Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

6

AF	or the	e 2017	calendar year, or tax year beginning , 2017,	and ending				, 20		
_			C Name of organization ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,			D Employer ide	ntificatio	on numb	er	
B c	heck if ap	pplicable:	INC.			14-1598	3275			
	Addre		Doing business as							
	1 1	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber			
	-	return	PO BOX 1800, 244 FAIR STREET			(845) 34	0-35	56		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			(,				
	termir Amen		KINGSTON, NY 12402			G Gross receipts	= ¢		391	,667.
	return Applio	n cation	F Name and address of principal officer: BURTON GULNICK			H(a) Is this a grou		for	Yes	X No
	pendi		244 FAIR STREET, KINGSTON, NY 12402			subordinates	?		i	
	T				_	H(b) Are all subord			Yes	No
		empt st		or 527	/	If "No," at		•	uctions)	
			ULSTERNY.COM	1.		H(c) Group exem	•			3737
		_	nization: X Corporation Trust Association Other ►	L Year of	f format	ion: 1964 M	State of	legal do	micile:	NY
Pa	art I		immary							
	1		y describe the organization's mission or most significant activities: $\{ ext{ULSTER}}$				ELOPI	MENT		
S			IANCE PROMOTES JOB GROWTH, ECONOMIC DEVELOPMEN							
nar		REV	ITALIZATION FOR ULSTER COUNTY AND PROVIDES BUS	SINESS F	INAN	CING.				
Governance	2	Check	κ this box \blacktriangleright if the organization discontinued its operations or dispose	d of more the	an 25%	of its net asset	S.			
	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3			7.
s S	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)				4			7.
Activities &	5	Total	number of individuals employed in calendar year 2017 (Part V, line 2a)				5			0.
Ę	6	Total	number of volunteers (estimate if necessary)				6			7.
Ă	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a			0.
	b	Net u	nrelated business taxable income from Form 990-T, line 34				7b			
				•		Prior Year		Curi	rent Ye	er
e	8	Contr	ibutions and grants (Part VIII, line 1h)			460,96	2.		341,	,835.
Revenue	9	Progr	am service revenue (Part VIII, line 2g)			24,96	3.		21,	,845.
eve			tment income (Part VIII, column (A), lines 3, 4, and 7d)			64	11.			905.
œ			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20,05	4.		27,	,082.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			506,62	0.		391,	,667.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)			87,09	2.			0.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)				0.			0.
ŝ	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).				0.			0.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)				0.			0.
e dx			fundraising expenses (Part IX, column (D), line 25) ▶ 0	•						
Ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			353,39	7.		315,	,194.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			440,48	9.		315,	,194.
			nue less expenses. Subtract line 18 from line 12			66,13	1.		76,	,473.
ses					Begin	ning of Current	/ear	End	of Yea	r
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			1,930,43	2.	2,	072,	502.
Ass Ba	21		liabilities (Part X, line 26)			293,31	7.		358,	,914.
-Uet	22		ssets or fund balances. Subtract line 21 from line 20			1,637,11	5.	1,	713,	588.
	rt II	Si	gnature Block							
Une	der per		- of perjury, I declare that I have examined this return, including accompanying schedu				i my kno	owledge	and be	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer ha	s any kr	nowledge.				
Sig			Signature of officer			Date				
He	re		BURT GULNICK TREASUF	RER						
			Type or print name and title							
		Print/	Type preparer's name Preparer's signature	Date		Check	if PTI	N		
Paic		MAT	THEW H VANDERBECK			self-employ	,	P008	7449	9
	parer	Firm'	s name PATTISON KOSKEY HOWE BUCCI PC			Firm's EIN ▶ 1	4-17	46505	5	
Use	Only		s address ▶2880 ROUTE 9, SUITE 2 VALATIE, NY 12184					58-6		
Mav	y the		iscuss this return with the preparer shown above? (see instructions)						es	No
			Reduction Act Notice, see the separate instructions.							(2017)
5.			· · · · · · · · · · · · · · · · · · ·							····)

For	n 990 (2017)	Page 2
Pa	Int 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:	
	ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE PROMOTES JOB GROWTH,	
	ECONOMIC DEVELOPMENT AND COMMUNITY REVITALIZATION FOR ULSTER COUNTY	
	AND PROVIDES BUSINESS FINANCING THROUGH REVOLVING LOAN FUNDS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	37
	prior Form 990 or 990-EZ?	X No
	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	37
		X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	urad by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 287,127. including grants of \$) (Revenue \$)	
	GENERAL PROMOTION OF ECONOMIC DEVELOPMENT IN ULSTER COUNTY.	
	INCLUDES SUPPORT SERVICES EDUCATIONAL /NETWORKING EVENTS FOR	
	INDIVIDUALS AND SMALL BUSINESS THAT WILL REDUCE POVERTY AND	
	INCREASE EMPLOYMENT OPPORTUNITIES. THE ORGANIZATION ALSO SERVES	
	AS ADMINISTRATOR OF THE ULSTER COUNTY REVOLVING LOAN FUNDS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 287,127.	

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, 14-1598275

Form 9	90 (2017)		F	Page 3
Part	V 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 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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			37
	Part III.	5		X
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			v
-	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			Х
•	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		- 21
9	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	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or 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,"			
ŭ	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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, 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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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 in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	1

Form **990** (2017)

