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CLIENT'S COPY



MARCH 16, 2022

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

DEAR MR. ALGER,

ENCLOSED IS THE ORGANIZATION'S 2021 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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 16, 2022.

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,

CHRISTOPHER JOHNSTON

	* * * * *	THIS IS NOT A IRS e-file Signa for a Tax	. FILEABLE CO ature Authori	DPY ***** zation	I	OMB No. 1545-0047
Form 8879-TE		for a Tax I	Exempt Entity	У		
		1, or fiscal year beginning			20	2021
Department of the Treasury		-	e IRS. Keep for your rec			
Internal Revenue Service		Go to www.irs.gov/Form	8879TE for the latest i	nformation.		
Name of filer					EIN or SSN	+ - 01 0
		NOMIC DEVELOP	MENT CORP.		**_**	*5812
Name and title of officer or pe	rson subject to tax	MARK ALGER CHAIRMAN				
Part I Type of	Return and Re	turn Information				
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. ount on that line for	e using this Form 8879-TE : For all other forms, enter v the return being filed with)-). But, if you entered -0- or	vhole dollars only. If you this form was blank, the	check the box on en leave line 1b, 2b,	line 1a, 2a, 3 3 b, 4b, 5b ,	8a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗙	b Total revenue, if any	(Form 990, Part VIII, col	umn (A), line 12)		1b 118.
2a Form 990-EZ che		b Total revenue, if any	(Form 990-EZ, line 9)			2b
3a Form 1120-POL		b Total tax (Form 1120	POL, line 22)			3b
4a Form 990-PF che	ck here	b Tax based on invest				4b
5a Form 8868 check		b Balance due (Form 8	-			5b
6a Form 990-T chec	k here	b Total tax (Form 990-T	, Part III, line 4)			6b
7a Form 4720 check	here	b Total tax (Form 4720	, Part III, line 1)			7b
8a Form 5227 check	here ►	b FMV of assets at end				8b
9a Form 5330 check	here ►	b Tax due (Form 5330,	Part II, line 19)			9b
10a Form 8038-CP ch		b Amount of credit pay				10b
		ture Authorization of				
of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	e, I authorize the U. ution account indic it the entry to this a prior to the payme ve confidential infor nber (PIN) as my signal		ited Financial Agent to in software for payment of ent, I must contact the U authorize the financial ir r inquiries and resolve is eturn and, if applicable, t	nitiate an electronic f the federal taxes of J.S. Treasury Finan nstitutions involved ssues related to the sues related to the the consent to elect	c funds witho owed on this cial Agent at in the proce e payment. I	drawal (direct debit) return, and the 1-888-353-4537 no assing of the electronic have selected a withdrawal.
		ERO firm na	ne			Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating of disclosure consent person subject to traindicated within this rogram, I will enter	ax with respect to the entity s return that a copy of the r my PIN on the return's disc	Fed/State program, I als y, I will enter my PIN as r eturn is being filed with closure consent screen.	so authorize the afo my signature on the a state agency(ies)	e tax year 20	e return is being filed d ERO to enter my PIN 021 electronically filed
Signature of officer or person subje		THIS IS NOT A	<u>FILEABLE CC</u>	DPY ****	Date	
	ation and Author					
ERO's EFIN/PIN. Enter yo			1.	60011110		
number (EFIN) followed by	/ your five-digit self-	selected PIN.		5622414424 o not enter all zeros		
		N, which is my signature o requirements of Pub. 4163				
ERO's signature 🕨 EFP	R GROUP, (CPAS, PLLC		Date ► 03/	16/22	
		ERO Must Retain Th ubmit This Form to t			So	
LHA For Privacy act and		ction Act Notice, see inst				Form 8879-TE (2021)
102521 01-11-22						

