?         |          | N/A                 |
| 4.       | Does the independent auditor provide non-audit services to the Authority?   |          | N/A                 |
| 5.       | Does the Authority have an organization chart?  |          |                     |
| 6.       | Are any Authority staff also employed by another government agency?   |          |                     |
| 7.       | Has the Authority posted their mission statement to their website?  |          |                     |
| 8.       | Has the Authority's mission statement been revised and adopted during the reporting period?   |          | N/A                 |
| 9.       | Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.  |          |                     |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Governance Information (Board-Related)**

| Question |   | Response | URL (If Applicable) |
|----------|---|----------|---------------------|
| 1.       | Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL?                 | Yes      | N/A                 |
| 2.       | Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL?                     | Yes      | N/A                 |
| 3.       | Has the Board established a Finance Committee in accordance with Section 2824(8) of PAL?                    | Yes      | N/A                 |
| 4.       | Provide a URL link where a list of Board committees can be found (including the name of the committee and   |          | www.saedc.com       |
|          | the date established):  |          |                     |
| 5.       | Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL?                | Yes      | N/A                 |
| 6.       | Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year   |          | www.saedc.com       |
| 7.       | Has the Board adopted bylaws and made them available to Board members and staff?                            | Yes      | www.saedc.com       |
| 8.       | Has the Board adopted a code of ethics for Board members and staff?   | Yes      | www.saedc.com       |
| 9.       | Does the Board review and monitor the Authority's implementation of financial and management controls?      | Yes      | N/A                 |
| 10.      | Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of     | Yes      | N/A                 |
|          | PAL?  |          |                     |
| 11.      | Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL?                 |          |                     |
|          | Salary and Compensation   | Yes      | N/A                 |
|          | Time and Attendance   | Yes      | N/A                 |
|          | Whistleblower Protection  | Yes      | N/A                 |
|          | Defense and Indemnification of Board Members  | Yes      | N/A                 |
| 12.      | Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance | Yes      | N/A                 |
|          | with Section 2824(5) of PAL?  |          |                     |
| 13.      | Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in     | Yes      | N/A                 |
|          | accordance with Section 2825(3) of PAL?   |          |                     |
| 14.      | Was a performance evaluation of the board completed?  | Yes      | N/A                 |
| 15.      | Was compensation paid by the Authority made in accordance with employee or union contracts?                 | Yes      | N/A                 |
| 16.      | Has the board adopted a conditional/additional compensation policy governing all employees?                 | Yes      | www.saedc.com       |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Board of Directors Listing**

| Name                                       | Doyle, Michael J | Nominated By  | Local |
|--|------------------|---|-------|
| Chair of the Board                         | No               | Appointed By  | Local |
| If yes, Chair Designated by                |                  | Confirmed by Senate?  | N/A   |
| Term Start Date                            | 1/1/2009         | Has the Board Member/Designee<br>Signed the Acknowledgement of<br>Fiduciary Duty?               | Yes   |
| Term Expiration Date                       | 12/31/2020       | Complied with Training Requirement of Section 2824?   | Yes   |
| Title                                      |                  | Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?     | No    |
| Has the Board Member Appointed a Designee? |                  | Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position? | No    |
| Designee Name                              |                  | Ex-Officio  |       |

| Name                                       | Mark, Alger | Nominated By  | Local |
|--|-------------|---|-------|
| Chair of the Board                         | No          | Appointed By  | Local |
| If yes, Chair Designated by                |             | Confirmed by Senate?  | N/A   |
| Term Start Date                            | 1/1/2018    | Has the Board Member/Designee<br>Signed the Acknowledgement of<br>Fiduciary Duty?               | Yes   |
| Term Expiration Date                       | 12/31/2021  | Complied with Training Requirement of Section 2824?   | Yes   |
| Title                                      |             | Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?     | No    |
| Has the Board Member Appointed a Designee? |             | Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position? | No    |
| Designee Name                              |             | Ex-Officio  |       |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

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| Name                                       | Nisbet, Michael L | Nominated By  | Local |
|--|-------------------|---|-------|
| Chair of the Board                         | Yes               | Appointed By  | Local |
| If yes, Chair Designated by                | Elected by Board  | Confirmed by Senate?  | N/A   |
| Term Start Date                            | 1/1/2008          | Has the Board Member/Designee<br>Signed the Acknowledgement of<br>Fiduciary Duty?               | Yes   |
| Term Expiration Date                       | 12/31/2021        | Complied with Training Requirement of Section 2824?   | Yes   |
| Title                                      |                   | Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?     | No    |
| Has the Board Member Appointed a Designee? |                   | Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position? | No    |
| Designee Name                              |                   | Ex-Officio  |       |