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,

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Check if Schedule Q contains a response or note to any line in this Part V. Image: Contains a response or note to any line in this Part V. Image: Contains a response or note to applicable	Par				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0. 2 Det the organization composes reported on Form W-3. Transmittal of Wage and Tax. 2a 0. 2 Enter the number of empoyees reported on Form W-3. Transmittal of Wage and Tax. 0. 3 Dot the organization compose reported in line 1 and quire deteral employment tax returns? 0. 3 Dot the organization have unrelated business gross income of \$1.000 or more deteral employment tax returns? 3a X 4 At any time during the calendar year, dift he organization have unives an interest in or a signature or other authority over, a financial account in a foreign country. 3a X 5 Was the organization have unive any or the signal of the vase in interest in or a signature or other authority over, a financial account in a foreign country. 5a X 5 Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an edirges statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 5 Was the organization and were evece edeductible contributions a		Check if Schedule O contains a response or note to any line in this Part V			•
a Let the number of Forms W-25 included in the 1a. Ener - 0 into applicable				Yes	No
b Einer the function of Volts VF2S Moduled in the values for reportable payments to vendors and reportable gaming (gambing) within pass to prize winners? It It c Did the organization conversion of Form VF2S module for the cale analysis of the calendar year ending with or within the year covered by this return. It It d If at least one is reported on line 2a, did the organization for were unrelated business gross income of \$1.000 or more deferal employment tax returns? It It b If at least one is reported on line 2a, did the organization have unweal net tracts in cover other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? It			4		
reportable gaming (gambling) winnings to prize winners? 1c 28 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 0. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effie (see instructions). 3a 3a X 31 Did the organization have unrelated business gross income of \$1,000 or more duning the year?. 3a X 34 At any time duning the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3b 4a At any time duning the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3a X 54 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 55 Does the organization neither was anall gross receipts that are normally greater than \$100,000, and did the organization nective a payment in excess of \$75 made pairty as a contributions or gifts were not tax deductible? 6b 6b 7 Organization receive a payment in excess of \$75 made pairty as a contributions and partly for goods and services provided to the payor? 7a X 7 If "Yes", to line fao no fb, did the organization include with every solicitation an oppresizatamement in tas stack contributions or ginstacton receive a payment			{		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax. 2a 0. bit of at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a X 3a X 3a X 3a X 3a X 3a X 3a X X X At any time during the calendary ser, did the organization have an interest in, or a signature or other authority over, a financial account? 3a X X X X See instructions for fling requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X bid any taxable party notify the organization tax deductible as chartable contributions? 5a X bid any taxable party notify the organization an ecrops statement that such contributions? 5a X bid "Yes" to line 6a of 5b, did the organization that were not tax deductible as chartable contributions? 5a X for Yes", did the organization necely as	С		10		
Statements, field for the calendar year ending with or within the year covered by this return. 2a 0. b If at least one is reported on line 2, at dithe organization file at required to e-file (see instructions). 3a 3a 3a D dithe organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a x 3b If Yes?, this if the a Form 900-To this year? 3b x x 4a At any time during the calendar year, did the organization have an interest in, or a signature or other atthorty over, a financial account in a foreign country. x x 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a x 5b If Yes? in the organization have annual gross receipts that are normally greater than \$100,000, and it the organization have annual gross receipts that are normally greater than \$100,000, and it the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and the verson solicitan y contravibution shat were not tax deductible acchartaly set contravity or dots and services provided to the payor? 7a X 7 Organization shat may receive deductible contributions and express statement that such contract? 7b 7c X 6 If Yes? (id the organization include with every solicitation an express statement that such contract? 7c X 7 Organization state more than of ther	•				
bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-//di (see instructions). 3a X 3 D of the organization have unrelated business gross income of sl.1000 or more during the year? 3a X bit 7*ves, "has it field a Form 990-T for this year? If "No" to <i>line 3b</i> , provide an explanation in Schadulo 0. 3b 4 At any time during the calendary year, di the organization have an interest in, or a signature or other authority account?) 4a X 5 If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5 If "Yes," on the solution a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 D dany taxable party notify the organization file form 886-f17. 5b X Sb X 6 Does the organization have an interest or is a party to a prohibited tax shelter transaction at any time during the tax sheller transaction? 5b X 6 Does the organization file form 886-f17. 6a X Sb X 7 Organization active we anyument in excess of 375 made party as contributions and party for goods and services provided to the payor? 7b B B	2a				
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a a x 3a Dit the organization have unreaded business gross income of \$1,000 or more during the year? 3b 3c x 4a At any time during the calendar year, did the organization have an interest in, or a signature or other attochy over, a financial account in a foreign country. 3b 3c x 4b If Yes, '' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a x 5u Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x 5b Dit Yes, '' ald the organization file form 8862-77. 6a 3c x 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and if the organization include with event tax deductible as charitable contributions? 6b 3c 7 Organizations that may receive deductible contributions and partly for goods and services provided to the payor? 7b c 2c 1 If Yes, '' did the organization notify the donor of the value of the graphization fice the masker. 7d 7c x 7 Organization during the extranse. 7fd 7d 7d 7d 7d 2 Did the organizati	h		2h		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	b		20		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0, 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account, over, a financial account in a foreign country. Iso a b If "Yes," enter the name of the foreign country. Iso a back account, securities account, or other financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a X b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X b D d any taxable party notify the organization file form 886-72. 5c 5c 5c c If "Yes" did the organization include with every solicitation an express statement that such contributions at any time during the tax year?. 5c 5c c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. 6b 7a X b If "Yes," did the organization notify the donor of the yalue of the goads or services provided to the payor? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year? 7d 7d 7d 7d 7d 7d 7	3 9		3a		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other nancial account)? b If "Yes," enter the name of the foreign country. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 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 13b c Enter the amount of reserves on hand 13c 14a X	b				
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b		-		
Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: Comparization receive any payments for indoor tanning services during the tax year? 14a X	-		4.0-		
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 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		13a		
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	-		1		
			142		X
					<u> </u>

Form 9	990 (2017) ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, 14-1598	8275	F	->age 6
Part	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	7		
	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
2	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b				
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue))	<u> </u>
			Yes	No
10a		10a	· ´	No X
	Did the organization have local chapters, branches, or affiliates?		· ´	
			Yes	
b	Did the organization have local chapters, branches, or affiliates?	10a	· ´	
b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a	Yes	
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes X X	
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes X X X	
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes X X	
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes X X X X	
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes X X X X X X	
b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes X X X X X X	
b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X X	
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X X	
b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X X	
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b <u>Secti</u> 17	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X X X X X	x
b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X X X X X	x

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► CJ RIOUX 244 FAIR STREET PO BOX 4265 KINGSTON, NY 12401 845-340-5536

14-1598275

Page 7

Part VII	•			of Office tractors	rs, Dire	ctors,	Trust	tees, K	ey Emp	loyees,	Higł	nest Co	ompei	nsated	Emp	loyee	s, a	nd
	Check	if Sche	dule () contains	a respor	ise or i	note to a	any line in	this Part V	/							[Х
Section A.	Officer	s, Dire	ctors,	Trustees	, Key Em	ployee	es, and	Highest (Compensa	ted Em	oloyee	S						
1a Comple organizatio			for al	l persons	required	to be	e listed.	Report	compens	ation fo	or the	calenda	r year	ending	with	or w	ithin	the