12440316 101824 0212201 2021.03001 STEUBEN AREA ECONOMIC DEVEL 02122011

Department of the Treasury Internal Revenue Service

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

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

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



AF	or th	e 2021 calendar year, or tax year beginning and e	ending	_	
B C a	heck if pplicab	C Name of organization		D Employer identifie	cation number
	Addre	e STEUBEN AREA ECONOMIC DEVELOPMENT CORE			
]Name]chang			**-**58	12
	Initial return Final return		Room/suite	E Telephone number 607-776-2	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	118.
	Amen return			H(a) Is this a group re	turn
	Applie tion				?
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) o	or 527	1 ` <i>'</i>	list. See instructions
		te: ► N/A		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year		State of legal domicile: NY
	rt I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: THE	PURPOS	E OF THE ST	EUBEN AREA
nce		ECONOMIC DEVELOPMENT CORPORATION IS TO PR	ROMOTE	THE GENERAL	L WELFARE
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
оле	3				6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
vitie	6	Total number of volunteers (estimate if necessary)			0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		319.	93.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	25.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		319.	118.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хb	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,950.	7,265.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,950.	7,265.
	19	Revenue less expenses. Subtract line 18 from line 12		-9,631.	-7,147.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		251,571.	244,424.
at As	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		251,571.	244,424.
Pa	irt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARK ALGER, CHAIRMAN Type or print name and title		Date					
Paid	Print/Type preparer's name	Preparer's signature Date CHRISTOPHER JOHNSTON03/16	Check PTIN					
Palu	CHRISTOPHER JOHNSTON	CHRISTOPHER JOHNSTONUS/10						
Preparer	Firm's name 🕒 EFPR GROUP, CPAS		Firm's EIN 🕨 **-***8079					
Use Only	Firm's address ▶ 100 SOUTH CLINTO	DN AVE, SUITE 1500						
	ROCHESTER, NY 14	4604-1801	Phone no. 585 - 427 - 8900					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	•		Form 990 (2021)					
a 1								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) STEUBEN AREA ECONOMIC DEVELOPMENT CORP. **-**5812 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE 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?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Revenue \$
та	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.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ĩ	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (202
32002	2 12-09-21
	2
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Form 990 (2021)

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? See instructions	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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
	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			37
	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	44.		х
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		<u></u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
U	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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3 2021.03001 STEUBEN AREA ECONOMIC DEVEL 02122011

Form **990** (2021)

Form 990 (2021)	STEUBEN	AREA	ECONC
Part IV	Checklist	of Required Sch	edules (d	continued)

12440316 101824 0212201

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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	210		
v		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
zJa		25a		x
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
D	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	051		x
~~	Schedule L, Part I	25b		
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%			v
	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 the 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			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
132004	4 12-09-21			(2021)
	4			(- ·)

021)	STEUBEN	AREA	ECONOMIC	DEVELOPMENT	CORP		
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 (2b			
b						
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction:		0-		х	
		0	3a 3b			
b 1a	 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 					
4d	financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		х	
h	If "Yes," enter the name of the foreign country					
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · · ·	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X	
b			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		_		v	
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit on the user pay premiume directly or indirectly on a personal benefit cant		7e 7f			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property did the organization file F		7g			
9 h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h			
-			8			
9	Sponsoring organizations maintaining donor advised funds.					
а			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	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-			
13	Is the organization licensed to issue qualified health plans in more than one state?		13a			
a	Note: See the instructions for additional information the organization must report on Schedule O.		154			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or				
	excess parachute payment(s) during the year?		15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?	16		X	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots		17			
	If "Yes," complete Form 6069.		<u> </u>		(05 - ·	
	5 316 101824 0212201 2021.03001 STEUBEN AREA EC			1990		
:4 U	316 101824 0212201 2021.03001 STEUBEN AREA EG	CINOMIC DEARP	υΔ.	∟∠∠∖	ノエエ	

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Form 990 (2021)

Part V

Form 990	(2021)
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STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

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8b

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 6 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a

organization's mailing address? If "Yes," provide the names and addresses on Schedule O
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

b Each committee with authority to act on behalf of the governing body?

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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	Х	
b	Describe on 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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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) availa	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	n made its governing	documents, cor	nflict of interest policy,	and financia
	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 132006 12-09-21

Form 990 (2021)

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Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person officer and a direct		rson	is bot	h an	compensation	compensation	amount of
	week		cer ar			n/irus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st cor yee		1035-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			e gameaterie
(1) MARK ALGER	0.30	_	-		-		-			
CHAIRMAN				x				0.	0.	Ο.
(2) SCOTT VANETTEN	0.30									
VICE CHAIRMAN				X				0.	0.	0.
(3) MIKE DAVIDSON	0.30									
SECRETARY				Х				0.	0.	0.
(4) ANTHONY RUSSO	0.30					/				
TREASURER				Х				0.	0.	0.
(5) CHRISTINE SHARKEY	0.30									
MEMBER		Х						0.	0.	0.
(6) DEAN STROBEL	0.30									
MEMBER		Х						0.	0.	0.
			-	<u> </u>						
			-	-	-					
			-	\vdash	-					
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Form 990 (2021)