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| Name                           | Russo, Anthony | Nominated By                      | Local |
|--------------------------------|----------------|-----------------------------------|-------|
| Chair of the Board             | No             | Appointed By                      | Local |
|                                |                |                                   |       |
| If yes, Chair Designated by    |                | Confirmed by Senate?              | N/A   |
| Term Start Date                | 1/1/2017       | Has the Board Member/Designee     | Yes   |
|                                |                | Signed the Acknowledgement of     |       |
|                                |                | Fiduciary Duty?                   |       |
| Term Expiration Date           | 12/31/2021     | Complied with Training            | Yes   |
|                                |                | Requirement of Section 2824?      |       |
| Title                          |                | Does the Board Member/Designee    | No    |
|                                |                | also Hold an Elected or Appointed |       |
|                                |                | State Government Position?        |       |
| Has the Board Member Appointed |                | Does the Board Member/Designee    | No    |
| a Designee?                    |                | also Hold an Elected or Appointed |       |
|                                |                | Municipal Government Position?    |       |
| Designee Name                  |                | Ex-Officio                        |       |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

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| Name                           | Sharkey, Christine G | Nominated By                      | Local |
|--------------------------------|----------------------|-----------------------------------|-------|
| Chair of the Board             | No                   | Appointed By                      | Local |
| If yes, Chair Designated by    |                      | Confirmed by Senate?              | N/A   |
| Term Start Date                | 1/1/2009             | Has the Board Member/Designee     | Yes   |
|                                |                      | Signed the Acknowledgement of     |       |
|                                |                      | Fiduciary Duty?                   |       |
| Term Expiration Date           | 12/31/2020           | Complied with Training            | No    |
|                                |                      | Requirement of Section 2824?      |       |
| Title                          |                      | Does the Board Member/Designee    | No    |
|                                |                      | also Hold an Elected or Appointed |       |
|                                |                      | State Government Position?        |       |
| Has the Board Member Appointed |                      | Does the Board Member/Designee    | No    |
| a Designee?                    |                      | also Hold an Elected or Appointed |       |
|                                |                      | Municipal Government Position?    |       |
| Designee Name                  |                      | Ex-Officio                        |       |

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| Name                                       | Strobel, Dean | Nominated By  | Local |
|--|---------------|---|-------|
| Chair of the Board                         | No            | Appointed By  | Local |
| If yes, Chair Designated by                |               | Confirmed by Senate?  | N/A   |
| Term Start Date                            | 6/27/2019     | Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?                     | Yes   |
| Term Expiration Date                       | 12/31/2021    | Complied with Training Requirement of Section 2824?   | Yes   |
| Title                                      |               | Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?     | No    |
| Has the Board Member Appointed a Designee? |               | Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position? | No    |
| Designee Name                              |               | Ex-Officio  |       |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

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| Name                                       | VanEtten, Scott | Nominated By  | Local |
|--|-----------------|---|-------|
| Chair of the Board                         | No              | Appointed By  | Local |
| If yes, Chair Designated by                |                 | Confirmed by Senate?  | N/A   |
| Term Start Date                            | 1/1/2020        | Has the Board Member/Designee<br>Signed the Acknowledgement of<br>Fiduciary Duty?               | Yes   |
| Term Expiration Date                       | 12/31/2020      | Complied with Training Requirement of Section 2824?   | Yes   |
| Title                                      |                 | Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?     | No    |
| Has the Board Member Appointed a Designee? |                 | Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position? | Yes   |
| Designee Name                              |                 | Ex-Officio  |       |