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any			•		is both or/trust		compensation from	compensation from related	amount of other
	hours for						,	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	idua recto	utior	er	Idute	əst c oyee	Ē	(W-2/1099-MISC)		organization
	line)	or true	nal t		oye	e mp				and related organizations
		stee	ruste			ens				
			ě			Highest compensated employee				
(1)JULIE COHEN LONSTEIN	1.00									
CHAIR	0.	x		x				0.	0.	0.
(2)BURTON GULNICK, JR.	1.00									
TREASURER	34.00	X		х				0.	123,443.	26,570.
(3)KENNETH CRANNELL	1.00									
DIRECTOR	34.00	X						0.	124,456.	26,570.
(4) JAMES F. MALONEY	1.00									
VICE CHAIR	4.00	Х		Х				0.	14,000.	0.
(5)ROBERT SUDLOW	1.00									
DIRECTOR	34.00	Х						0.	130,556.	28,048.
(6)WARD TODD	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(7)HECTOR RODRIGUEZ	1.00									
DIRECTOR	4.00	Х						0.	16,000.	10,033.
(8)SUZANNE HOLT	7.00									
PRESIDENT	28.00			Х				0.	98,941.	1,245.
(9)CJ RIOUX	10.50	-								
CFO	24.50			Х				0.	92,247.	10,033.
<u>(</u> 10)		-								
<u>(11)</u>		-								
<u>(12)</u>										
<u>(13)</u>										
(4.4)										
<u>(14)</u>										

Bartland Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees conduced: (a) (b) (c)	-	990 (2017)													Page 8
Name and tile Average website it activity offer any approximation were stated or any and the state of independent on the regarization from the state or any approximation it is any former officer (affector, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization from the organization is the sum of reportable compensation from the organization from the organization from the organization from any unrelated organization or individual sector individual is the sum of reportable compensation from the organization from the organization fro	Ра			ey En	nplo			and I	lig			yees (c			
unitability of the production of t			Average hours per week (list any	box,	not ch unles	Pos ieck s pe	ition more erson	is both	an	Reportable compensation from	Reporta compensati relate	on from d	Est am c	imated ount o other	f
c Total from continuation sheets to Part VII, Section A 0. <td< td=""><td></td><td></td><td>organizations below dotted</td><td>Individual trustee or director</td><td>Institutional trustee</td><td>Officer</td><td>Key employee</td><td>Highest compensated employee</td><td>Former</td><td>organization</td><td></td><td></td><td>orga and</td><td>inizatio relate</td><td>d</td></td<>			organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			orga and	inizatio relate	d
c Total from continuation sheets to Part VII, Section A 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
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c Total from continuation sheets to Part VII, Section A 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
c Total from continuation sheets to Part VII, Section A 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0. Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						•	•••					0.			0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-	Total number of individuals (including but no	t limited to t						► o re				10	02,4	199.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	on 🕨	0	•									Vas	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. C(C) (A) (B) (C) Complete services Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization is 0. 0.	3													103	
individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.	4	For any individual listed on line 1a, is the	sum of rep	portat	ole c	om	per	isatio	n a	nd other compens	sation from	the			
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (C) Compensation (A) (B) (C) Compensation Compensation Compensation Compensation Compensation (A) (B) (C) Compensation Compensation Compensation Compensation (A) Name and business address Description of services Compensation Compensation (B) (C) Compensation Compensation Compensation Compensation (B) (C) Compensation Compensation Compensation Compensation Compensation (C) Compensation Compensation Compensation Compensation Compensation Compensation (A) Compensation Compensation Compensation Compensation Compensation Compensation (C) Compensati													4	Х	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 0 0 0 0 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0 0	5												5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Compensation for the calendar year ending with or within the organization's tax year. (C) Compensation Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Compensation Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Image: Compensation for the calendar year ending with or services Image: Compensation for the organization for the organiza											the sec (4 0 (000	c		
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more than \$100,000 in compensation from the organization \blacktriangleright 0.															
	2					iteo			se l	isted above) who	received			0.0.0	

Par	t VII						
		Check if Schedule O contains a respo	nse or note to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	5,000. 336,835.	341,835.			
Program Service Revenue	2a b c d	INTEREST ON LOANS LATE FEES COLLECTED	Business Code	20,341. 1,504.	20,341. 1,504.		
Program	e f g 3	All other program service revenue	<u> </u>	21,845.			
	4 5 6a	and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	Г 1 ►	905. 0. 0.			905.
	b c d 7a	Less: rental expenses	(ii) Other	0.			
Revenue	b C d 8a	Less: cost or other basis and sales expenses Gain or (loss)	· · · · · · · · · · · · · · · · · · ·	0.			
Other R	b c 9a	See Part IV, line 18	►	0.			
	b c 10a	See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	▶	0.			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue		0.			
	11a b c	MISCELLANEOUS INCOME PROVISION FOR LOAN RECOVERIES APPLICATION FEES		7,687. 17,475. 1,920.	7,687. 17,475. 1,920.		
	d e 12	All other revenue		27,082.	48,927.		905.

Part IX Statement of Functional Expense		DEVELOPMENT ALLI	- ,	598275 Pag
ection 501(c)(3) and 501(c)(4) organizations mu	st complete all colum			
Check if Schedule O contains a resp	oonse or note to any li	ne in this Part IX		[
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
D Payroll taxes	0.			
1 Fees for services (non-employees):				
a Management	0.			
b Legal	80.	8.	72.	
c Accounting	12,049.	1,205.	10,844.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	0.			
(A) amount, list line 11g expenses on Schedule O.)2 Advertising and promotion	115,016.	103,514.	11,502.	
	5,186.	4,667.	519.	
	0.		0101	
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings		1 0.05		
0 Interest	1,895.	1,895.		
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.		4 1 2 0	
3 Insurance	4,130.		4,130.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aDUES AND SUBSCRIPTIONS	10,003.	9,003.	1,000.	
bSERVICES-ELLENVILLE MILLION	166,835.	166,835.		
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	315,194.	287,127.	28,067.	
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign_and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,311,471.	1	1,324,033.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	105,556.	4	166,968.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	-		-
s		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	488,405.	7	556,501.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 411, 510.	0		0
		Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14 15	Intangible assets	25,000.	14 15	25,000.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,930,432.	16	2,072,502.
	17	Accounts payable and accrued expenses	26,020.	17	66,922.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	146,100.	19	184,813.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ŝ		Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties ATCH 3	70,197.	23	45,429.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	51,000.	25	61,750.
	26	Total liabilities. Add lines 17 through 25.	293,317.	26	358,914.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
pd	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ŝts	30	Capital stock or trust principal, or current funds	1,637,115.	30	1,713,588.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Ne	33	Total net assets or fund balances	1,637,115.	33	1,713,588.
	34	Total liabilities and net assets/fund balances	1,930,432.	34	2,072,502.