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									OPMENT CORP.	**_**	<u>*58</u>	12	Page 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					
	(A)	(B)			(C Posi				(D)	(E)		(F	
	Name and title	Average hours per		not c	heck i	more	than		Reportable	Reportable		Estim	
		week			ss pei Id a di				compensation from	compensation from related		amou oth	
		(list any	ctor						the	organizations		compe	
		hours for	r dire				ted		organization	(W-2/1099-MISC		from	
		related	stee o	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)		organi	
		organizations below	ual tru	onal t		oloyee	ee com		1099-NEC)			and re	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former				organiz	ations
		,	<u> </u>	-	0	Ϋ́Υ	Ξə	Ē					
											+		
			1										
											\rightarrow		
			-								+		
1b	Subtotal								0.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but n							ho r	eceived more than \$100),000 of reportable	_		
	compensation from the organization					,							0
											_	Ye	es No
3	Did the organization list any $\ensuremath{\textit{former}}$ officer,												
	line 1a? If "Yes," complete Schedule J for s										🛓	3	X
4	For any individual listed on line 1a, is the su									the organization			
_	and related organizations greater than \$150										🛓	4	X
5	Did any person listed on line 1a receive or a	-				-			-			_	v
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	eJf	or sı	uch j	pers	son					5	X
1	Complete this table for your five highest co	mponeotod in	done	nda	nt o	onti	raati	oro t	that received more than	¢100.000 of com		tion from	2
•	the organization. Report compensation for										1011541		
	(A)	ine calendar y	car	ciriai	ng v	VILII			(B)			(C)	
	Name and business	address	N	ONE	3				Description of s	services	Co	mpensa	tion
	Total number of independent contractors (i	ncluding but a	ot li	mita	d to	the			d abovo) who received a	acro than			
2	\$100,000 of compensation from the organiz		UL III	mie	u 10		ose ii: 0	ວເປັ	a above, who received h				
							-				F	orm 99	0 (2021)

132008 12-09-21

Form	ו 99	0 (2	2021) STEUBEN AREA	ECONOMIC	DEVELOPME	NT CORP.	**-***5	812 Page 9
Pa								
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ts S	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n G			Fundraising events					
ifts ar A			Related organizations					
s, G mila			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		'	similar amounts not included above 1f					
ot it		~	Noncash contributions included in lines 1a-1f					
no Due		-	· · · · · · · · · · · · · · · · · · ·					
0			Total. Add lines 1a-1f	Business Code				
•	_	_		Business Code				
Program Service Revenue	2	a						
Ser		b						
ver S		c						
gra Re		d						
Pro		e						
-			All other program service revenue					
	-		Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		93.			93.
			other similar amounts)		33.			95.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	🕨				
	-			(ii) Personal				
	6		Gross rents 6a					
			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					
ø		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
r B			Net gain or (loss)	····· •				
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	L				
				····· ►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· ►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10k	· · · · · · · · · · · · · · · · · · ·				
		С	Net income or (loss) from sales of inventory					
sn				Business Code	25			
neol	11		ADMINISTRATIVE INCOME	561000	25.	25.		l
llan /en		b		├ ──── ↓				
Miscellaneous Revenue		c		├ ──── ↓				
, Wi			All other revenue		<u> </u>			
			Total. Add lines 11a-11d		25.		0	0.2
	12		Total revenue. See instructions	🕨	118.	25.	0.	93.
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Form 990 (2021)	STEUBEN	AREA	ECONOMIC	DEVELOPMENT	CORP.	**-***5812	Page 10
Part IX Statement of	Functional E	xpenses	6				

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

D۵	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	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):				
a					
b	Legal				
c	•	1,950.		1,950.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	401.		401.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSE	3,600.		3,600.	
b	MISCELLANEOUS EXPENSE	1,000.		1,000.	
с	WEBSITE	314.		314.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,265.	0.	7,265.	
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 Figure if following SOP 98-2 (ASC 958-720)				