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Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### Staff Listing

| Name | Title | Group | Department/ | Union | Bargaining | Full Time/ | Exempt | Base       | Actual      | Overtime  | Performance Extra | a Pay | Other       | Total     | Individual   | If yes, Is |
|------|-------|-------|-------------|-------|------------|------------|--------|------------|-------------|-----------|-------------------|-------|-------------|-----------|--------------|------------|
|      |       |       | Subsidiary  | Name  | Unit       | Part Time  |        | Annualized | salary paid | paid by   | Bonus             |       | Compensati  | Compensat | also paid by | the        |
|      |       |       |             |       |            |            |        | Salary     | to the      | Authority |                   |       | on/Allowanc | ion paid  | another      | payment    |
|      |       |       |             |       |            |            |        |            | Individual  |           |                   |       | es/Adjustme | by        | entity to    | made by a  |
|      |       |       |             |       |            |            |        |            |             |           |                   |       | nts         | Authority | perform the  | State or   |
|      |       |       |             |       |            |            |        |            |             |           |                   |       |             | -         | work of the  | local      |
|      |       |       |             |       |            |            |        |            |             |           |                   |       |             |           | Authority    | governme   |
|      |       |       |             |       |            |            |        |            |             |           |                   |       |             |           | _            | nt         |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Benefit Information**

| During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for former staff or individuals affiliated | l No |
|--|------|
| g y y y  |      |
| With the Authority after those individuals left the Authority?   |      |

#### **Board Members**

| Name                    | Title                 | Severance<br>Package | Payment for Unused | Club<br>Member-<br>ships | Use of Corporate Credit | Personal<br>Loans | Auto | Transportation | Housing<br>Allowance | Spousal /<br>Dependent<br>Life | Tuition<br>Assistance | Multi-Year<br>Employment | None of<br>these<br>Benefits | Other |
|-------------------------|-----------------------|----------------------|--------------------|--------------------------|-------------------------|-------------------|------|----------------|----------------------|--------------------------------|-----------------------|--------------------------|------------------------------|-------|
|                         |                       |                      | Leave              |                          | Cards                   |                   |      |                |                      | Insurance                      |                       |                          |                              |       |
| Doyle,                  | Board of              |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | X                            |       |
| Michael J               | Directors             |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          |                              |       |
| Mark, Alger             | Board of<br>Directors |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | X                            |       |
| Nisbet,                 | Board of              |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | X                            |       |
| Michael L               | Directors             |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          |                              |       |
| Russo,                  | Board of              |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | Х                            |       |
| Anthony                 | Directors             |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          |                              |       |
| Sharkey,<br>Christine G | Board of<br>Directors |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | Х                            |       |
| Strobel,                | Board of              |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | X                            |       |
| Dean                    | Directors             |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          |                              |       |
| VanEtten,               | Board of              |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          | Х                            |       |
| Scott                   | Directors             |                      |                    |                          |                         |                   |      |                |                      |                                |                       |                          |                              |       |

#### **Staff**

| Name | Title | Severance<br>Package | Payment for | Club<br>Member- | Use of Corporate | Personal<br>Loans | Auto | Transportation | Housing<br>Allowance | Spousal /<br>Dependent | Tuition<br>Assistance | Multi-Year<br>Employment | None of these | Other |
|------|-------|----------------------|-------------|-----------------|------------------|-------------------|------|----------------|----------------------|------------------------|-----------------------|--------------------------|---------------|-------|
|      |       |                      | Unused      | ships           | Credit           |                   |      |                |                      | Life                   |                       |                          | Benefits      |       |
|      |       |                      | Leave       |                 | Cards            |                   |      |                |                      | Insurance              |                       |                          |               |       |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Subsidiary/Component Unit Verification**

| Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct?   |             |                   |                 |          | Yes                                  |  |  |
|--|-------------|-------------------|-----------------|----------|--------------------------------------|--|--|
| , and the second |             |                   |                 |          |                                      |  |  |
| Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this  |             |                   |                 |          | No                                   |  |  |
| Authority and not independently filing reports in PARIS?   |             |                   |                 |          |                                      |  |  |
|  |             |                   |                 |          |                                      |  |  |
| Name of Subsidiary/Component Unit  | Sta         | tus               |                 |          |                                      |  |  |
| Request Subsidiary/Component Unit Change   |             |                   |                 |          |                                      |  |  |
| Name of Subsidiary/Component Unit  | Sta         | tus               | Requested       | Changes  |                                      |  |  |
|  |             |                   |                 |          |                                      |  |  |
| Request Add Subsidiaries/Component Units   |             |                   |                 |          |                                      |  |  |
| Name of Subsidiary/Component Unit  |             | Establishment Dat | e               |          | Purpose of Subsidiary/Component Unit |  |  |
| Request Delete Subsidiaries/Component Units  |             |                   |                 |          |                                      |  |  |
| Name of Subsidiary/Component Unit  | Termination | Date              | Reason for Terr | mination | Proof of Termination Document Name   |  |  |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