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, 14-1598275

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments	1 2 3 4 5 6 7 8 9	(1)	391,0 315,3 76,4 537,3	L94. 473.
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 	1 2 3 4 5 6 7 8	(1)	91,0 315,1 76,4	194. 473. 115. 0. 0. 0.
 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 	2 3 4 5 6 7 8	3	315,3 76,4	194. 473. 115. 0. 0. 0.
 3 Revenue less expenses. Subtract line 2 from line 1. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 	3 4 5 6 7 8		76,4	473. 115. 0. 0. 0.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 5 6 7 8	1,6		0. 0. 0.
	5 6 7 8	1,6	, 37,	0. 0. 0.
5 Net unrealized gains (losses) on investments	6 7 8			0.
	7 8			0.
6 Donated services and use of facilities	8			
7 Investment expenses				0
8 Prior period adjustments	9			
9 Other changes in net assets or fund balances (explain in Schedule O)				0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	10	1,7	13,5	588.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		1	
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b	X	L
If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
separate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	/ersight			
of the audit, review, or compilation of its financial statements and selection of an independent acco	•	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, ex				
Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set t	forth in			
the Single Audit Act and OMB Circular A-133?		3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi		3b		l

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, Employer identification number INC. 14-1598275 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,800.	8,500.	5,000.	460,962.	343,755.	824,017.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	58,706.	79,555.	106,771.	83,719.	99,521.	428,272.
4	Total. Add lines 1 through 3	64,506.	88,055.	111,771.	544,681.	443,276.	1,252,289.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4						0.
	tion B. Total Support						1,252,289.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	64,506.	88,055.	111,771.	544,681.	443,276.	1,252,289.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,887.	630.	548.	641.	905.	4,611.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		52				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH.1</u>	881.	3,812.	31,575.	35,687.	29,532.	101,487.
11	Total support. Add lines 7 through 10						1,358,387.
12	Gross receipts from related activities, etc. (s	,				12	
$\frac{13}{2}$	First five years. If the Form 990 is for organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
	tion C. Computation of Public Sup		-				92.19%
14	Public support percentage for 2017 (li				•••••	14	91.53%
15	Public support percentage from 2016	-			ad line 11 is 22	15	
168	331/3% support test - 2017. If the organization of	-					
h	box and stop here. The organization que 331/3% support test - 2016. If the org						
b	this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		•			
174	10% or more, and if the organization						
	Part VI how the organization meets t organization.	he "facts-and-c	ircumstances" t	est. The organi	zation qualifies	as a publicly s	upported
h	10%-facts-and-circumstances test - 2						
5	15 is 10% or more, and if the orga	-	-				
	Explain in Part VI how the organization						-
18	supported organization						► 🗌
	instructions						

Schedule A (Form 990 or 990-EZ) 2017

14-1598275

Schedule A (Form 990 or 990-EZ) 2017

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

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

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	•						
F	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	\langle					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>		<u></u>			<u></u> ▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2016 Schee	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2017 (lin			13, column (f))		17	%
18	Investment income percentage from 2016 S					18	%
	331/3% support tests - 2017. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2016. If the organ	-	•			•••••	
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d		•	•	. ,		
20	i mate iounuation. Il the organization u			1 -1 , 13a, 01 19L	, CHECK LINS D	on and see insti	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2017

Schedul	le A (Form 990 or 990-EZ) 2017		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
Z	organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
L				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these</i>			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form		990-EZ	Z) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zations r	nust complete Sectio	ns A through E. (B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
a b	Excess from 2014			
<u>р</u>	Excess from 2015			
d	Excess from 2016			
u				

Schedule A (Form 990 or 990-EZ) 2017

14-1598275

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOM	2			ATTACHMENT 1	
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS	881.	3,812.	3,227.	10,724.	7,687.	26,331.
INTEREST ON LOAN PROGRAM			28,348.	23,230.	20,341.	71,919.
LATE FEES COLLECTED				1,733.	1,504.	3,237.
TOTALS	881.	3,812.	31,575.	35,687.	29,532.	101,487.

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

n

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

14-1598275

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,

INC.

art I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	ULSTER COUNTY		Person X Payroll			
	244 FAIR STREET	\$336,835.	Noncash			
	KINGSTON, NY 12402		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	UCIDA		Person			
	244 FAIR STREET	\$5,000.	Payroll Noncash			
	KINGSTON, NY 12401		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash			
			(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll			
		\$	Noncash			
			(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
		\$	Payroll Noncash			
			(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
		\$	Payroll Noncash			
			(Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)							Page 3
Name of organization	ULSTER	COUNTY	ECONOMIC	DEVELOPMENT	ALLIANCE,	Employer identification number	
	INC.					14-1598275	

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4		
Name of o	rganization ULSTER COUNTY ECONOM INC.	IC DEVELOPMENT ALLIA	ANCE ,	Employer identification number 14-1598275		
Part III		or the year from any one ations completing Part III, of the year. (Enter this inform	contributor. Contributor of the total of	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use of gif	it.	(d) Description of how gift is held		
Part I						
		(e) Transfer of	gift			
	Transferee's name, address	, and ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ït	(d) Description of how gift is held		
		(e) Transfer of	gift			
	Transferee's name, address	, and ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held		
			gift			
	Transferee's name, address	, and ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift (c) Use		it	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Rel				

SCHEE	DULE D)
(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.