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ts	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
A	9				9				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	10b		10c				
	11	Investments - publicly traded securities			11				
	12	Investments - other securities. See Part IV, line 1			12				
	13	Investments - program-related. See Part IV, line 1	11		13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equa		251,571.	16	2			
	17	Accounts payable and accrued expenses		17					
	18	Grants payable		18					
	19	Deferred revenue		19					
es	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21				
	22	Loans and other payables to any current or form	er officer, director,						
iliti		trustee, key employee, creator or founder, subst							
Liabilities		controlled entity or family member of any of thes		22					
-	23	Secured mortgages and notes payable to unrela	ted third parties		23				
	24	Unsecured notes and loans payable to unrelated	third parties		24				
	25	Other liabilities (including federal income tax, pay	ables to related third						
		parties, and other liabilities not included on lines	17-24). Complete Part X						
		of Schedule D	chedule D						
	26	Total liabilities. Add lines 17 through 25		0.	26				
s		Organizations that follow FASB ASC 958, che	ck here ▶ 🔽						
lce		and complete lines 27, 28, 32, and 33.							
alar	27	Net assets without donor restrictions		251,571.	27	2			
ЧB	28	Net assets with donor restrictions			28				
nne		Organizations that do not follow FASB ASC 9							
r F		and complete lines 29 through 33.							
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29				
sse	30	Paid-in or capital surplus, or land, building, or eq	E CONTRACTOR OF CO		30				
ťÅ	31	Retained earnings, endowment, accumulated inc	come, or other funds		31				
Ne	32	Total net assets or fund balances	251,571.	32	2				

	STEUBEN	AREA	ECONOMIC	DEVELOPMENT.	CORP.
00	ŀ				

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% **-***5812 Page **11**

1

2

3

4

5

6 7

33

251,571.

(B) End of year

145,991.

98,433.

44,424.

0.

44,424.

244,424.

244,424.

Form 990 (2021)

(A)

Beginning of year 153,231

98,340.

Form 990 (2021)	
Part X	Balance	Shee

⁻ orm 990 (202 ⁻
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2

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4

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Form	1 990 (2021) STEUBEN AREA ECONOMIC DEVELOPMENT CORP.	**_***	5812	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					10
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2			65.
3	Revenue less expenses. Subtract line 2 from line 1	3			47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	1,5	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		24	л л	24.
Da	column (B))	10	24	4,4	24.
га	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe		. <u>Za</u>		
	separate basis, consolidated basis, or both:	uona			
	Separate basis Consolidated 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 separa				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
-	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		1
			Form	990	(2021)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

Employer identification number **-***5812

Par			s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fu	nds 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 advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Par			Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			y important land area
	Protection of natural habitat	L Preservation o	f a certified h	istoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ified conservation contribution in the form	of a conser	Ation easement on the last Held at the End of the Tax Year
	day of the tax year.			Heid at the Elid of the Tax Feat
	Total number of conservation easements			
с	Number of conservation easements on a certified historic st			
d	Number of conservation easements included in (c) acquired			
~	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organizatio	on during the tax
	year ► Number of states where property subject to conservation ea			
4 5				
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			········· — ···· — ····
Ŭ		, nanaling of violations, and officienty cor		somente danng the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easeme	ents during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that de	scribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	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 balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance o	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance she	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of p	ublic 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 tree		al gain, provi	de
	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		►	
	For Paperwork Reduction Act Notice, see the Instruction	IS TOR FORM 990.		Schedule D (Form 990) 2021
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_				LOPMENT CO		-***5812 Page 2
Pa	rt III Organizations Maintaining C					
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that make	e significant use	of its
	collection items (check all that apply):					
а	Public exhibition	d		change program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	-	-	-		n Part XIII.
5	During the year, did the organization solicit o					
De	to be sold to raise funds rather than to be ma					Yes No
Ра	rt IV Escrow and Custodial Arran		ete if the organizat	on answered "Yes"	on Form 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Par					
1a	Is the organization an agent, trustee, custodi					
_	on Form 990, Part X?					🔛 Yes 🔛 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			Amount
						Amount
	Beginning balance					
	Additions during the year					
	Distributions during the year					
t 20	Ending balance Did the organization include an amount on Fo					Yes No
	If "Yes," explain the arrangement in Part XIII.					
	rt V Endowment Funds. Complete in					
		(a) Current year	(b) Prior year			back (e) Four years back
19	Beginning of year balance	(4) 5 6.1 5 1 5 5 6.1	(0)	(0)	(,	(0)
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
	Other expenditures for facilities					
Ŭ	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column	(a)) held as:		
	Board designated or quasi-endowment		%			
	Permanent endowment	%				
		%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse		ation that are held	and administered fo	r the organizatio	n
	by:	-			-	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza					
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			
Pa	rt VI Land, Buildings, and Equipm	ient.				
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or of basis (investn		• •	Accumulated lepreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X, column (B), line	10c.)	►	0.