## Summary Financial Information SUMMARY STATEMENT OF NET ASSETS

|                        |   |  | Amount       |
|------------------------|---|--|--------------|
| Assets                 |   |  |              |
| Current Assets         |   |  |              |
|                        | Cash and cash equivalents                       |  | \$153,231.00 |
|                        | Investments                                     |  | \$98,340.00  |
|                        | Receivables, net                                |  | \$0.00       |
|                        | Other assets                                    |  | \$0.00       |
|                        | Total Current Assets                            |  | \$251,571.00 |
| Noncurrent Assets      |   |  |              |
|                        | Restricted cash and investments                 |  | \$0.00       |
|                        | Long-term receivables, net                      |  | \$0.00       |
|                        | Other assets                                    |  | \$0.00       |
|                        | Capital Assets                                  |  |              |
|                        |   | Land and other nondepreciable property | \$0.00       |
|                        |   | Buildings and equipment                | \$0.00       |
|                        |   | Infrastructure                         | \$0.00       |
|                        |   | Accumulated depreciation               | \$0.00       |
|                        |   | Net Capital Assets                     | \$0.00       |
|                        | Total Noncurrent Assets                         |  | \$0.00       |
| Total Assets           |   |  | \$251,571.00 |
| Liabilities            |   |  |              |
| Current Liabilities    |   |  |              |
|                        | Accounts payable                                |  | \$0.00       |
|                        | Pension contribution payable                    |  | \$0.00       |
|                        | Other post-employment benefits                  |  | \$0.00       |
|                        | Accrued liabilities                             |  | \$0.00       |
|                        | Deferred revenues                               |  | \$0.00       |
|                        | Bonds and notes payable                         |  | \$0.00       |
|                        | Other long-term obligations due within one year |  | \$0.00       |
|                        | Total Current Liabilities                       |  | \$0.00       |
| Noncurrent Liabilities |   |  |              |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

|                     | Pension contribution payable                    | \$0.00       |
|---------------------|---|--------------|
|                     | Other post-employment benefits                  | \$0.00       |
|                     | Bonds and notes payable                         | \$0.00       |
|                     | Long Term Leases                                | \$0.00       |
|                     | Other long-term obligations                     | \$0.00       |
|                     | Total Noncurrent Liabilities                    | \$0.00       |
| Total Liabilities   |   | \$0.00       |
| Net Asset (Deficit) |   |              |
| Net Assets          |   |              |
|                     | Invested in capital assets, net of related debt | \$0.00       |
|                     | Restricted                                      | \$0.00       |
|                     | Unrestricted                                    | \$251,571.00 |
|                     | Total Net Assets                                | \$251,571.00 |

#### SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

|                         | SE, EXTENSES AND STIANCES IN NET ASSETS | Amount       |
|-------------------------|---|--------------|
| Operating Revenues      |   |              |
|                         | Charges for services                    | \$0.00       |
|                         | Rental & financing income               | \$0.00       |
|                         | Other operating revenues                | \$0.00       |
|                         | Total Operating Revenue                 | \$0.00       |
| Operating Expenses      |   |              |
|                         | Salaries and wages                      | \$0.00       |
|                         | Other employee benefits                 | \$0.00       |
|                         | Professional services contracts         | \$0.00       |
|                         | Supplies and materials                  | \$0.00       |
|                         | Depreciation & amortization             | \$0.00       |
|                         | Other operating expenses                | \$9,950.00   |
|                         | Total Operating Expenses                | \$9,950.00   |
| Operating Income (Loss) |   | (\$9,950.00) |
| Nonoperating Revenues   |   |              |
|                         | Investment earnings                     | \$0.00       |
|                         | State subsidies/grants                  | \$0.00       |
|                         | Federal subsidies/grants                | \$0.00       |
|                         | Municipal subsidies/grants              | \$0.00       |
|                         | Public authority subsidies              | \$0.00       |