20 7 Open to Public

Schedule D (Form 990) 2017

OMB No. 1545-0047

	rtment of the Treasury	Co to your irs gov	Attach to Form 990. /Form990 for instructions and	d the latest infor	mation	Open to Public Inspection
-	al Revenue Service of the organization	ULSTER COUNTY ECONOMIC			Employer identifica	
INC	-	OLDIER COUNTI ECONOMIC	DEVELOPMENT ADDIAL	NCE,	14-15982	
Pa		tions Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds or		
ı a		e if the organization answered				
			(a) Donor advised fu		(b) Funds and	other accounts
1	Total number at e	end of year			. ,	
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		tion inform all donors and donor	advisors in writing that the	ne assets held	in donor advised	
•	-	anization's property, subject to the	-			Yes No
6	•	ion inform all grantees, donors, a	•	•		
-	-	e purposes and not for the bene				
	-	nissible private benefit?			• • •	Yes No
Pa		ation Easements.				
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 7.		
1	Purpose(s) of cor	nservation easements held by the	organization (check all that	apply).		
	Preservatio	on of land for public use (e.g., rec	reation or education)	Preservation	of a historically im	portant land area
	Protection	of natural habitat		Preservation	of a certified histo	ric structure
		on of open space				
2	-	a through 2d if the organization he	eld a qualified conservation	contribution in		
		last day of the tax year.			Held at the	End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c		rvation easements on a certified			2c	
d		rvation easements included in (c				
•		listed in the National Register			2d	
3		rvation easements modified, trar	isterred, released, extinguis	sned, or termin	lated by the organ	lization during the
4	tax year ►	where property subject to conse	nuction accoment is located	•		
4 5		zation have a written policy reg			ion handling of	
5	-	forcement of the conservation ea			-	Yes No
6		hours devoted to monitoring, inspec				
•			ung, nananng er neranene, a	ia emerenig een		aannig me jea
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, a	and enforcing c	onservation easem	ents during the year
	▶\$		0. 0	U		0,
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the require	ements of secti	on 170(h)(4)(B)(i)	
	and section 170(h	n)(4)(B)(ii)?				Yes No
9		ibe how the organization reports				
		nd include, if applicable, the text of	6	ization's financ	ial statements that	describes the
		counting for conservation easeme			. 0::	
Pa		tions Maintaining Collections e if the organization answered			r Similar Assets.	1
	•	v				
1a	If the organization works of art. his	n elected, as permitted under SF torical treasures, or other simila	-AS 116 (ASC 958), not to ar assets held for public e	o report in its exhibition, edu	revenue statemen cation, or researc	t and balance sheet h in furtherance of
		torical treasures, or other similation ovide, in Part XIII, the text of the fo				
b		n elected, as permitted under s				
		torical treasures, or other simila ovide the following amounts relati		exhibition, edu	cation, or researd	n in furtherance of
		ided on Form 990, Part VIII, line 1	•		¢	
		ed in Form 990, Part X.				
2		on received or held works of a				
-	•	s required to be reported under S				
а		I on Form 990, Part VIII, line 1.				
b		n Form 990, Part X				

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

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organization's accelusion, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition b b b Chernevention for future generations c Prevention for future generations c Prevention for future generations c Prevention for future generations c Complete if the organization aclicit or receive domations of art, historical treasures, or other similar assets to be soil to raise funds rather than to be maintained as part of the organization's collection? Yes No Portive Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21, for escrew or or custodial account isolity? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: d d additions during the year. did during the year. did during the year. did during the year. did during the year and the organization answered "Yes" on Form 990, Part V, line 10. Portive the estimated endownent \box. a Is the organization include an amount on Form 990. Part V, line 1		dule D (Form 990) 2017		· · · -		Page 2
collection terms (check all that apply): d Loan or exchange programs b Scholarly research o Other		·				· · · ·
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part X, line 21. Toronglete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. No b If Yes, '' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization include an amount on Form 990, Part X, line 21, for eaview or custodial account liability? Yes No b If ''''''''''''''''''''''''''''''''''''	3		sion, and other recor	ds, check any of	the following that a	are a significant use of its
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent. Instate, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance Itel 14 Itel	а	Public exhibition	d	Loan or exchar	ige programs	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V Escrew and Custofial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990 Part X, line 21. Included on Form 990 Part X, line 21. c Beginning balance 1d Amount Included on Form 990 Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990. Part X, line 21. for escrew or custodial account liability? Yes No for the expenditures for facilities and programs. (b) Priory@ (c) Iro van back (d) Three yeans back (o) Four yean back for Three yeans back (o) Four yeans back in the fourth of the organization include an amount on Form 990. Part X, line 21. No for ontributions No	b	Scholarly research	e	Other		
XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is grant and the arrangement in Part XIII and complete the following table: Amount Ite Complete if the organization answered "Yes" on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No PartW Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. G) The exenders for facilities and programs. G) The variable for the current year end balance (line 10, column (a)) held as: Baginning of year balance	С	Preservation for future generations				
5 During the year. did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custofial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ? No b If "Yes," explain the arrangement in Part Xill and complete the following table: Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Yes No b If Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Yes No b If Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Yes No b If Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes No Controlitoris	4	Provide a description of the organization's	collections and expla	ain how they furth	ner the organization	's exempt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XIII and complete the following table: Yes No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intervention C Beginning balance 10 Intervention Amount D Bithbutions during the year 10 Intervention No D If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No D If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No D If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII On Part VI Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Coll for yean back (a) Four yean back G Grants or scholarships 0 Permanent endowment } % % % % Permanent endowment } % % %		XIII.				
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?, Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance It Amount Amount Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Amount c Beginning balance It Amount of the second custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Contributions Contributions (e) Four years back <	5	During the year, did the organization solicit of	or receive donations o	f art, historical trea	asures, or other simi	lar
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,				rt of the organizat	ion's collection?	Yes No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Did the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pinz year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pinz year (c) Two years back (e) Four years back 1a Beginning of year balance (f) Administrative expenses (f) Three years back (f) Three years back (f) Three years back 1b Contributions f <	Par	V				
included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (b) Orlor year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Orlor year (c) Two years back (e) Four years back 1a Grants or scholarships (b) Orlor year (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment \science % 2 Provide the estimated			/ered "Yes" on Forn	n 990, Part IV, Iir	e 9, or reported a	n amount on Form
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c d Additions during the year 1d d Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Controbutions Cont	1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for contributio	ons or other assets no	ot
c Beginning balance Ic d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. (a) Current year (b) Prior year back. (d) Three years back. (e) Four years back. I Beginning of year balance		included on Form 990, Part X?				Yes No
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bl ff "Ves" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pertive No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (b) Check year (c) Two years back (d) Three years (d) Four years 2 Provide the estimated percentage of the current ye	b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:		
d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ↓ Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance					A	Amount
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f Ending balance ,	d				ld	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No PartV Endowment Funds. (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (b) Control the year balance (c) (f) Three years back (f) Three years back (f) Two years back fd) Three y	е	Distributions during the year		[1	le	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	f					
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		-				
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance			I. Check here if the ex	planation has beer	n provided on Part XI	II
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Par				- 40	
1a Beginning of year balance		· · · · ·				
b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities and programs Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions		(a) Cur	rent year (D) Prio	r year (C) I wo	years back (d) Three	years back (e) Four years back
c Net investment earnings, gains, and losses,	1a					
and losses	b					
d Grants or scholarships Other expenditures for facilities and programs	С	Net investment earnings, gains,				
e Other expenditures for facilities and programs						
and programs	d	-				
f Administrative expenses	е	-				
g End of year balance						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land						
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	•	-	rront year and balance	o (lino 1 a column (a)) hold as:	
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation (other) (d) Book value (d) Book value (other) (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation depreciation depreciation				e (inne ing, columni (a)) heiù as.	
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (investment) (c) Accumulated depreciation (d) Book value (investment) (c) Accumulated depreciation (d) Book valu	С		%			
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			ould equal 100%.			
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	3a		-	tion that are held	and administered for	the
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		organization by:				Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		(i) unrelated organizations				3a(i)
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		(ii) related organizations				3a(ii)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organized	zations listed as require	ed on Schedule R?		3b
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land </th <th>4</th> <th></th> <th></th> <th></th> <th></th> <th></th>	4					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land </th <th>Par</th> <th>t VI Land, Buildings, and Equipment.</th> <th>vered "Ves" on For</th> <th>m 000 Part IV li</th> <th>no 110. Soo Form</th> <th>000 Part X line 10</th>	Par	t VI Land, Buildings, and Equipment.	vered "Ves" on For	m 000 Part IV li	no 110. Soo Form	000 Part X line 10
Image: Constraint of the state of the st		Description of property				
b BuildingsImage: Constraint of the second seco	4 -					
c Leasehold improvements						
d Equipment 411,510. 411,510. e Other		Duilulligs				
e Other				/11 510	/11 510	
Total Add lines de theoryth de (Oelverg (d) grund equal Form 000 Port V, colverg (D) line doe)				<u> </u>	··· •····	•
lotal Add lines 12 through 1e. (Louinna id) must equal form 990. Part X. column is line 10c 1		Add lines 1a through 1e. (Column (d) must	equal Form 000 Part	X column (R) line	10c)	