Schedule D (Form 990) 2021

132052 10-28-21

	(Form 990) 2021									
Part VII										
	Complete if the org	anization answered "	Yes" on	Form 990, Part IV,	line 1	11b. See Form 990	, Part X, line 1	2.		
(a) Descrip	tion of security or categ	GOTY (including name of secu	urity)	(b) Book value		(c) Method of	valuation: Cos	st or end-	of-year market	value
	held equity interests	s								
3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F) (G)										
(G) (H)										
. ,) must equal Form 990), Part X, col. (B) line 12.								
		Program Relate								
		anization answered "		Form 990. Part IV.	line 1	1c. See Form 990	. Part X. line 1	3.		
	(a) Description of			(b) Book value		(c) Method of			of-year market	value
(1)	., .								-	
(2)										
(3)										
(4)										
(5)										
(6)				4						
(7)										
(8)										
(8) (9)										
(9) Total. (Col. (I		D, Part X, col. (B) line 13.	.)							
(9)	Other Assets.			Form 000, Part IV			Dart V, line 1	6		
(9) Total. (Col. (I	Other Assets.	D, Part X, col. (B) line 13. ganization answered "	Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.		2110
(9) Total. (Col. (1 Part IX	Other Assets.		Yes" on	Form 990, Part IV, scription	line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Fotal. (Col. (1 Part IX (1)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Fotal. (Col. (I Part IX (1) (2)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Total. (Col. (1) Part IX (1) (2) (3)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	5.	(b) Book v	alue
(9) Total. (Col. (1) Part IX (1) (2) (3) (4)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Total. (Col. (I Part IX (1) (2) (3) (4) (5)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6)	Other Assets.		Yes" on		line 1	I1d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		Yes" on		line 1	11d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) otal. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the org		Yes" on (a) De	scription	line 1	I1d. See Form 990	, Part X, line 1	15.	(b) Book v	alue
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the org	panization answered "	Yes" on (a) De	scription	line 1	11d. See Form 990	, Part X, line 1	I.5.	(b) Book v	alue
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the org	panization answered "	Yes" on (a) De B) line 1	5.)					(b) Book v	alue
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the org	janization answered " orm 990, Part X, col. (i	Yes" on (a) De B) line 1	5.)					(b) Book v	
(9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Assets. Complete if the org	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) fotal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colu Part X	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X I. (1) Fed	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2)	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) (3)	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X I. (1) Fed (2) (3) (4)	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1) (1) Fed (2) (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X - (1) Fed (2) (3) (4) (2) (3) (4) (5) (6) (1) Fed (2) (3) (4) (5) (6) (1) (1) (6) (7) (8) (9) (1) (1) (6) (7) (8) (9) (1) (1) (6) (1) (1) (6) (1) (1) (6) (1) (1) (6) (1) (1) (6) (1) (1) (6) (1) (1) (6) (1) (1) (6) (7) (8) (9) (1) (1) (2) (1) (1) (2) (3) (4) (2) (3) (4) (5) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the org mn (b) must equal For Other Liabilitie Complete if the org (a) De	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1	5.)						
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2) (3) (4) (2) (3) (4) (5) (6) (7) (8) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the org	panization answered " orm 990, Part X, col. (PS. panization answered " escription of liability	Yes" on (a) De B) line 1 Yes" on	scription 5.) Form 990, Part IV,	line 1	I 1e or 11f. See For	m 990, Part X			
(9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) otal. (Colu (7) (8) (9) otal. (Colu	Other Assets. Complete if the org	panization answered " orm 990, Part X, col. (25. panization answered "	Yes" on (a) De B) line 1 Yes" on B) line 2	scription 5.) Form 990, Part IV, 5.)	line 1	I 1e or 11f. See For	m 990, Part X	(, line 25.	(b) Book v	