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|  | Other nonoperating revenues           | \$319.00     |
|--|---------------------------------------|--------------|
|  | Total Nonoperating Revenue            | \$319.00     |
| Nonoperating Expenses                  |                                       |              |
|  | Interest and other financing charges  | \$0.00       |
|  | Subsidies to other public authorities | \$0.00       |
|  | Grants and donations                  | \$0.00       |
|  | Other nonoperating expenses           | \$0.00       |
|  | Total Nonoperating Expenses           | \$0.00       |
|  | Income (Loss) Before Contributions    | (\$9,631.00) |
| Capital Contributions                  |                                       | \$0.00       |
| Change in net assets                   |                                       | (\$9,631.00) |
| Net assets (deficit) beginning of year |                                       | \$261,202.00 |
| Other net assets changes               |                                       | \$0.00       |
| Net assets (deficit) at end of year    |                                       | \$251,571.00 |

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#### **Current Debt**

| Question |  | Response |
|----------|--|----------|
| 1.       | Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period? | Yes      |
| 2.       | If yes, has the Authority issued any debt during the reporting period?   | No       |

#### New Debt Issuances

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Certified Date: N/A

#### **Schedule of Authority Debt**

| Type of Debt                        |  |   | Statutory Authorization(\$) | Outstanding Start of Fiscal<br>Year(\$) | New Debt Issuances(\$) |            | Outstanding End of Fiscal<br>Year(\$) |
|-------------------------------------|--|---|-----------------------------|---|------------------------|------------|---------------------------------------|
| State Obligation                    | State Guaranteed                       |   |                             |   |                        |            |                                       |
| State Obligation                    | State Supported                        |   |                             |   |                        |            |                                       |
| State Obligation                    | State Contingent Obligation            |   |                             |   |                        |            |                                       |
| State Obligation                    | State Moral Obligation                 |   |                             |   |                        |            |                                       |
| Other State-Funded                  | Other State-Funded                     |   |                             |   |                        |            |                                       |
| Authority Debt - General Obligation | Authority Debt - General<br>Obligation |   |                             |   |                        |            |                                       |
| Authority Debt - Revenue            | Authority Debt - Revenue               |   |                             |   |                        |            |                                       |
| Authority Debt - Other              | Authority Debt - Other                 |   |                             |   |                        |            |                                       |
| Conduit                             |  | Conduit Debt                                | 0.0                         | 00 14,657,625.44                        | 0.00                   | 413,332.78 | 14,244,292.66                         |
| Conduit                             |  | Conduit Debt - Pilot<br>Increment Financing |                             |   |                        |            |                                       |
| TOTALS                              |  |   | 0.0                         | 14,657,625.44                           | 0.00                   | 413,332.78 | 14,244,292.66                         |

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### Real Property Acquisition/Disposal List

This Authority has indicated that it had no real property acquisitions or disposals during the reporting period.

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

Personal Property

This Authority has indicated that it had no personal property disposals during the reporting period.

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Property Documents**

| Question |  | Response | URL (If Applicable) |
|----------|--|----------|---------------------|
| 1.       | In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually | Yes      | www.saedc.com       |
|          | of all real property of the Authority. Has this report been prepared?                                      |          |                     |
| 2.       | Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring,    | Yes      | www.saedc.com       |
|          | and reporting of contracts for the acquisition and disposal of property?                                   |          |                     |
| 3.       | In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be      | Yes      | N/A                 |
|          | responsible for the Authority's compliance with and enforcement of such guidelines?                        |          |                     |

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Certified Date: N/A

#### **Grant Information**

This Authority has indicated that it did not award any grants during the reporting period.

Fiscal Year Ending: 12/31/2020

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Certified Date: N/A

#### **Loan Information**

This Authority has indicated that it did not have any outstanding loans during the reporting period.

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Bond Information**

| Name of Recipient of Bond Proceeds | CCC Housing Company, LLC | Bond Interest Rate  | 3.75                                     |
|------------------------------------|--------------------------|---|--|
| Address Line1                      | 1 Academic Drive         | Last Year Bonds Expected to be Retired                              | 2044                                     |
| Address Line2                      |                          | Amount of Bond Principal Retired during the Reporting Year          | 413332.78                                |
| City                               | CORNING                  | Amount of Bond Principal Retired Prior to Reporting Year            | 2115374.56                               |
| State                              | NY                       | Current Amount of Bonds Outstanding                                 | \$14,244,292.66                          |
| Postal Code                        | 14830                    | Purpose of Project Requiring the Bond Issuance                      | Education/Training(Business Development) |
| Plus4                              |                          | Was the Bond Issuance Expected to Result in New Jobs Being Created? | Yes                                      |
| Province/Region                    |                          | If yes, How Many Jobs Were Planned to be Created?                   | 13                                       |
| Country                            | United States            | If yes, How Many Jobs Have Been Created to Date?                    | 7  |
| Amount of Bonds Issued             | \$16,773,000.00          | Have the Bonds Been Fully Retired?                                  | No                                       |
| Date Bonds Issued                  | 10/31/2012               |   |  |