Schedule D (Form 990) 2017

chedule D (I	Form 990) 2017	ITY ECONOMIC DEVEL		14-1598275 Pag
art VII	Investments - Other Securities. Complete if the organization answe	ered "Yes" on Form 990), Part IV, line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation: r market value
Financi	al derivatives			
Closely	-held equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(G)				
(H)				
al. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🖡	•		
art VIII	Investments - Program Related.		•	
	Complete if the organization answe	ered "Yes" on Form 990), Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	valuation: r market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
art IX	Other Assets.			
artix	Complete if the organization answe	ered "Yes" on Form 990) Part IV line 11d See Form	990 Part X line 15
	· · ·	a) Description	,,	(b) Book value
1)	(*	., 2000 (pilo).		
2)				
2) 3)		· · · · · · · · · · · · · · · · · · ·		
4)				
5)				
6)				
7)				
8)				
9)				
tal. (Col	umn (b) must equal Form 990, Part X, col.	(B) line 15.)		
art X	Other Liabilities.			
	Complete if the organization answe line 25.	ered "Yes" on Form 990), Part IV, line 11e or 11f. See	e Form 990, Part X,
	(a) Description of liability	(b) Book valu	le	
	ral income taxes			
	TO ULSTER COUNTY		000.	
3) DEPO	SIT	48,	750.	
4)				
5)				
6)				
7)				
(8)				
(9)				

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

61,750.

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

Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	374,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-17,475.
3	Subtract line 2e from line 1	3	391,667.
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	391,667.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	297,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-17,475.
3	Subtract line 2e from line 1	3	315,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, Part I, line 18.)	5	315,194.
	XIII Supplemental Information.		
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, I nation	ine 4; Part X, line
PART	XI AND XII- QUESTIONS 4B		
OTHE	R IN THE RECONCILIATION ABOVE IS COMPRISED OF RECOVERIES OF BAD DEBT		

Part XIII Supplemental Information (continued)