132053 10-28-21

Sche	edule D (Form 990) 2021 STEUBEN AREA ECONOMIC DEV	ELOPMENT CORP.	**_***	5812 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	118.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			118.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
Pa 1		2a.		7,265.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		7,265.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.		7,265.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a 2b		7,265.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b		7,265.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2c 2d	1 	0.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d	1 	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	1 	0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	1 	0.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2c 2d 4a	1 	0. 7,265.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a 2b 2c 2c 2d 4a 4b	1 2e 2e 	0. 7,265. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 4a 4b	1 2e 2e 	0. 7,265.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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
132054 10-28-21									Schedule D (Form 990) 2021
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Schedule D (Form 990) 202 Part XIII Supplemen	ntal Informat	TEUBE	EN AREA	ECOI	NOMIC	DEVI	ELOPMENT	CORP.	**-***581	2 Page 5
CORPORATION'S	FINANCIA	AL SI	TATEMENT	s.	THE EX	KEMI	T CORPO	RATION'	S	
INFORMATIONAL	RETURNS	ARE	SUBJECT	то	AUDIT	BY	VARIOUS	TAXING	AUTHORIT	'IES.
									Schedule D (For	m 990) 2021
132055 10-28-21					17					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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



Employer identification number

-*5812

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

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

QUALITY 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.

132211 11-11-21

12440316 101824 0212201

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CORPORATION'S GOAL IS TO STIMULATE THE ECONOMY AND IMPROVE THE QUALITY 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) 2021

18

Name of the organ	nization		ARE	A ECON	IOMI	C DEVELOP	IENT	CORI	P.	Employer iden * * _ * * *	tification number 5812
CAPACITY	FOR	EMPLOYMEN	IT,	CARRY	ON	RESEARCH,	AND	OWN	AND	DEVELOP	
PROPERTY	AND	OTHER ASS	SETS	•							

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM WILL BE REVIEWED BY THE AUDIT AND FINANCE COMMITTEE AND THEN

PRESENTED TO THE FULL BOARD AT A REGULARLY SCHEDULED MONTHLY MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

PER THE CORPORATION CONFLICT OF INTEREST POLICY, ALL DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT THEY MAY HAVE AT THE TIME THE CONFLICT ARISES. ANNUALLY, THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY WITH LEGAL COUNCIL, AND THE BOARD RATIFIES THE POLICY. AT THE TIME OF THE REVIEW, BOARD MEMBERS ARE EXPECTED TO COMPLY 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.

132212 11-11-21

SCH	IEDULE 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

Employer identification number **-**5812

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt 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) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
STEUBEN COUNTY INDUSTRIAL DEVELOPMENT AGENCY - 16-1006405, 7234 ROUTE 54, BATH, NY 14810	PUBLIC BENEFIT CORPORATION	NEW YORK	PUBLIC BENEFIT				x
	-						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

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

(a)	(b)	(c)	(d)		(e)	(f)	(g)	(1	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related	nant income unrelated, rom tax under s 512-514)	inco	of total ome	end-o	ire of of-year sets	alloca		Code V-U amount in I 20 of Scher	ule ^I	nanagin partner?	Perce owne	enta) ershi
		country)		sections	512-514)					Yes	No	K-1 (Form 1	065)	/esNo	<u> </u>	
	-															
	-															
	-															
	_															
	-															
	-			1												
	_															
	_															
Identification of Related C	Inganizations Taxable	as a Corp	oration or Trust (Complete if t	he organizat	ion answ	vered "Ves	" on For	m 990 P	art IV	l line 3/	4 because it	l had o		nore re	late
organizations treated as a c	corporation or trust duri	ing the tax	year.		ne organizat	1011 2113 10		5 01110	111 000, 1	arriv,		+, because it				all
(a)			(b)	(c)	(d)		(e)		(f))		(g)		(h)	e 512(i)
Name, address, and of related organizat	EIN	Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of (C corp, S	entity	Share c			Share of end-of-year	Perc	entago ership	= 512(cont	b)(1: rolle
or related organizat				foreign country)	entity	ý	or tru			me		assets	0001	iei si iip	ent	tity?
				oounii yy							_				Yes	N
																F
															1	1
											_		_		+	+

Schedule R (Form 990) 2021 STEUBEN AREA ECONOMIC DEVELOPMENT CORP.

Part V	Transactions With Related Organizations. Complete if the organization a	answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	e: 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 transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n	Х	1
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)							Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			

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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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o income	(g) Share of end-of-year assets	(h) Dispropo tionate allocation Yes N	^{s?} of Schedule K-1	(j) General o managing partner? Yes NO	(k) Percentage ownership

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Part VII Supplemental Information	n responses to questions on Schedule R. See instructions.
	esponses to questions on ochequie n. See instructions.
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