

Part XIII Supplemental Information *(continued)*

PART X, LINE 2

THE CORPORATION HAS EVALUATED ANY UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DETERMINED UNCERTAIN POSITIONS, IF ANY, ARE NOT MATERIAL TO THE FINANCIAL STATEMENTS, ACCORDING TO FASB ASC 740-10. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED. NONE OF THE CORPORATION'S RETURNS ARE CURRENTLY UNDER EXAMINATION.

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SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization: **COLUMBIA ECONOMIC DEVELOPMENT CORP.**
Employer identification number: **14-1755710**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1 | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|------------------------|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | (1) | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| Total | | | | | | | \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| 1 | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| ATTACHMENT 1 | | | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

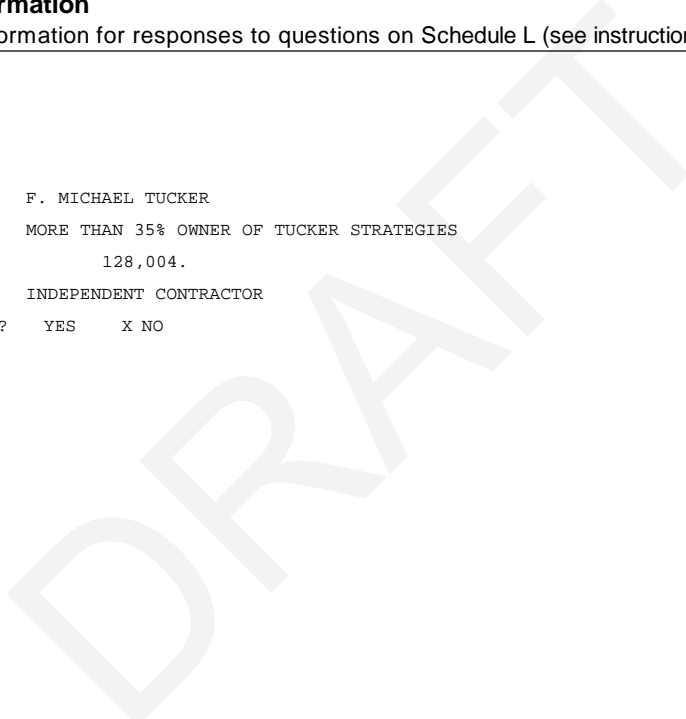
Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON F. MICHAEL TUCKER
 (B) RELATIONSHIP MORE THAN 35% OWNER OF TUCKER STRATEGIES
 (C) AMOUNT 128,004.
 (D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR
 (E) SHARING ORGANIZATION REVENUE? YES X NO



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

Department of the Treasury
Internal Revenue Service

Name of the organization

COLUMBIA ECONOMIC DEVELOPMENT CORP.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

14-1755710

PART VI, SECTION B, LINE 15

THE ORGANIZATION HAS A REVIEW PROCESS IMPLEMENTED FOR APPROVAL OF KEY EMPLOYEES AND THE PRESIDENT AND CEO. THE PRESIDENT AND CEO PREPARES A BUDGET INCLUDING THE COMPENSATION FOR EACH OF THE EMPLOYEES. THE BOARD WILL THEN REVIEW THE BUDGET AND APPROVE IT.

PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS MEMBERS WHO HAVE THE AUTHORITY TO APPOINT THE BOARD OF DIRECTORS. THE CORPORATION IS MANAGED BY ITS BOARD OF DIRECTORS.

PART VI, SECTION B, LINE 12C

DURING THE YEAR, THE PRESIDENT & CEO CONSISTENTLY INQUIRED FROM THE BOARD OF DIRECTORS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST. ANY BOARD DIRECTOR WITH A CONFLICT OF INTEREST REGARDING ANY VOTING PERFORMED BY THE BOARD AT MEETINGS THROUGHOUT THE YEAR EXCUSED THEMSELVES BEFORE DISCUSSION AND VOTING TOOK PLACE.

PART VI, SECTION A, LINE 7A

THE ORGANIZATION'S MEMBERS VOTE FOR EACH BOARD MEMBER. BOARD MEMBERS ELECT THE OFFICERS OF THE ORGANIZATION.

PART VI, SECTION B, LINE 11B

THE ORGANIZATION WILL HAVE THE BOOKKEEPER AND PRESIDENT & CEO REVIEW THE FORM 990 BEFORE PROCESSING. A COPY OF THE FORM 990 IS GIVEN TO THE BOARD

| | |
|---|--|
| Name of the organization COLUMBIA ECONOMIC DEVELOPMENT CORP. | Employer identification number 14-1755710 |
|---|--|

AT A MEETING BEFORE THE DATE OF FILING AND KEY OFFICERS REVIEW THE FORM
PRIOR TO SIGNING AND FILING.