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Certified Date: N/A

**Additional Comments** 

# STEUBEN AREA ECONOMIC DEVELOPMENT CORPORATION 2020 OPERATIONS & ACCOMPLISHMENTS

The mission of the Steuben Area Economic Development Corporation is to undertake projects and develop strategy to enhance the mission of the Steuben County Industrial Development Agency to advance job opportunities, health, recreational opportunities, general prosperity, and the economic welfare of the people of Steuben county.

In 2020 the Agency had the following accomplishments:

Reported on the redevelopment of the remaining portion of the former hospital site to Empire
State Development. Although set back by COVID-19 health restrictions, Riedman Companies
continued construction on its 96-unit apartment complex. Half of the building was completed
and opened for lease in September. Construction on the second, 46-unit building began but was
also stalled for a number of months due to the pandemic. First Heritage Federal Credit Union
completed construction of its new headquarters building in August, thereby rounding out
redevelopment of the entire parcel.

Procurement Report for Steuben Area Economic Development Corporation

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date : N/A

#### **Procurement Information:**

| Ques | tion  | Response | URL (If Applicable) |
|------|---|----------|---------------------|
| 1.   | Does the Authority have procurement guidelines?   | Yes      | www.saedc.com       |
| 2.   | Are the procurement guidelines reviewed annually, amended if needed, and approved by the Board?   | Yes      |                     |
| 3.   | Does the Authority allow for exceptions to the procurement guidelines?  | No       |                     |
| 4.   | Does the Authority assign credit cards to employees for travel and/or business purchases?   | No       |                     |
| 5.   | Does the Authority require prospective bidders to sign a non-collusion agreement?   | Yes      |                     |
| 6.   | Does the Authority incorporate a summary of its procurement policies and prohibitions in its solicitation of proposals, bid documents, or specifications for procurement contracts?   | Yes      |                     |
| 7.   | Did the Authority designate a person or persons to serve as the authorized contact on a specific procurement, in accordance with Section 139-j(2)(a) of the State Finance Law, "The Procurement Lobbying Act"?  | Yes      |                     |
| 8.   | Did the Authority determine that a vendor had impermissible contact during a procurement or attempted to influence the procurement during the reporting period, in accordance with Section 139-j(10) of the State Finance Law?                            | No       |                     |
| 8a.  | If Yes, was a record made of this impermissible contact?  |          |                     |
| 9.   | Does the Authority have a process to review and investigate allegations of impermissible contact during a procurement, and to impose sanctions in instances where violations have occurred, in accordance with Section 139-j(9) of the State Finance Law? | Yes      |                     |

Procurement Report for Steuben Area Economic Development Corporation

Fiscal Year Ending: 12/31/2020

Run Date: 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Procurement Transactions Listing:**

The Authority has indicated that it had no procurement transactions during the reporting period.

**Additional Comments** 

Fiscal Year Ending: 12/31/2021

Run Date : 03/24/2021 Status: UNSUBMITTED

Certified Date: N/A

#### **Investment Information**

| Ques | stion   | Response | URL (If Applicable) |
|------|---|----------|---------------------|
| 1.   | Has the Authority prepared an Annual Investment Report for the reporting period as required by Section 2925 (6) of PAL?                 | Yes      | www.saedc.com       |
| 2.   | Are the Authority's investment guidelines reviewed and approved annually?   | Yes      |                     |
| 3.   | Did the Authority have an independent audit of investments as required by Section 2925(3)(f) of PAL?                                    | Yes      | www.saedc.com       |
| 4.   | Has the Authority's independent auditor issued a management letter to the Authority in connection with its annual audit of investments? | Yes      | www.saedc.com       |

#### **Additional Comments**