(Form 990) For certain Officers. Directors. Trustees, Key Employees, and Highest Compensate Employees. Development of the insert information answered "Yes" on Form 990, Part IV, line 23. Directors Part Part Part Part Part Part Part Part		EDULE J	Compen	sation Information	C	MB No.	1545-0	047
	(Form 990) For certain					20	17	
Image of the organization INC ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, Implayer identification number INC 14 - 1598275 PartI Questions Regarding Compensation 14 - 1598275 Inc. Implayer identification number 14 - 1598275 Inc. First-class or charter travel Payments for business use of personal residence Inc. First-class or charter travel Powents for business use of personal residence Inc. Tax indemnification and gross-up payments Powents for business use of personal residence Inc. Inc. Health or social club dues or initiation fees Inc. Discretionary spending account Health or social club dues or initiation fees Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation organization supportent contract Omgensation area Indicate which, if any, of the following the filing organization used to satablish the compensation or the organization is a related organization Writte enginyorment charact Impensation committee Indicate which, if any, of the following the filing organization			Complete if the organization	on answered "Yes" on Form 990, Part IV, line 2	23.			
Name of the organization ULSTER COUNTY ECONMIC DEVELOPMENT ALLIANCE, 14-1598275 Imply of the organization number 14-1598275 2R11 Questions Regarding Compensation 14 14-1598275 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Imply of the boxes on the travel Imply of the organization require substantiation prior to reimbursing or allowing expenses items. Imply of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain, require substantiation prior to reimbursing or allowing expenses incred by all directors, rustees, and offices, including the CEO/Executive Director, regarding the times checked on line 1a? 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization or adhesion of an edup base in ear used by a related organization is etablish compensation of the CEO/Executive Director, the applicable in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee independent compensation consultant independent compensation or selfale organization is addition or an elauf base (compensation surgement?). 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa						-		
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complexity of the organization provide any relevant information regarding these items. Image: Complexity of the organization provide any relevant information regarding these items. Image: Complexity of the organization relevant information regarding these items. Image: Complexity of the organization and gross-up payments Image: Complexity of the organization relevant and charafter or provide any relevant information relevant and charafter or provide any relevant information relevant and charafter or provide any of the boxes on line 1a are checked did the organization follow a written policy regarding payment or granization require substantiation prior to relimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the organization is tablish compensation or consultate Image: Compensation or the complexity of the following the filing organization used to establish the compensation or the organization is tablish compensation or complexity or subject or the stablish organization committee Image: Compensation consultate Written employment contract Compensation committee Image: Compensation committee Image: Company of the searce payment from, an equity Baske compensation arrangement? 4a Image: Compensation committee Image: Compensation committee Image: Commone Wr								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence B flaw, indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Did the organization ine 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to to vexiants Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. Tar independent compensation consultant Compensation committee Compensation consultant Compensation consultant Form 990 of other organization: Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fillin organization?	INC				14-1598275	5		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Part	Question	s Regarding Compensation					
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Bit any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							Yes	No
Image: Section 1 Housing allowance or residence for personal use Travel for companions Travel for social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or residuation require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization committee Independent compensation consultant Compensation committee Correscutue Director, but explain in Part III. 1c 3 Indicate which, if any, of the following the filing organization survey or study Approval by the board or compensation committee Independent compensation consultant Compensation and generation proves for methods used by a related organization: 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5b 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5	1a							
Image: Trave for companions Trave for companions Trave indemnification and gross-up payments in the earth or social club dues or initiation fees Trave indemnification and gross-up payments in the earth or social club dues or initiation fees the personal residence Health or social club dues or initiation fees the personal services (such as, maid, chardfifter, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					-			
Image: The information of the provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? If "No," complete Part III to explain. Image: The provision of all of the expense described above? The provision of the organization of all of the expense described above? The provision of the organization or a related organization. Image: The provision of the provision of the organization or a related organization consultant. Image: The provision or provision complete intervalue. Image: The provision or all of the expense above? The provision committee to provision or the provision complete intervalue. Image: The provision committee to provision or all of the provision complete intervalue. Image: The provision committee to provision or all of the proproval by the beard or compensation or the prov					•			
Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III. 2 Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. a Compensation committee b Form 990 of other organizations c Compensation committee d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: c Participate in, or receive payment from, a supplemental nonqualified retirement plan? d Participate in, or receive payment from, a supplemental nonqualified retirement plan? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? f "Yes" on line 5a or 5b, describe in Part III. only section 501(c)(3), 501(c)(4), and 501(c)(23) organizations must complete lines 5-9. 5			•					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a 6 Participate in, or receive payment from, an equity-based compensation arrangement? 4a 16 Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compresation contingent on the revenu								
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explain ,	b	If any of the	boxes on line 1a are checked, did th	e organization follow a written policy re	egarding payment			
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1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation commitee Image: Compensation committee		-			-			
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a Participate in, or receive payment from, an equity-based compensation arrangement? 4b Conju section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X The organization? 5a X Mary related organization? 5b X Mary related organization? 5b X Mary related organization? 6a X <th></th> <th>1a?</th> <th></th> <th></th> <th></th> <th>2</th> <th></th> <th></th>		1a?				2		
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If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Construct of Construction o		-						<u> </u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? b For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? G For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? G Any related organization? G Any related organization? G Any related organization? G For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	•							
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?			,					
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe as X 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in X X	-	•	5			6-		v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe as X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
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payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe and the organization also follow the rebuttable presumption procedure described in 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 6	7			n A line to did the organization and	vide any peopliced			
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in Part III		-	-		-			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			•	•				Х
Regulations section 53.4958-6(c)? 9	9	If "Yes" on I	ine 8, did the organization also foll	low the rebuttable presumption proced	lure described in			
		Regulations s	ection 53.4958-6(c)?	<u> </u>		9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BURTON GULNICK, JR.	(i)	0.	0.	0.	0.	0.	0.	0
1 TREASURER	(ii)	123,443.	0.	0.	0.	26,570.	150,013.	0
KENNETH CRANNELL	(i)	0.	0.	0.	0.	0.	0.	0
2DIRECTOR	(ii)	124,456.	0.	0.	0.	26,570.	151,026.	0
ROBERT SUDLOW	(i)	0.	0.	0.	0.	0.	0.	0
3DIRECTOR	(ii)	130,556.	0.	0.	0.	28,048.	158,604.	0
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE, Employer ide

INC.

Employer identification number

PART VI, SECTION B, QUESTION 11B

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE 990 IS EMAILED TO THE

BOARD MEMBERS FOR APPROVAL BEFORE BEING FILED.

PART VI, SECTION B, QUESTION 15

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION WHEN NECESSARY.

PART VI, SECTION C, QUESTION 19 DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

PART VI, SECTION A, QUESTION 7A THE SOLE MEMBER OF THE CORPORATION IS THE COUNTY EXECUTIVE OF ULSTER COUNTY.

THE NUMBER OF DIRECTORS SHALL BE SEVEN AS FOLLOWS: (I)FIVE DIRECTORS SHALL BE APPOINTED BY THE MEMBER; AND (II) THE CHAIR OF THE ECONOMIC DEVELOPMENT AND TOURISM COMMITTEE OF THE ULSTER COUNTY LEGISLATURE, OR HIS OR HER DESIGNEE, SHALL BE AN EX-OFFICIO DIRECTOR; AND (III) THE RANKING MEMBER OF THE ECONOMIC DEVELOPMENT AND TOURISM COMMITTEE OF THE ULSTER COUNTY LEGISLATURE, OR HIS OR HER DESIGNEE, SHALL BE AN EX-OFFICIO DIRECTOR.