PART VI, SECTION C, LINE 19

POLICIES ARE AVAILABLE ON THE ORGANIZATION'S WEB SITE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COLUMBIA ECONOMIC DEVELOPMENT CORPORATION IS THE LEAD ECONOMIC
DEVELOPMENT ORGANIZATION FOR COLUMBIA COUNTY, NEW YORK. OUR MISSION
IS TO STRENGTHEN THE AREA'S TAX BASE THROUGH ECONOMIC DEVELOPMENT AND
JOB CREATION, TO ASSIST BUSINESS TO LOCATE AND EXPAND WITHIN THE
COUNTY, AND TO PROMOTE COLUMBIA COUNTY AS A PREMIER SPOT FOR BOTH
BUSINESS INVESTMENT AND PERSONAL OPPORTUNITY.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| TUCKER STRATEGIES 54 STATE STREET- SUITE 804 ALBANY, NY 12207 | MANAGEMENT/CONSULT | 128,004. |

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|------------------------------|
| PREPAID INSURANCE | 6,323. |
| TOTALS | <u>6,323.</u> |

| | |
|---|--|
| Name of the organization COLUMBIA ECONOMIC DEVELOPMENT CORP. | Employer identification number 14-1755710 |
|---|--|

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|------------------------------|
| CDBG SMALL CITIES | 27,052. |
| TOTALS | <u>27,052.</u> |

ATTACHMENT 5

FORM 990, PART X - OTHER FUNDS

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|------------------------------|
| COMMERCE PARK | 71,817. |
| SBA MICROLOAN | 233,698. |
| COUNTY DIRECTED | 48,889. |
| TOTALS | <u>354,404.</u> |

2019

ATTACHMENT 6

| Description of Property | ATTACHMENT 6 | | | | | | | | | | | | | | |
|--------------------------------|------------------------|--------------------------|---------|-----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|--------|-------|-------|------------|--------------|--------------------------|---------------------------|
| GENERAL DEPRECIATION | | | | | | | | | | | | | | | |
| DEPRECIATION | | | | | | | | | | | | | | | |
| Asset description | Date placed in service | Unadjusted Cost or basis | Bus. % | 179 exp. reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Method | Conv. | Life | ACRS class | MA CRS class | Current-year 179 expense | Current-year depreciation |
| FILING CABINET | 12/31/1992 | 203. | 100.000 | | | 203. | 203. | 203. | SL | | 7.000 | | | | |
| FURNITURE | 04/08/2005 | 356. | 100.000 | | | 356. | 356. | 356. | SL | | 5.000 | | | | |
| FILING CABINET | 12/31/2008 | 320. | 100.000 | | | 320. | 320. | 320. | SL | | 3.000 | | | | |
| CHAIR | 01/15/2010 | 100. | 100.000 | | | 100. | 100. | 100. | SL | | 5.000 | | | | |
| DESK | 04/05/2011 | 250. | 100.000 | | | 250. | 250. | 250. | SL | | 5.000 | | | | |
| FILING CABINET | 04/05/2011 | 75. | 100.000 | | | 75. | 75. | 75. | SL | | 5.000 | | | | |
| CHAIR | 04/05/2011 | 110. | 100.000 | | | 110. | 110. | 110. | SL | | 5.000 | | | | |
| COMPUTER MONITOR | 03/12/2012 | 184. | 100.000 | | | 184. | 184. | 184. | SL | | 5.000 | | | | |
| WEBSITE COSTS | 10/22/2012 | 7,190. | 100.000 | | | 7,190. | 7,190. | 7,190. | SL | | 5.000 | | | | |
| WEBSITE REDESIGN | 08/01/2013 | 2,222. | 100.000 | | | 2,222. | 2,222. | 2,222. | SL | | 5.000 | | | | |
| MESH CHAIR | 02/12/2014 | 150. | 100.000 | | | 150. | 104. | 125. | SL | | 7.000 | | | | 21. |
| SERVER | 06/30/2015 | 2,770. | 100.000 | | | 2,770. | 1,939. | 2,493. | SL | | 5.000 | | | | 554. |
| SOFTWARE | 11/30/2016 | 280. | 100.000 | | | 280. | 194. | 280. | SL | | 3.000 | | | | 86. |
| COMPUTERS | 12/12/2016 | 8,190. | 100.000 | | | 8,190. | 3,413. | 5,051. | SL | | 5.000 | | | | 1,638. |
| PRINTER | 10/04/2016 | 99. | 100.000 | | | 99. | 74. | 99. | SL | | 3.000 | | | | 25. |
| CHECK SCANNER | 10/21/2016 | 377. | 100.000 | | | 377. | 273. | 377. | SL | | 3.000 | | | | 104. |
| T-VALUE SOFTWARE | 02/03/2017 | 184. | 100.000 | | | 184. | 71. | 108. | SL | | 5.000 | | | | 37. |
| PROJECTOR | 10/06/2017 | 410. | 100.000 | | | 410. | 103. | 185. | SL | | 5.000 | | | | 82. |
| WEBSITE REDESIGN | 03/05/2018 | 625. | 100.000 | | | 625. | 174. | 382. | SL | | 3.000 | | | | 208. |
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | 34,117. | | | | 34,117. | 17,355. | 20,975. | | | | | | | 3,620. |
| Listed Property | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| TOTALS | | 34,117. | | | | 34,117. | 17,355. | 20,975. | | | | | | | 3,620. |
| AMORTIZATION | | | | | | | | | | | | | | | |
| Asset description | Date placed in service | Cost or basis | | | | | Accumulated amortization | Ending Accumulated amortization | Code | Life | | | | | Current-year amortization |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | |

*Assets Retired
JSA
9X9024 1.000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COLUMBIA ECONOMIC DEVELOPMENT CORP.

Employer identification number

14-1755710

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) COLUMBIA COUNTY IDA 4303 ROUTE 9 HUDSON, NY 12534 | DEVELOPMENT | NY | N/A | N/A | N/A | | X |
| (2) COLUMBIA COUNTY 401 STATE STREET HUDSON, NY 12534 | GOVERNMENT | NY | N/A | N/A | N/A | | X |
| (3) COLUMBIA COUNTY CRC 4303 ROUTE 9 HUDSON, NY 12534 | FINANCING | NY | N/A | N/A | N/A | | X |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2019

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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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 country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

Note: 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 related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) COLUMBIA COUNTY | C | 460,000. | FMV |
| (2) COLUMBIA COUNTY IDA | Q | 24,000. | FMV |
| (3) COLUMBIA COUNTY CRC | B | 5,000. | FMV |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

DRAFT

UHY ADVISORS NY, INC.
CERTIFIED PUBLIC ACCOUNTANTS
1 HUDSON CITY CENTRE STE 204
HUDSON, NY 12534
Fax: 518-828-2672

COLUMBIA ECONOMIC DEVELOPMENT CORP.
Instructions for Filing
Form CHAR500
New York State Annual Filing for Charitable Organizations
For the year ended December 31, 2019

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 15, 2020 with:

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

A check or money order payable to "Department of Law" in the amount of \$275 should be attached to the return. Be sure to include the federal EIN and "2019 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

DRAFT

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / 2019 and Ending (mm/dd/yyyy) 12 / 31 / 2019

| | | |
|--|--|---|
| Check if Applicable: <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: COLUMBIA ECONOMIC DEVELOPMENT CORP. | Employer Identification Number (EIN): 14-1755710 |
| | Mailing Address: 1 HUDSON CITY CENTRE, SUITE 301 | NY Registration Number: 05-11-44 |
| | City / State / Zip: HUDSON, NY 12534 | Telephone: (518) 828-4718 |
| | Website: WWW.COLUMBIAEDC.COM | Email: |

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
 Signature _____ Print Name and Title _____ Date _____

Chief Financial Officer or Treasurer: _____
 Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

| | | | | |
|---|---------------------------------|------------------------------------|------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: \$ <u>25.</u> | EPTL filing fee: \$ <u>250.</u> | Total fee: \$ <u>275.</u> | Make a single check or money order payable to: "Department of Law" |
|---|---------------------------------|------------------------------------|------------------------------|--|

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

9J3551 1.000

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2019
Open to Public
Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).
Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

| | |
|--|-------------------------------------|
| Name of Organization: COLUMBIA ECONOMIC DEVELOPMENT CORP. | NY Registration Number: 05-11-44 |
|--|-------------------------------------|

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|--|-------------------------|
| Fund Raising Professional type: <input type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer | Name of FRP: | NY Registration Number: |
| | Mailing Address: COUNTY OF CO | Telephone: |
| | City / State / Zip: EMPIRE ZONE | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
|----------------------|--------------------|

4. Description of Services

| |
|---------------------------|
| Services provided by FRP: |
|---------------------------|

5. Description of Compensation

| | |
|------------------------------------|---------------------|
| Compensation arrangement with FRP: | Amount Paid to FRP: |
|------------------------------------|---------------------|

6. Commercial Co-Venturer (CCV) Report

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A? |
|--|--|

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2019
Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|--|---|
| Name of Organization: COLUMBIA ECONOMIC DEVELOPMENT CORP. | NY Registration Number: 05-11-44 |
|--|---|

2. Government Grants

| Name of Government Agency | Amount of Grant |
|--------------------------------------|-----------------|
| 1. COLUMBIA COUNTY | 1. 460,000. |
| 2. U.S SMALL BUSINESS ADMINISTRATION | 2. 107,398. |
| 3. HUD CDBG | 3. 10,295. |
| 4. HUDSON RIVER VALLEY GREENWAY | 4. 12,750. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 590,443. |