Name of the organization ULSTER COUNTY ECONOMIC I	DEVELOPMEI	NT ALLIANCE,	Employer identification I 14-1598275	number
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME	_			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDEI REVENUE
INTEREST ON DEPOSITS	90	5.		905.
TOTALS	90	5.		905.
FORM 990, PART X - DEFERRED REVENUE			ATTACHMENT 2	
DESCRIPTION			ENDING BOOK VALUE 184,813.	
TOTALS	(X	184,813.	
FORM 990, PART X - SECURED MORTGAGES AND	O NOTES PA		ATTACHMENT 3	
LENDER: USDA ORIGINAL AMOUNT: 600,000. INTEREST RATE: 1.0000 % DATE OF NOTE: 02/11/2011 MATURITY DATE: 02/10/2041				
BEGINNING BALANCE DUE			70,197. 45,429.	
TOTAL BEGINNING MORTGAGES AND OTHER NOTE	S PAYABLE		70,197.	
TOTAL ENDING MORTGAGES AND OTHER NOTES P	AYABLE		45,429.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	OMB No. 1545-0047
	► Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization	ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,	Employer identification number
INC.		14-1598275

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)	C				
(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 5 contr enti	olled
	· · · · ·					Yes	No
(1) ULSTER COUNTY 14600257	75						
244 FAIR STREET KINGSTON, NY 12402	GOVERNMENT	NY		NO	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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) Disproportion allocations	onate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		country)					Yes N	١o		Yes	No	
(1)												
(2)	_											
(3)	_											
(4)	_											
(5)	_			<u>(X</u>)								
(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.

(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) Sectio 512(b)(controll entity
*							Yes N
							\square
							$\left \right $
							\vdash
							\vdash
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	(state or foreign entity (C corp, S corp, or trust)	(state or foreign entity (C corp, S corp, or trust) income	(state or foreign entity (C corp, S corp, or trust) income end-of-year assets	(state or foreign country) entity (C corp, S corp, or trust) income end-of-year assets ownership

ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,

14-1598275

Schedule R (Form 990) 2017

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
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 transactions with one or more in	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	X	
е	Loans or loan guarantees by related organization(s)				1e		X
					46		
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s).				1g 1b		X
n :	Purchase of assets from related organization(s)				1h 1i		X
i Exchange of assets with related organization(s)					1j		X
J							
Ŀ	k Lease of facilities, equipment, or other assets from related organization(s)						Х
- N	Performance of services or membership or fundraising solicitations for related organization(s)				1k 1l	x	
m	Performance of services or membership or fundraising solicitations for related organization(s).				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	 o Sharing of paid employees with related organization(s). 						
Ū					10		
a	Reimbursement paid to related organization(s) for expenses.				1p		Х
, d	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)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t		•	action thres		5.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminin	g
		type (a-s)		amou	nt invo	lved	
(1)	ULSTER COUNTY	С	338,755.	COST			
		_	,				
(2)	ULSTER COUNTY	0	99,521.	COST			
(3)							
(4)							
							_
(5)							
(6)							
154			Sch	nedule R (F	orm 9	990) 2	2017

Page 4

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

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.

-	sections 512-514)	Yes	No		Yes	No	Yes	No	
-									
-									
-						1			
_									
1			X						
_		X							
_									
_									
_									
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_									

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Schedule	R	(Form	990)	2017	

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



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

1. General Informa	ation								
For Fiscal Year Beginning Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	(mm/dd/yyyy)01_/ Name of Organization: UL INC. Mailing Address: PO BOX 1800, 244 City / State / Zip: KINGSTON, NY 1240 Website: ULSTERNY.COM	4 FAIR STREET	nding (mm/dd/yyyy) OMIC DEVELOPME	<u>12</u> <u>,</u> <u>31</u> <u>,</u> 2017 Employer Identification Number (E <u>14-1598275</u> NY Registration Number: <u>04-90-09</u> Telephone: <u>(845)</u> <u>340-3556</u> Email:					
Check your organization's registration category:	7A only EPT	L only X DUAL (7A & I		Confirm your Registration Category Charities Registry at www.Charities					
2. Certification									
See instructions for certificat	ion requirements. Imprope	er certification is a violation	of law that may be subject	to penalties.					
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			Print Nama	and Title Data					
Signature Print Name and Title Date 3. Annual Reporting Exemption Image: Signature Image: Signature Image: Signature									
categories (DUAL filers) that attachments are required. If attachments and pay applical	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.								
	n did not engage a profession qualifies for another 7A exe		d raising counsel (FRC) t	o solicit contributions during the fig	scal 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 X No for fur	d your organization use a p nd raising activity in NY Sta d the organization receive	te? If yes, complete Sche		o-venturer				
5. Fee									
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or mono payable to: <u>"Department of Law</u>	-				

CHAR500 Annual Filing for Charitable Organizations (Updated December 2017)

- 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.

Annual Filing Checklist

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 <u>both</u> 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:	R), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)								
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants									
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable									
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contrib	putors).								
Our organization was eligible for and filed an IRS 990-N e-postcard. 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:									
X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.									
X 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									
Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?								
	<u>Is my Registration Category 7A, EPTL, DUAL or EXEMPT?</u> Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:								
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee:	 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 								
 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 	 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 								
 For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$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 	 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 activites 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 <u>Schedule E - Registration</u> 								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$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	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 activites for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$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	 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 activites 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 <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily. Confirm your Registration Category and learn more about NY 								
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$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 X \$250, if the NET WORTH is \$1,000,000 or more but less than \$1,000,000	 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 activites 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 <u>Schedule E - Registration</u> Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily. 								

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

CHAR500 Annual Filing for Charitable Organizations (Updated December 2017) 7J3551 2.000

NET WORTH for fee purposes is calculated on:

- IRS Form 990 PF, calculate the difference between

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

- IRS From 990 Part I. line 22

- IRS Form 990 EZ Part I line 21

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

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

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.

1. Organization Information

l	Name of Org	anization:	NY Registration Number:			
l	ULSTER	COUNTY	ECONOMIC	DEVELOPMENT	ALLIANCE,	04-90-09
l	INC.					

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

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser		
	Mailing Address:	Telephone:
Fund Raising Counsel		
Commercial Co-Venturer	City / State / Zip:	

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

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?

Definitions

Yes

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).

2017 Open to Public Inspection

Schedule 4b: Government Grants

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:	
ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE,		
INC.	04-90-09	

2. Government Grants

Name of Government Agency	Amou	nt of Grant
1. ULSTER COUNTY	1.	336,875.
2. UCIDA	2.	5,000.
3.	3.	
4.	4.	
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:	341,875.